Appendix Table. Individual studies describing implementation of patient/family engagement as part of a multi-factorial PSP

Author, year	***Main study objective***	***Implementation Themes***
Hand-hygiene intervention studies		
McGuckin, 2011[27]	Review of patient empowerment motivating strategies in hand hygiene intervention	Tools: educational tools, motivation and reminder tools, and role modeling Facilitators/barriers: Social barrier of patient to confront health care workers; Lack of evidence of effectiveness
McGuckin and colleagues, 2001[28]	Evaluation in acute care hospital of patient education behavioral model for increasing HH compliance and empowering the patient	Tools: visit from educational staff; brochure; prompting aids Facilitators/barriers: Support from management; barrier of patient to confront health care workers; Greater willingness to ask nurses than physicians
Landers et al, 2012 [29]	Review of patient factors associated with willingness to encourage health care workers to perform hand washing	Facilitators: extroverted patient, belief that patient can control HCW's behavior, younger patient age, awareness of severity of health care associated infections, invitation by HCW to discuss HH Barriers: older age and trust that HCW would perform hand washing
Hospital-acquired infection studies		
Hart, R. 2012[30]	Empower patients to address lapses in health care associated infection prevention	Tools: poster in room, patient reminding Facilitators: Reinforcement of poster by other elements of intervention (catheter care, gowning, etc.)
Rapid Response System intervention studies		

Ray, 2009[31]	To implement a pediatric RRS based on direct family activation	Tools: direct telephone number to reach the RRS which families could reach from any room in the hospital, posters, flyers Staff/education: mock script to help medical team discuss RRS activation with patients/families Facilitators/barriers: physicians concerned that their role would be undermined; providers' understanding of RRS as extension of care they already provide
Dean, 2008[32]	To integrate patients and families into an RRS at a children's hospital	Tools: telephone number to activate RRS available to patients/families 24 hours, 7 days a week Staff/education: explanation by admitting unit's nurse to patient and family, reinforced by video and brochure Facilitators/barriers: leadership, provider involvement
Gerdik, 2010[33]	To implement a patient/family-activated RRS at an acute care hospital	Tools: dedicated phone line Staff/education: patient and family education Facilitators/barriers: concern that resources would be overwhelmed; endorsement of hospital administration, physicians, and staff
Falls prevention intervention studies		

Krauss, 2008[34]	To implement an educational intervention among nursing staff, nursing secretaries, and patient care technicians to reduce falls in an academic hospital	Tools: educating all patients and families in fall prevention, patient pamphlets Staff/education: Nurses, patient care technicians, and unit secretaries participated in education modules Facilitators/barriers: staff turnover; high patient-to-nurse ratios; high patient turnover or high patient volume; competing demands on nursing staff; lack of buy-in from staff
van Gaal, 2011[35]	To implement a multi-component intervention, including patient involvement, to reduce the risk of pressure ulcers, falls, and urinary tract infections in ten wards from four hospitals and ten wards from six nursing homes	Tools: education, patient involvement and feedback on process and outcome Staff/education: Key nurses on each unit implemented small-scale educational program, two case discussions on every ward, and distributed CD-ROM with educational material Facilitators/barriers: complexity of intervention
Surgical checklist intervention studies		
Bergal, 2010[39]	To investigate patient compliance in marking surgical site	Tools: verbal and written instructions to mark surgical site, marking pen provided; assessment for compliance on day of surgery Barriers/facilitators: patients' primary language, cultural tendency to rely on physicians, younger patient age, time between enrollment and surgery

DiGiovanni, 2003[40]	To investigate patient compliance in marking surgical site	Tools: written instructions to mark limb NOT to be operated on; assessment for compliance on day of surgery
VAP reduction intervention studies		
DeJuilio, PA 2012[41]	To implement a multi-component intervention, including family involvement, to reduce the rate of ventilator-associated pneumonia on an ICU	Tools: Education of nurses regarding importance of family education; family education about VAP prevention initiative