

Supplementary file 4: Study design and methods used to identify positive deviants and generate hypotheses about how they succeed

Included studies are organised by setting (primary care, secondary care and regional / national level provision). Each row represents an included article (n=37). Rows grouped together by colour (grey or white) represent unique positive deviance projects (n = 22).

Author and year	Context of positive deviance and process used*	Stage 1 – Identifying positive deviants			Stage 2 – Generating hypotheses about how positive deviants succeed	
		Design and main methods used	Main criteria for positive deviance	Time period positive deviance displayed for	Design and methods used	Comparison group used
Primary Care						
Bradley et al. 2012[54]	Single method No process explicitly stated	Quant – routine data (3 measures)	Consistently higher performance	9 months	Qual - 51 in depth interviews, 2 day site visits x 8 sites	Most improved and consistently lowest performers
Gabbay et al. 2013[21]	Single method Infer Bradley et al	Quant – routine data (3 measures)	Highest quintile of ranked surgeries	Ranked according to improvement over 18 months	Mixed methods – 2 surveys given to staff, 55 interviews	Lowest quintile of ranked surgeries Everyone was included but hypotheses were developed by comparing with low performers
Taliani et al. 2013[20]	Single method Infer Bradley et al	Quant – routine data (3 measures)	Highest tertile of ranked surgeries	Ranked according to improvement over 18 months	Qual - 136 interviews	Lowest quintile of ranked surgeries Everyone was included but hypotheses were developed by comparing with low performers
Kim et al. 2008[11]	Single method No process explicitly stated	Quant coding of nurse-patient consultations	Nurses – top 10% on one measure; Patients – top 15% on two measures	Nurses – average over 12 consultations; Patients – single consultations	Mixed methods – 34 interviews, 6 focus groups, minimal quant analysis to compare PDs with peers who did not communicate as effectively.	In essence only PDs

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Kraschnewski et al. 2013[22]	Single method No process explicitly stated	Quant – routine data	Higher levels of weight counselling. The group provided half of all weight counselling.	1 year	Quant – routine and patient data	Everyone was included
Ma et al. 2012[23]	Single method No process explicitly stated	Quant – routine data	Unclear what data were used in the analysis	None stated	Quant – routine and patient data	Everyone was included
Marsh et al. 2002[24]	Single method 5 Step PD cycle – not referenced	Qual – local community meetings	Descriptions of health status and behaviours	None stated	Qual – 27 situational analysis inquiries, 23 interviews, 4 focus groups, 5 PD inquiries (unclear what these were)	Compared to results of a situational analysis
Rose et al. 2012[25]	Single method No process explicitly stated	Quant – unclear whether routine data	Selected 3 sites within the top 10	2 years	Qual – 55 interviews, observation 4 hours (x 6 sites), document analysis	Selected 3 sites within the bottom 10
Secondary Care						
Abrahamson et al. 2011a[26]	Single method No process explicitly stated	Stage not completed	-	-	Qual – 30 minute structured telephone interviews	PDs not identified
Abrahamson et al. 2011b[27]	Single method No process explicitly stated	Stage not completed	-	-	Qual – 30 minute structured telephone interviews	PDs not identified
Anzarut et al. 2011[28]	Single method No process explicitly stated	Stage not completed	-	-	Quant - Survey	PDs not identified
Curry et al. 2011[29]	Single method Infer Bradley et al.	Quant – routine data	Hospitals within top 5%	2 years	Qual – 1-2 day site visits x 11 sites, 158 interviews	Hospitals within bottom 5%
Cherlin et al. 2012[30]	Single method No process explicitly stated	Quant – routine data	Hospitals within top 5%	3 years	Qual – 1-2 day site visits x 11 sites, 158 interviews (57 interviews used for this analysis)	Hospitals within bottom 5%
Bradley et al. 2012[31]	Single method Infer Bradley et al.	Stage done elsewhere	-	-	Stage done elsewhere	-
Landman et al. 2013[32]	Single method No process explicitly stated	Stage done elsewhere	-	-	Qual – 1-2 day site visits x 11 sites, 158 interviews (85 interviews used for this analysis)	Hospitals within bottom 5%
Griffith et al. 2013[10]	Single method No process explicitly stated	Quant – national award	Winners of an award	None stated	Qual – document analysis (50 pages x 9 organisations)	PDs only

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Kennedy et al. 1999[33]	Single method No process explicitly stated	Quant – analysis of case notes	6 point eligibility criteria, many of which do not infer high performance	18 months	Quant – quantitative analysis of a case note review	PDs only
Lindberg & Schneider 2013[34]	Single method Use the process discussed by Sterin and Choo 2000	Unclear if stage was completed	No criteria	None stated	Qual – orientation / PD training, DADs / meetings every week, site visits, document review	PDs were not identified
Lindberg et al. 2013[35]	Complex intervention No process explicitly stated	Qual - DADs	No criteria	None stated	Mixed methods – DADs (unclear how many), surveys, case study including observation, site visits and focus groups	Everyone was included
Downham et al. 2012[36]	Complex intervention No process explicitly stated	Stage done elsewhere	-	-	Qual – DADs, ‘kick off’ sessions	Everyone was included
Marra et al. 2010[37]	Single method No process explicitly stated	Qual – peer recommendation	Description of healthcare workers attitudes	None stated	Mixed methods – surveys, monitoring, bimonthly DADs, PD training	Everyone was included
Marra et al. 2011[38]	Single method No process explicitly stated	Qual – peer recommendation	Description of healthcare workers attitudes	None stated	Mixed methods – surveys, monitoring, bimonthly DADs, PD training	Everyone was included
de MacEdo et al. 2012[39]	Single method No process explicitly stated	Stage done elsewhere	-	-	Mixed methods – surveys, monitoring, bi-monthly DADs	Everyone was included
Marra et al. 2013[40]	Single method No process explicitly stated	Stage done elsewhere	-	-	Stage done elsewhere	-
Zaldi et al. 2012[41]	Single method 6 Ds process referenced by Marsh et al 2004	Quant – non-routine data (2 measures)	Those who ranked well in both measures	1.5 months	Qual – 20 interviews, 1 focus group	PDs only
Awad et al. 2009[42]	Complex intervention 4 Ds process ^a	Mixed methods – unclear but infer data and observation / DADs	No criteria	None stated	Unclear but inferred – DADs, site visits	Everyone was included
Bonuel et al. 2009[43]	Complex intervention No process explicitly stated	Unclear if stage was completed	-	-	Unclear if stage was completed	-
Ellingson et al. 2011[44]	Complex intervention No process explicitly stated	Unclear if stage was completed	-	-	Unclear if stage was completed	-
Evans et al. 2013[45]	Complex intervention No process explicitly stated	Mixed methods – appear to use data and observation	Those making “exceptional progress”	None stated	Unclear but inferred – DADs, workshops, interviews with PD consultants	Everyone was included

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Forsha et al. 2007[46]	Complex intervention No process explicitly stated	Unclear if stage was completed	-	-	Unclear if stage was completed	-
Jain et al. 2011[47]	Complex intervention No process explicitly stated	Unclear if stage was completed	-	-	Unclear if stage was completed	-
Regional / National level / other						
Awofeso et al. 2008[48]	Complex intervention 4 Ds process ^b	Quant and qual data – surveys, non-routine data, observation	No criteria	None stated	Unclear what methods used	PDs only
Green et al. 2006[49]	Single method No process explicitly stated	Quant – routine data (3 measures) but also aware of high performance through other methods e.g. winning an award	Unclear whether this was based on data improvements or winning the award	Unclear – possibly 1 year	Qual – interviews (quantified as 58000 words), 500 pages of document analysis, 100 hours of observation	PDs only
Klaiman et al. 2013[50]	Multiple methods used Bradley et al.	Mixed methods – database review, self-select and peer recommendation	No criteria	Assume 1 year (length of the pandemic)	Qual – 20 in depth interviews (15 interviews used for this analysis)	PDs only
Klaiman et al. 2014[51]	Multiple methods used Bradley et al.	Mixed methods – database review, self-select and peer recommendation	No criteria	Assume 1 year (length of the pandemic)	Qual – 20 in depth interviews (13 interviews used for this analysis)	PDs only
Naimoli et al. 2008[52]	Complex intervention No process explicitly stated	Quant – routine data	Immunization coverage history, populations size, status of World Bank support and feasibility of data collection	6 years	Qual - Key informant interviews, document review, case narratives constructed with participant involvement – all took 5-7 days in each site	Additional performance levels - medium high, medium low, low, those with exceptional characteristics.
Primary and secondary care						

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Assefa et al. 2014[53]	Single method No process explicitly stated	Quant – routine data (3 measures)	Higher performance compared to a reference	Unclear whether 1 or 2 years	Qual – 72 key informant interviews, 1 focus group	Facilities with lower and improved performance

Abbreviations: Quant – quantitative date; Qual – qualitative date, PDs – positive deviants; DADs - Discovery and Action Dialogues

* References for processes used - Bradley et al 2009[7]; Sterin and Choo 2000[67]; Marsh et al. 2004[6]; a - Sparks 2004;[68] b - Lapping et al 2002[69] (all references available within the main text).