

Supplemental File 3

**COREQ (COnsolidated criteria for REporting Qualitative research) Checklist
A MIXED-METHODS IMPLEMENTATION ANALYSIS OF A PATIENT SAFETY
PROGRAM IN GUATEMALA**

Domain	Item Number	Comment	Reported on Page Number or N/A
Domain 1: Research Team and Flexibility			
<i>Personal Characteristics</i>			
Interviewer/Facilitator	1	Authors AAG and MO conducted the individual interviews in Spanish. IS conducted the individual interviews in English. Author HR and CR facilitated the perioperative focus group discussion, with interpreter assistance by MP. Authors HR, BH, and local safety leader (AD) facilitated the neonatology focus group discussion, with interpreter assistance by MP.	6,8
Credentials	2	All lead authors and research assistants have extensive experience in conducting qualitative health research and completed study training. Language credentials are as follows: Interviewers AAG and MO are native Spanish-speaking and Guatemalan. Interviewer, IS, is native English-speaking. Focus group discussion co-lead, CR, is native Spanish-speaking and Guatemalan. Focus group discussion co-lead, HR, is native English-speaking. Focus group discussion co-lead, BH is a native English-speaking. Interpreter, MP, is native Spanish-speaking and a trained Spanish-English interpreter. Focus group discussion co-lead, AD is native Spanish-speaking and works in Guatemala.	N/A
Occupation	3	AAG was a physician research coordinator at Roosevelt Hospital; MO was research faculty physician at Universidad de San Carlos de	N/A

		Guatemala at the time this research was conducted. CR is a physician and researcher at Roosevelt Hospital. IS was a graduate student working with researchers in Guatemala. HR is a pediatric surgeon with extensive research experience in Guatemala. MP was a research assistant at Duke with extensive research experience in Guatemala. BH was a research coordinator at Duke with extensive research experience in Guatemala. AD was a neonatologist and local safety champion at Roosevelt Hospital.	
Gender	4	Seven of the researchers conducting this work were female. One was male.	N/A
Experience and Training	5	All research team members have training in conducting qualitative health research. Qualitative work was also guided by researchers with extensive qualitative research at Duke Global Health Institute, namely Joy Noel Baumgartner and Jennifer Headley.	N/A
<i>Relationship with Participants</i>			
Relationship established	6	Interviewers/facilitators (AAG, MO, HR, BH) did not have any affiliations or relationship with participants in this study to ensure that the collection of data was unbiased. CR was a part-time employee of the pediatric surgery department. AD was a part-time employee of the neonatology division.	N/A
Participant knowledge of the interviewer	7	Each participant was introduced to the researcher and the study team at the beginning of each interview and focus group discussion. The participant was informed of how the data would be used and the purpose of the researcher and the study.	N/A
<i>Interviewer characteristics</i>	8	Interviewers were native Spanish-speaking. Focus group discussion leaders were Spanish-speaking and local safety experts.	7,8

Domain 2: Study Design			
<i>Theoretical framework</i>			
Methodological orientation and Theory	9	The CFIR is described in the manuscript and was used to lead the development of the interview guide and codebook. A thematic analysis was conducted within CFIR framework.	6
<i>Participant selection</i>			
Sampling	10	Participants were selected using a combined purposive and convenience sampling methodology.	8
Method of approach	11	Key stakeholders were identified and solicited to participate in the study through internal staff messaging. Those selected to participate were also asked to pass the information on to stakeholders (snowball sampling).	N/A
Sample Size	12	Qualitative interviews (n=82) but 81 were included in the analysis as one interview was lost due to a technological recording error; Focus group discussions (n=14 perioperative; n=13 neonatology)	8,9
Non-participation	13	No approached participant refused to participate in the study.	N/A
<i>Setting</i>			
Setting of data collection	14	Individual interviews and focus group discussion were conducted outside of the clinical unit.	N/A
Presence of nonparticipants	15	Researchers and participants were the only people present at the time of the interview and focus group discussions.	N/A
Description of sample	16	Sample characteristics from SSIs are reported in the results section and presented in Table 1. FGD characteristics are described in results.	11
<i>Data Collection</i>			
Interview guide	17	The interview guide was developed using the CFIR Interview guide and was tested before data collection.	6,9,10
Repeat interviews	18	No repeat interviews were conducted.	N/A
Audio/visual recording	19	All interviews were audio recorded on a password protected device.	N/A

		Audio recording were deleted after uploading to secure study folder.	
Field notes	20	The interviewer and study team wrote field notes during interviews depending on the participant.	N/A
Duration	21	Each interview varied in duration but average length was 17 minutes (range 7 to 65 minutes). Perioperative focus group discussion was approximately 1 hour and neonatology focus group discussion was 43 minutes.	8,9
Data saturation	22	Data saturation was achieved approximately at 45 interviews of which sufficient depth of understanding had been achieved in relation to emergent constructs. However, due to the role and unit heterogeneity of the group, all interviews were analyzed.	9
Transcripts returned	23	No transcripts were returned to participants.	N/A
Domain 3: Analysis and Findings			
<i>Data Analysis</i>			
Number of data coders	24	Each transcript was coded by two coders IS and BH or BH and MP. Twenty-five percent were coded independently by two coders for interrater reliability and codebook assessment. Memos were reviewed by MP, HR, BH and AAG.	10
Description of the coding tree	25	Codes and definitions were established a priori and derived from the CFIR domains and constructs.	9,10
Derivation of themes	26	Themes were defined from CFIR. Definitions were adapted from CFIR framework to fit patient safety program implementation.	10
Software	27	NVivo version 12 was used to organize data analysis.	9
Participant checking	28	The dissemination session conducted at the focus group discussions provided an opportunity for staff to provide feedback on the interview analysis results.	8
Reporting			

Quotations presented	29	Quotations were selected to represent each identified theme in Table 2. Participants were kept anonymous and each quotation is attributed to "Semi-structured interview (SSI) or focus group discussion (FDG) Respondent #".	N/A
Data and findings consistent	30	There is consistency between data presented and findings.	N/A
Clarity of major themes	31	Yes, major themes are clearly identified.	N/A
Clarity of minor themes	32	Yes, minor themes are clearly identified.	N/A

Developed from: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007. Volume 19, Number 6: pp. 349 – 357