

## Supplemental File 3: Interview guide

**Manager and Frontline Staff Interview Guide**

1. What is your professional position at [hospital]?  
Probe: how long have you been working at [hospital], roles/units worked in
2. How have you been engaged so far in the Caring Safely initiative?  
Probe: Caring Safely education participant  
Leadership training  
Safety coach  
Healthcare Acquired Conditions (HAC) lead/implementor  
Serious Safety Event (SSE) committee
3. Can you describe your experiences in this role?  
Probe: history of initiative and your involvement, nature of activities, changes in knowledge/practices, challenges, resistance
4. What changes are occurring in your unit to address Caring Safely goals? In the hospital?  
Probe as relevant to HAC (surgical site infections; central line associated bloodstream infections; pressure injuries) or SSE (serious safety event) work; error prevention behaviours; patient safety meetings;  
Probe: Whether changes are or are not happening – what factors are impacting on change or lack of change?
5. Can you tell me about what happens on your unit when something unexpected occurs? How do you respond? Do you have any specific examples?
6. One of the key components of Caring Safely is high reliability organizing and the goal of becoming a high reliability organization.

The following are the five principles of a High Reliability Organization (HRO):

Preoccupation with failure – recognizing small risks, errors or deviations as significant, something to pay attention to, treat any lapse as a symptom that something may be wrong with the system

Reluctance to simplify – take steps to create more complete and nuanced pictures and bring together differing perspectives, talk about new ways of doing things

Sensitivity to operations – awareness of ‘big picture’ situation and coordination and knowing where expertise resides

Commitment to resilience – practicing to build capacity to deal with the unexpected

Deference to expertise – decentralized decision making in high tempo times and drawing on the ‘right’ expertise

Probe for each principle:

Are you familiar with this principle?

Do you perceive this principle being relevant to your work at [hospital]? Why or why not?

Can you give examples of how it has applied to your work or you have seen it in practice?

Do you perceive that changes have occurred related to this principle at [hospital] due to Caring Safely?

7. Is there anything that I have not yet asked you that you think would be useful to share about your perceptions and experiences about Caring Safely at [hospital]?

\*Separate interview guides were adapted for different participant groups including hospital executives, Caring Safely steering committee members, unit managers and clinicians. Guides were also iteratively adapted over the course of data collection to reflect ongoing analysis. This guide was created for unit-based managers and clinicians and adapted midway through data collection.