

Article title: Process Evaluation of an Effective Multifaceted Quality Improvement Intervention to Improve Acute Stroke Care: Unpacking the Success Factors and Challenges

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Supplementary file 5. Triangulation Matrix

Table S5: Triangulation matrix

Theme/sub-theme	Workshop observations and/or documentation*	Post-workshop survey	Support Activity Log	Interviews	Triangulation
Facilitation					
Benefit of involvement of external organisation	Fostered engagement – 144 staff attended workshops, strong multidisciplinary involvement	Bought team together – value in cross-disciplinary discussions		Endorsed across all hospitals	Convergent
External facilitator role	Observed high engagement when facilitator led workshops	100% rated facilitator “ <i>knowledgeable</i> ” and “ <i>professional</i> ”	Variation in number and type of contacts during support period	External facilitator described as motivating and guiding; benefit in tailored approach to support	Complimentary - Divergent – Benefits in different aspects of role during workshops and action planning + variation during support period
Internal facilitator role of site coordinator	Site coordinators nominated ‘local champion’ for most prioritized indicators		Contacts made during support period were primarily with site coordinators only	Barriers to role identified (workload, limited capacity); benefits in enabling other team members for shared accountability/capacity building	Complementary
Implementation resources and education		96% respondents felt the structure of STELAR program was effective for reaching consensus on strategies to improve care Free text – exemplar examples of practical strategies would be helpful		Value in shared learning between hospitals; desire for additional behaviour-change education	Complimentary – Divergent – recognition in value of structure of program + desire for additional resources
Innovation					
Data-driven approach using routine registry data	Broad range of indicators important for multidisciplinary team involvement; Not all prioritized indicators represented the largest performance gaps	Benchmarking performance against peer hospitals valued; benefit in self-selecting areas for improvement; concern about effect of delayed data entry		Some concerns about missing AuSCR data; strong support for using existing registry data without extra collection burden	Complementary – Divergent – Appreciation for data + varying concerns about quality

Theme/sub-theme	Workshop observations and/or documentation*	Post-workshop survey	Support Activity Log	Interviews	Triangulation
Action plan characteristics - feasibility of prioritized indicators and strategies	Observed focus towards easier, task-based strategies being chosen	90% respondents confident that the action plans could be implemented locally	Documented focus on some indicators more so than others	Several strategies seen as too complex for timeframe; selecting too many indicators was detrimental to implementation	Complementary – Divergent – feasible strategies inspired confidence + trade-off between practicality and ambition
Recipients					
Importance of multidisciplinary involvement	Multidisciplinary attendance strengthened robust discussions; Action plan developed by few staff at some hospitals; Limited representation from medical team and emergency department	Workload and rotation challenges identified in wider team engagement		Engagement dependent on existing relationships; implementation of certain indicators required particular discipline involvement (e.g. emergency department for thrombosis provision)	Complementary
Context					
Organizational context	Pre-survey and challenges discussed during workshops highlighted limitations due to wider organizational factors	Alignment with other quality improvement initiatives beneficial		Completing organizational challenges e.g new electronic medical record system; generalist stroke teams; change fatigue noted at some sites	Complementary
Management and leadership support	Limited medical leadership observed during workshops; Some indicators avoided due to limited medical-buy in even through performance gap			Insufficient resources/time challenged implementation; important to embed into continuous improvement	Complementary

*includes attendance records, action plans