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Appendix 1

This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.

Appendix to: Scott IA, Wakefield JB. Deciding when quality and safety improvement interventions warrant widespread adoption. *Med J Aust* 2013; 198: 408-410. doi: 10.5694/mja12.10858.

On-line appendix 1. Key issues that should have been addressed by QSII change theories

Issue	**Change strategies supported by multiple QSII evaluations**[16,17]
Convincing clinical teams that there is a quality and safety problem	Using audit and benchmarking data, presented in clear and graphical formats, which indicate care is suboptimal Securing emotional engagement by using case studies and patient and staff narratives Demonstrating the relative advantage (both for patients and the organisation) in improving care by implementing QSII
Convincing clinical teams that QSII will work	Retrieving and presenting evidence to support the QSII, with particular focus on case studies of successful implementation in similar settings Convening well-facilitated forums to debate and discuss evidence around QSII, including where possible 'live' (face to face or videoconferencing) testimonials from clinician leads in other implementation sites Defining clear design and implementation rationale that clarifies causal links between QSII and outcomes sought, while allowing for modification in response to new learnings Demonstrating that QSII will be either resource neutral or allow existing resources to be used more efficiently or

	capable of providing greater patient benefit
Convincing clinical teams that QSII will translate to a tangible and sustainable change in practice	Ensuring enough time for proper diagnostics of existing care and building teams and relationships, especially when these start from a low base Procuring adequate financial support, infrastructure, training, managerial skills and dedicated time Avoiding overly ambitious 'stretch goals' and jargon of 'transformative reform' which may alienate people or cause disillusionment if aims are not quickly realised Emphasising the objective of institutionalised change irrespective of future changes in organisational priorities Avoiding over-reliance of QSII success on certain individuals and assumptions that QSII will simply sustain and diffuse itself over time Avoiding the QSII being perceived as a time-limited 'project' (or passing fad)
Aligning the QSII with organisational context, culture and capacities	Eliciting enthusiasm from senior managers by fitting QSII with strategic goals and organisational aspirations Involving front-line clinical teams in QSII implementation which ensure QSII remains focussed on patient care priorities; this also assists dissemination activities Seeking external support from professional societies or peers where local expertise and capacity are limited

	Developing contingency plans for dealing with potential team instability due to changes in clinical, managerial and support staff
Overcoming conflict and lack of staff engagement	Forming QSII teams whose members are part of pre-existing networks or have prior history of collaboration Ensuring QSII teams contain representatives from all key stakeholder groups likely to be affected by QSII Applying rules of engagement and consensus building which avoid marginalisation of individual stakeholders Adapting QSII, where reasonable, to the constraints of competing clinical and organisational demands arising from constrained levels of staffing and resources Anticipating resistance to QSII from desire to protect professional autonomy against externally led change by tapping into professional norms and networks which are congruent with the QSII Recruiting respected peers and opinion leaders to foster engagementand sense of ownership of QSII ; avoiding bombastic managerial approaches Clarifying who owns the problem and potential solutions, agreeing roles and responsibilities from the outset, working to common goals, using shared language and fostering a sense of community
Using incentives to	Making full use of intrinsic professional motivation to improve by using peer-comparisons and feedback which

accelerate change	demonstrate patient benefit arising from QSII Rewarding and publicly acknowledging successful QSII implementation Ensuring any financial savings or efficiency dividends resulting from QSII are returned to those involved in QSII implementation