Appendix Table 2. The extent each item was included, as reported by road testing participants.

Did you include each of the following items from the SQUIRE 1.6 Guidelines in the section you submitted?	Item included In full	Item included In part	Item included Not at all
Items		Freq. (%)	
Introduction (n=13)			
Nature and severity of the local problem, and its context.	11 (84.6%)	2 (15.4%)	0 (0.0%)
Selective summary of current knowledge of the problem and prior studies relevant to the improvement.	11 (84.6%)	2 (15.4%)	0 (0.0%)
Specific aim of the improvement and intent of this report.	13 (100.0%)	0 (0.0%)	0 (0.0%)
Methods (n=10)			
Context elements that influenced the improvement, and reasons these elements were considered important.	5 (50.0%)	3 (30.0%)	2 (20.0%)
The logic on which the improvement was based, including the mechanism by which the improvement was expected to work.	8 (80.0%)	2 (20.0%)	0 (0.0%)
Description of the improvement, in sufficient detail that others can reproduce it.	10 (100.0%)	0 (0.0%)	0 (0.0%)
Study design (e.g., qualitative, quasi-experimental, experimental, mixed methods, time series) chosen for assessing the implementation of the improvement.	8 (80.0%)	0 (0.0%)	2 (20.0%)
Process and outcome measures used for the improvement, including rationale for the choice of measures, their validity and reliability.	6 (60.0%)	4 (40.0%)	0 (0.0%)
Assessment methods for context factors that contributed to the success, failure, efficiency, and cost of the improvement.	1 (10%)	6 (60.0%)	3 (30.0%)
Methods employed to ensure completeness of data.	3 (30.0%)	4 (40.0%)	3 (30.0%)
Qualitative and quantitative (*e.g.*, statistical process control) methods used to draw inferences from the data on efficacy and understand the variation.	8 (80.0%)	1 (10.0%)	1 (10.0%)

Results (n=15)			
Initial steps of the improvement and how it evolved over time (*e.g.*, time-line diagram, flow chart, or table).	8 (53.3%)	5 (33.3%)	2 (13.3%)
Process and clinical outcomes of the improvement.	12 (80.0%)	3 (20.0%)	0 (0.0%)
Observed associations between outcomes, improvement, and relevant contextual factors.	12 (80.0%)	3 (20.0%)	0 (0.0%)
Unintended consequences such as benefits, harms, unexpected results, problems, or failures associated with the improvement.	8 (53.3%)	5 (33.3%)	2 (13.3%)
Account for missing data and efforts to overcome data inadequacy	8 (53.3%)	4 (26.7%)	3 (20.0%)
Discussion (n=5)			
Key findings, including relevance to the study aim.	5 (100.0%)	0 (0.0%)	0 (0.0%)
Relation of the key findings to the original logic and the mechanisms by which the study was expected to work.	5 (100.0%)	0 (0.0%)	0 (0.0%)
Particular strengths of the work.	5 (100.0%)	0 (0.0%)	0 (0.0%)
Strength of the relationship between the improvement and the outcomes.	3 (60.0%)	1 (20.0%)	1 (20.0%)
Clinical significance of the improvement.	4 (80.0%)	0 (0.0%)	1 (20.0%)
Reasons for any differences between observed and expected outcomes, including contextual components.	3 (60.0%)	1 (20.0%)	1 (20.0%)
Comparison of study results with findings from other studies.	3 (60.0%)	1 (20.0%)	1 (20.0%)
Confounding, bias, or imprecision in the improvement's design, methods, measurement, or analysis.	2 (40.0%)	2 (40.0%)	1 (20.0%)
Limits to generalizability.	4 (80.0%)	1 (20.0%)	0 (0.0%)
Efforts made to minimize and adjust for the study's limitations.	2 (40.0%)	2 (40.0%)	1 (20.0%)
Overall utility of the improvement.	3 (60.0%)	1 (20.0%)	1 (20.0%)
Implications of this work for further studies of improvement.	5 (100.0%)	0 (0.0%)	0 (0.0%)
Costs and strategic trade-offs, including opportunity costs.	1 (20.0%)	0 (0.0%)	4 (80.0%)
Modifications of the improvements to advance future work	4 (80.0%)	1 (20.0%)	0 (0.0%)
Likely future course of the improvements observed.	4 (80.0%)	1 (20.0%)	0 (0.0%)