

Supplemental Table A. Questions from semi-structured interview guide

<p><u>A</u>doption: understand why organizations and staff participate in an intervention</p>	<p>What are the major barriers and facilitators to meeting mental health needs or family support needs in your clinic?</p> <p>Are there any published guidelines that influence mental health distress practice within your clinic? If so, what are they?</p> <p>In general, how open is your clinic/department to change?</p> <p>Please tell us who will be the key individuals involved with using e-screening on your team. Describe in their individual roles.</p> <p>Who may be natural champions who could emerge as part of the process?</p>
<p><u>I</u>mplementation: understand how the intervention can be delivered consistently and how it needs to be adapted</p>	<p>How easy do you think e-screening would be to implement from easy, some difficulty, or very hard? Can you tell us why you think that?</p> <p>How user-friendly is the electronic Distress Thermometer screening? If it is not user friendly, what would make it more user-friendly?</p> <p>To what extent would you say you/your staff have the knowledge and skills you needed to implement e-screening effectively?</p> <p>What additional skills or information would be helpful for implementing e-screening?</p> <p>What additional resources do you think you would need to fully implement e-screening?</p> <p>Please describe any policies, procedures, or practices within your clinic that may help your efforts to incorporate e-screening? What are policies, procedures or practices that would hinder these efforts, if any?</p>
<p><u>M</u>aintenance: understand program sustainability and the reasons why organizations decide to continue or discontinue interventions</p>	<p>How do you expect e-screening to impact patient care?</p> <p>How do you expect e-screening to impact clinic performance?</p> <p>How do you expect e-screening to impact your personal job performance?</p> <p>Compared to other priorities your clinic may have, how important is providing patients with electronic distress screening?</p> <p>How will you fit e-screening into your clinic workflow? How would you rate this in terms of feasibility: high, medium, low? What would facilitate this process?</p> <p>What are policies, procedures or practices that would hinder e-screening efforts, if any? How might you overcome those challenges?</p>

Supplemental Table B. Qualitative coding matrix

RE-AIM Component <i>Overarching topics</i> Subordinate themes	Psychosocial team I (N=15)	Psychosocial team II (N= 14)	Leukemia/ lymphoma team (N= 3)	Survivorship team (N= 3)	Neuro- oncology team (N= 6)	Bone Marrow Transplant team (N= 2)	Solid Tumor team (N= 2)
<u>Adoption</u>							
<i>Barriers to meeting patients' mental health needs</i>	•	•	•	•	•		•
Staffing barriers Family barriers	•	•	•	•	•		•
<i>Identifying champions</i>	•	•	•	•	•	•	•
Psychosocial staff Front office staff Advanced Practice Providers Nurses	•	• •	• •	• •		•	•
<u>Implementation</u>							
<i>Suggestions for e-screening</i>	•	•	•	•	•	•	•
Administration considerations Changes to the Distress Thermometer Documentation and communication	• •	• •	• •	• •	• •	•	• •
<i>Barriers to e-screening</i>	•	•		•	•	•	
Logistical concerns Equipment and technology	•	• •		•	•	•	
<u>Maintenance</u>							
<i>Impact of e-Screening</i>	•	•	•	•	•	•	•
<i>Patient care</i>	•	•	•	•	•	•	•
<i>Job performance</i>	•	•	•			•	•
<i>Clinic flow</i>	•	•	•	•	•	•	•

Note. •= coded in transcript for this focus group. EHR= Electronic Health Record.