

Supplementary Table 1. Four key themes to emerge from qualitative analysis

Primary theme	Secondary theme
<p>1. Team culture and embedding the Checklist</p>	<p>a. Embedding team culture <i>I feel much better about the team environment if everybody actively participates in the Checklist - feel more as part of the team, (anaesthetist, site 2).</i></p> <p><i>It does get everyone stopping and listening- quite often what happens in the operating room, everybody's doing their own thing, everybody's setting about the job that they have to do and quite often, you know, it's quite good to stop and actually everyone listen - I think it actually brings us together as a team, really, (nurse, site 2).</i></p> <p><i>It was quite a new thing ... the nurses sort of had to remind the surgeons that they were doing this part of the [Checklist] but now it's just kinda standard practice that everyone knows what they're doing and having the posters in the theatre are a really good reminder, (anaesthetic assistant, site 1).</i></p> <p><i>You introduce yourself, you speak up, you bring all the concerns and you feel that yes, you are part of the team, (nurse, site 3).</i></p> <p><i>In the checklist ... you feel like you are kind of in the loop with what the team is doing. And if the anaesthetic team and the surgical team are really involved and supportive of it, and kind of include people with what their plan is, then you do feel like you can better prepare, you are better prepared for it and you are more involved in that situation and yeah being asked if like from the nursing perspective are we ready to go as well, it's kind of nice to be acknowledged that we are also troubleshooting things in the background that a lot of the time anaesthetists and surgeons don't see, (nurse site 3).</i></p> <p>b. Senior leaders <i>You just feel like you are constantly battling with some people trying to get them to actually engage and actually take it seriously. Some people kind of mock it a wee bit. They are like okay or sometimes they are all sarcastic about it too, so that doesn't really create an environment of openness, (nurse, site 3).</i></p> <p><i>With the Sign Out -we're doing it before the senior surgeon leaves the room - it's quite nice and it helps bond and it really helps the next case to go forward, (anaesthetist, site 2).</i></p> <p><i>Some of them will go blah-blah-blah Sign In, Sign In and that's it over. So you may feel like an idiot if you're trying to do it</i></p>

	<p><i>properly. Come on move along they'll shout at you, (nurse, site 2).</i></p>
<p>2. Obstacles to information transfer</p>	<p><i>I don't really see the Sign In because I'm usually still counselling the previous patient's parents, (surgeon, site 1).</i></p> <p><i>If they're very, very anxious and you don't want them to be in theatre or wait for too long with a whole heap of people and signing in was just one extra step that will increase their anxiety, so we'll do it [Sign In] outside theatre in pre-op. ... I think it's good. I think it's sometimes hard to get everyone's attention and quite often scrub nurses may still be sorting out their equipment. Generally I don't think everyone really stops and pays attention all the time. The impact is that not everyone's present in that time, it's quite, it's a pretty important time, so if not everyone's paying attention I would say things could be missed, (anaesthetist, site 1).</i></p> <p><i>[Introductions are] "missing" or "rarely done" (anaesthetist, site 1).</i></p> <p><i>Raising concerns has nothing to do with nurses. Nine times out of ten nothing is handed over, (nurse, site 3).</i></p>
<p>3. Raising concerns</p>	<p><i>I try to say 'thank you very much' every time somebody speaks up because I will run out of fingers if I try and explain the [number of] patients that somebody else has saved from me - they've spoken up - I've changed something and I've saved the patient because of it, (anaesthetist, site 2).</i></p> <p><i>It just gives us the opportunity or the ability, I guess, to have a say and to be an advocate for the patient. ... it takes a lot of guts to speak out if you don't have that window ... Whereas if you're being asked, "if anyone has any concerns?" then, yeah, that kind of says, 'I value your opinion,' (nurse, site 1).</i></p> <p><i>I do find the registrars are good with that [inviting concerns] but sometimes the older ones that have been there for a while, I find that when you speak up they shut you down. So I do feel like there is kind of a hierarchy in theatre sometimes if it's an older consultant that's been there for ages (nurse, site 1).</i></p> <p><i>I would speak up if I had any concerns, but in terms of everything else its better like its better just to keep your mouth shut just for the peace of the theatre. ... You look at the allocations first thing in the morning and you're just like "oh God," like... [stops speaking, long pause]</i></p> <p><i>Interviewer: "Gonna be one of those days"?</i></p> <p><i>Yip. [sigh] Yip (nurse, site 1).</i></p> <p><i>I'm still training, I've only been in the OR for three years. The first year was quite scary, the Checklist helps me to feel more comfortable [raising concerns], (anaesthetic assistant, site 1).</i></p>

	<p><i>If it was a different surgeon I would have been comfortable to gently raise the question but with this guy everybody knows you just don't question him, he's just a horrible man, (nurse, site 3). The more overbearing they are the less people want to speak up, (anaesthetic assistant, site 3).</i></p> <p><i>So you know I'll certainly speak... if the registrar is doing the case, if I think it's not going well - well that's my job, that's what I should be doing - speak up and sort that out because at the end of the day my name is on the note, (surgeon, site 2).</i></p>
<p>4. A "tick-box" exercise</p>	<p><i>Some people ... seem to take a genuine interest in the answers. Some people seem to be content to just tick the boxes and proceed through it as quickly as possible which negates the value of performing it in the first place. Usually it's only at the sign-out part that I have seen it as I perform all of the sign-outs myself. For the sign-outs there is sometimes a rushed feeling as we are trying to complete the paperwork before the patient goes out of the room. If there was a significant clinical issue I suspect it wouldn't be rushed as much but obviously there is a risk if things are rushed that's something that could be of importance may be missed, (surgeon, site 3).</i></p> <p><i>I've seen it in gynae when sometimes the surgeon forgets to do it, it's forgotten so it's not done at all but the forms are always ticked, the stamp is always ticked which irritates the shit out of me at the beginning, certain users just tick everything that it's all been done when it hasn't but then because I'm a bit of a, I like to do things properly person, that annoys me and I don't do that, I do it when I do it, or I tick the box when it's done. It's what happens up there. ... I think with the more complicated cases it's done better, well it's done more thoroughly (nurse, site 2).</i></p>