

S5 Table: Contextual factors influencing implementation interventions among the included studies.

Study author, year	Contextual factors
Professional interventions	
Education	
Asch et al., 2005	Inner setting <ul style="list-style-type: none"> • <i>Leadership commitment:</i> Participating organizations demonstrated leadership commitment through a \$125,000 contribution • <i>Mandate:</i> Intervention use was not mandated; following the training session, each organization was free to apply any implementation intervention they saw fit
Audit and Feedback	
Kasje et al., 2006	Inner setting <ul style="list-style-type: none"> • <i>Culture:</i> Most physicians were motivated to improve ACEI prescription • <i>Human factors:</i> Educational intervention was integrated into regular work flow Characteristics of individuals and teams <ul style="list-style-type: none"> • <i>Authority:</i> Primary care physicians were hesitant to change treatment initiated by a cardiologist
Cancian et al., 2013	Characteristics of individuals and teams <ul style="list-style-type: none"> • <i>Roles:</i> Limited primary care nurses; physicians dealt with most HF patients independently
Reminders	
Braun et al., 2006	Inner setting: <ul style="list-style-type: none"> • <i>Teams, networks, and communications:</i> In practices following the medical care centre model, primary care physicians and specialists shared the same equipment and rooms which promoted collaboration • <i>Culture:</i> Decision-making was considered a collaborative process
Butler et al., 2006	Outer setting: <ul style="list-style-type: none"> • <i>External policy and incentives/disincentives:</i> CMS was in the process of initiating public reporting of quality of care data Inner setting: <ul style="list-style-type: none"> • <i>Culture:</i> The research team was unable to effect cultural change to promote widespread adoption of the tool • <i>Mandate:</i> Intervention use remained optional (not mandated) during the intervention phase • <i>Human factors:</i> Intervention was designed to be unobtrusive

Qian et al., 2011	<p>Outer setting:</p> <ul style="list-style-type: none"> • <i>External policy and incentives/disincentives</i>: Reporting HF guideline-adherence data to TJC and CMS was mandatory <p>Inner setting:</p> <ul style="list-style-type: none"> • <i>Leadership commitment</i>: Leaders were involved in intervention planning
Gravelin et al., 2011	<p>Outer setting:</p> <ul style="list-style-type: none"> • <i>External policy and incentives/disincentives</i>: CMS reimbursed hospitals and physicians for appropriate ICD implantations
Professional interventions	
Changes in medical records systems	
Reingold et al., 2007	<p>Outer setting:</p> <ul style="list-style-type: none"> • <i>External policy and incentives/disincentives</i>: Implementation of computerized physician order-entry system was cited as a high national priority <p>Inner setting:</p> <ul style="list-style-type: none"> • <i>Culture</i>: Staff were committed to improving HF patient care • <i>Leadership commitment</i>: Emergency Department and Quality Improvement chairs released memos to encourage intervention use • <i>Measurement and data availability</i>: The team collected data on utilization of the intervention throughout the redesign process
Oujiri et al., 2011	<p>Outer setting:</p> <ul style="list-style-type: none"> • <i>External policy and incentives/disincentives</i>: TJC published performance measures for inpatient heart failure care <p>Inner setting:</p> <ul style="list-style-type: none"> • <i>Mandate</i>: Use of the implementation intervention was mandated for all hospital discharges • <i>Culture</i>: The intervention was well-received throughout the institution
Persell et al., 2011	<p>Inner setting:</p> <ul style="list-style-type: none"> • <i>Culture</i>: Staff were motivated to improve HF care
Clinical multidisciplinary teams	
Mejhert et al., 2004	<p>Characteristics of individuals and teams</p> <ul style="list-style-type: none"> • <i>Authority</i>: Nurses in program were allowed to institute and change the doses of medications
Martinez et al., 2013	<p>Outer setting:</p> <ul style="list-style-type: none"> • <i>External policy and incentives/disincentives</i>: CMS reduced reimbursement rates for hospitals with excessive HF readmissions

Clinical pathways	
McCue et al., 2009	Outer setting: <ul style="list-style-type: none"> • <i>External policies and initiatives</i>: TJC published performance measure for heart failure care
Financial interventions	
Provider incentives	
Esse et al., 2013	Outer setting: <ul style="list-style-type: none"> • <i>External policies and incentives</i>: The intervention was initiated by Medicare Advantage Prescription Drug Plan
Institutional incentives	
Lindenauer et al., 2007	Outer setting: <ul style="list-style-type: none"> • <i>External policies and incentives</i>: The intervention was developed collaboratively by the American Hospital Association, Federation of American Hospitals, and Association of American Medical Colleges.
Combined interventions	
Fonarow et al., 2010 Gheorghiadem et al., 2012	Inner setting: <ul style="list-style-type: none"> • <i>Mandate</i>: The use of provided resources was encouraged but not mandated; clinics were free to adopt/modify tools to their discretion
Goff et al., 2005	Outer setting: <ul style="list-style-type: none"> • <i>External policies and incentives</i>: State-wide quality improvement project with external funding to implement and evaluate the program
Riggio et al., 2009	Inner Setting: <ul style="list-style-type: none"> • <i>Leadership commitment</i>: Clinical Effectiveness Team that worked on developing the implementation intervention was chartered by the hospital's CEO and CMO Outer setting: <ul style="list-style-type: none"> • <i>External policies and incentives</i>: The Hospital Quality Initiative, launched by the US Department of Health and CMS, encouraged hospitals to report compliance with standardized performance measures. Better-performing hospitals were financially rewarded while poor performers were penalized. Hospitals in the study were at particular risk of financial penalty for non-compliance.
Scott et al., 2004	Inner setting: <ul style="list-style-type: none"> • <i>Leadership commitment</i>: Senior executives of state public health body were involved in the 2 year planning period preceding the intervention phase • <i>Culture</i>: Staff were motivated to improve HF

CMS, Centre for Medicare and Medicaid Services; TJC, The Joint Commission; CEO, chief executive officer; CMO, chief medical officer