

Appendix C. Details of the implemented intervention

Study	Activities	Objective(s)	Who was trained?	How many were trained?
Haig (2006)	1. Educational programs (class or video) – Incorporation in several hospital programs 2. Trigger tools* 3. Organizational/human support: – leadership (human and financial support) – interdisciplinary spread team	Communication between clinicians (in verbal and written form)	All clinical staff	n.r.
Christie (2009)	1. Interactive teaching – simulated scenarios 2. Educational programs (class or video, 10-15min) 3. Trigger tools* 4. Organizational/human support – project team (meetings fortnightly) – SBAR as structure in trust meetings	Patient hand-off	All clinical staff	n.r.
Andreoli (2010)	1. Interactive teaching – role-playing (real-life case examples) 2. Educational programs (class or video, 4h) 3. Trigger tools* 4. Organizational/human support – “SBAR champions” – project team (weekly meetings)	Team communication (for the priority issue of falls prevention and management)	All clinical staff, non-clinical staff, unit-leaders	85
Field (2011)	1. Educational programs (class or video) – training (for one representative of each nursing home) 2. Trigger tools* 3. Organizational/human support – calls with the representative of nursing home	Telephone communication between nurses and physicians (in anticoagulation management)	Nursing staff	n.r.
Freitag (2011)	1. Interactive teaching – staff coaching within work (initial phase) 2. Educational programs (class or video, 1h) 3. Trigger tools* 4. Organizational/human support – project team – SBAR champion	Nursing hand-off (between shifts and units)	Nursing staff, patient care technicians	n.r.

Telem (2011)	Interactive teaching (2,5h) – video scenarios – role-playing – group discussions	Physician hand-off	General surgery staff	45
De Meester (2013)	1. Interactive teaching (2-days, for 1-2 “reference nurse”/ward) – group discussions, coaching – role-playing 2. Training session (2h, for all nurses by „reference nurses“) 3. Educational programs (class or video, 4h)	Nursing hand-off (between shifts)  Communication in cases of deteriorating patients (nurses calling physicians)	Nursing staff	n.r.
Randmaa (2014)	1. Interactive teaching – role-playing 2. Trigger tools* 3. Organisational/human report – active motivation to use SBAR in clinical practice	Communication in hospital (priority physician hand-off & nurse hand-off)	All clinical staff	n.r.
Jarboe (2015)	1. Educational session (mandatory, 1h) – training to use the SBAR communication tool 2. Organisational/human support – policy change – integration of SBAR into the annual nurse competency training	Communication between nurses and physicians (in notifying providers of change in resident status)	Nursing staff	66
Pineda (2015)	1. Educational session – four separate staff meetings 2. Organisational/human support – integration of SBAR into nursing hand-off	Nursing hand-off (between shifts)	Nursing staff	n.r.
Devereaux (2016)	Introduction of condition-specific SBARs for the most common reasons for transfer to acute care hospitals	Communication between nurses and physicians (in notifying providers of change in resident status)	Nursing staff	60

**Abbreviations:** FA, First author, h: hour(s), m: month(s), min: minute(s), n: number, n.r.: not reported, SBAR: Subject Background Assessment Recommendation