Table 1. Specification of ERIC strategies contained within SAIA

Name it	ERIC strategy	Define it	Specify It					
			Actor	Action	Action target	Temporality	Dose	Implementation outcome affected
SAIA strategy meetings	**External facilitation**	A facilitator external to the health facility or team convenes a meeting of frontline service providers and facilitates the process of going through the SAIA implementation strategy	Research personnel and / or supervisors from the wider system that the health facility, service point or implementing unit belongs to (external facilitator)	Provide an opportunity for discussion of current processes and facilitate engagement in data-driven problem solving by frontline workers	Frontline providers implementing SAIA Communication and engagement of frontline workers in analysis and decision making	Implemented as a first or overarching step of the SAIA intervention	Usually monthly, but frequency may be adjusted to match the system's supervision schedule or to match cascade analysis data aggregation as below	Acceptability Adoption Feasibility Fidelity Penetration Sustainability
	Organize service provider implementation meetings							
	Provide ongoing consultation	SAIA experts are available to provide support or feedback on implementation of the intervention						
Cascade analysis	**Facilitate relay of clinical data to providers**	Use of an Excel- or app-based Cascade Analysis Tool (CAT) to analyze the implementing unit's own data, assess current performance of a multi-step care cascade, identify gaps and quantify the potential improvement to the system if a given step were optimized	External facilitator	Data summarizing outcomes from the system over the previous period (usually 1–3 months) are fed into the CAT and provide a snapshot of current performance and drop-offs	Frontline providers implementing SAIA Improved use of data to diagnose problems within the system Increased ownership and accountability for overall system performance	Implemented as Step 1 of the SAIA implementation strategy	Usually revisited monthly to assess the impact of cyclical tests of change. Frequency may be adjusted to match the frequency of data aggregation within the implementing unit or system	
	Audit and provide feedback							
	Model and simulate change		Frontline service providers	The CAT optimization function simulates the overall improvement to the system if a particular step were fully optimized, thus identifying the steps with the greatest potential cascade gain	Improved problem prioritization			
Process mapping	**Local needs assessment**	Frontline service providers visualize service provision from the patient's / client's perspective and identify bottlenecks or inefficiencies	Frontline service providers	Discuss and draw a physical map of service organization within the implementing unit, identifying steps that are redundant or inefficient	Improved problem identification and prioritization tailored to the specific implementing unit	Implemented as Step 2a of the SAIA implementation strategy	Implemented, adapted or at minimum consulted at every SAIA strategy meeting	
	Local consensus discussions	Service providers discuss the process map and identify modifiable hurdles, then pair with the results of the CAT optimization function to identify a step to target for improvement		Discuss and achieve consensus on current service organization across all components of the system, identify targets for improvement	Increased ownership and accountability for overall system performance	Implemented as Step 2b of the SAIA strategy, once the CAT and process map have been completed		
	Assessment of readiness and identification of barriers and facilitators			Joint review of patient flow through services, degree of readiness to implement, barriers and strengths existent in current process are considered				
Continuous Quality Improvement	**Tailor strategies**	Using the results of the cascade analysis and process mapping steps, a micro-intervention targeting a specific cascade analysis step and / or service bottleneck is proposed	Frontline service providers	Use data on system performance and current processes to select a target step and propose a micro-intervention with potential to improve service delivery and outcomes	Identification of an appropriate and hyper-localized solution	Implemented once the CAT and process map have identified potential targets for quality improvement specific to the implementing unit	Implemented or adapted at every SAIA strategy meeting	
	Develop a formal implementation blueprint	The micro-intervention is operationalized in terms of its goal, scope, timeframe, and specific tasks		Once the broader goal and scope are agreed upon, the micro intervention is broken into discrete tasks. Each task assigned to a specific team member, or members, responsible for implementing and reporting back at the following meeting	Increased ownership and accountability		Implemented or adapted at every SAIA strategy meeting	
	Cyclical tests of change	Micro-interventions are implemented and their impact assessed through a Plan-Do-Study-Act cycle		After a micro-intervention is implemented for one data aggregation period, the CAT is redone at the following meeting to determine whether an impact can be seen before deciding whether to incorporate the intervention into routine processes	Improved communication		Implemented or adapted at every SAIA strategy meeting	
	Purposely re-examine the implementation	The fidelity of implementation is assessed and the decision made to adopt, adapt or abandon the micro intervention		After assessing the micro-intervention's impact, or lack thereof, on cascade data, the team decides whether to adopt it as part of routine practice, adapt and test it for a second cycle, or abandon it.	Current processes and service provision	Once a full cyclical test of change has been implemented	Implemented or adapted at every SAIA strategy meeting ***but the first one***	