

Supplementary File 2: Appendix II. Data Extraction Form

A- Study Information

1. Reviewer: _____ 2. STUDY ID #: _____
3. Lead Author Name: _____
4. Title: _____
5. Journal: _____
6. Publication Year: _____
7. Publication country: _____
8. Volume/Issue: _____
9. Pages: _____

B- Study design/methodology

10. Study Design: _____
11. Study Setting: _____
12. Sample Size: _____
13. Study Period: _____
14. Follow-up Duration: _____
15. Target Population: _____
16. Target Providers: _____

C-Author's definition of patient safety

Author's definition of patient safety: _____

D-Patient population

	Checklist	Controls
Mean age (SD)		
Sample Size		
Male # (%)		
Ethnicity # (%)		
White		
Black		
Asian		
Hispanic		
Other		

E-Checklist intervention

Name of checklist: _____

Purpose of checklist: _____

Checklist components: _____

Number of checklist items: _____

Validation status: Yes No Unclear

Description of intervention: _____

Description of control group: _____

Method of data collection: _____

List outcomes examined: _____

F- Results & analysis

	Type of Result (OR, RR, %)	Checklist	Comparator	p-value
<<outcome>>				
<<outcome>>				
<<outcome>>				

G- Author's conclusions

Author's conclusions: _____

H- STUDY QUALITY

- | | | | |
|--|-----|----|----------------|
| 19. Inclusion / exclusion criteria specified | Yes | No | |
| 20. Randomization process described | Yes | No | |
| 21. Use of allocation concealment | Yes | No | Unclear |
| 22. Blinding of study participants | Yes | No | Unclear |
| 23. Blinding outcome assessors | Yes | No | Unclear |
| 24. Use of control/comparison | Yes | No | |
| 25. Attrition | Yes | No | |
| 26. Intention to treat analysis | Yes | No | |
| 27. Potential important baseline differences | Yes | No | |
| 28. Power calculation / sample size | Yes | No | Endpoint _____ |
| 29. Cross-over Addressed | Yes | No | Unclear |
| 30. Jadad Score: _____ | | | |