Contributing factors										c	Case r lavien DI	number Indo grad	de									% Activation of categories
CATEGORIES	Subcategory	description	CASE 1 V	CASE 2	CASE 3 IVa	CASE 4	CASE 5 V	CASE 6 IVa	CASE 7 V	CASE 8 V	CASE 9	CASE 10	CAS 11	CASE 12	CASE 13 IIIb	CASE 14 V	CASE 15 V	CASE 16	CASE 17 IIIB	Case 18 V	% Tirggered contributing factors	across MMC
	Medical history	- Age - Comorbidities - General / nutritionnal status - Handicap [1]																			38.8	11 (61.1%)
	Case complexity	- Advanced tunor - Emergency - Complex technical procedure [2]																			38.8	
	Barriers to communication	- Language - Sensory condition (deafness,) - Psychiatric condition - Neurological condition (dementia,) [3]																			5.5	
	Social and family factors	- Economic level - Family support - Social support [4]																			11.1	
PATIENT	Conflicting relationships with healthcare workers and/or care	- Distrust, disrespect, aggression - Indifference - Opposition																			5.5	
	Therapeutic strategy	- Definition - Planning - Adequacy [5]																			22.2	14 (77.7%)
	Tasks	Definition - Planning - Adequacy - Distribution [6]																			11.1	
	Para clinical tests	- Availability - Indication and timing - Interpretation [7]																			16.6	
Tasks	Protocols	- Availability - Adequacy - Usage [8]																			61.1	
	Knowledge and technical skills	- Suitability - Experience - Unprecedented situation [9]																			5.5	12 (66.6%)
<b>Healthcare staff</b>	Soft skills	- Assessment of the situation - Decision making - Teamwork - Leadership [10]																			16.6	
	Physical and mental state	- Stress - Fatigue - Sleep [11]																			55.5	

Supplemental material

	Team structure/ organization	- Staffing - Competence - Functioning - Distribution of tasks [12]										44.4	
	Professional communication within the team	- Oral communication? - Written communication? - Critical information [13]										16.6	17 (94,4%)
	Professional communication with other teams/departments	- Oral communication? - Written communication? - Critical information [14]										44.4	
	Communication with the patient	- Nature of care -Risks and prognosis - Aggravation - Consent [15]										0	
	Documentation of the patient's record	- Availability of data - Quality of the data - Data management [16]										5.5	
Team (s)	Support and supervision	Technical support - Moral support - Supervision [17]										5.5	
	Physical environment	- Noise - Temperature - Brightness - Ergonomics										0	9 (50%)
	Material and equipment	-Availability - Adequacy - Use [18]										44.4	
	Medical Information system	-Availability - Adequacy - Use [19]										11.1	
	Workload	- Clinical - Non-clinical [20]										11.1	
Work Environment	Delays in care?	- Advance and rush - Delays - Imposed delay [21]										5.5	
	Administrative burdens	- Application of procedures? - Review of administrative processes - Hierarchical structure - Delegation [22]										0	
	Personnel management	- Assignment of positions - Job description [23]										5.5	

	Training and integration of personnel	- Training of a newcomer - Ongoing training - Integration [24]										0	
	Outsourcing management	- Availability of services - Quality of services - Service management [25]										0%	9 (50%)
	Purchasing management	- Product availability - Product quality - Shortage management [26]										11.1	
	Quality and safety management and safety	- Arbitration against safety - Previously reported failure - Failure previously targeted by action [27]										27.7	
MANAGEMENT	Out-of-hospital context	- Institutional context - Socio-economic context - Regional, national level										16.6	