

**APPENDIX: COREQ (Consolidated criteria for REporting Qualitative research) Checklist for
Manuscript ID bmjopen-2017-020807**

Domain and Items	Author Comment (Researcher responsible & location in manuscript)
Domain 1: Research team and reflexivity	
Personal characteristics	
1. Interviewer/facilitator Which author/s conducted the interview or focus group?	<p>Page 5. (pertaining to Phase 1 of the parent study): “All authors informed the design of the interview schedule; the second and third-named authors listed conducted the interviews, along with other members of the broader research team; this includes early-career and senior academics.”</p> <p>Page 6. (pertaining to the doctoral research) “The field work will be complemented by interviews (approximately 40 interviews, between 30 to 60 minutes in length), focus groups, documentary analysis, and secondary data analysis (e.g. outcome data related to performance targets), all of which will be conducted by the first-named author, who is the doctoral researcher.”</p>
2. Credentials What were the researcher’s credentials?	Page 1 (listed after each author).
3. Occupation What was their occupation at the time of the study?	Page 1 (listed after each author).
4. Gender Was the researcher male or female?	Page 6: “As an “in-service researcher”, the doctoral student faces the issue that some participants will be known to the student, and vice versa, and that <u>her</u> formal position within the organisation as the manager of an evidence support service may influence and bias the data collection and analysis for her doctoral research. Indeed, her position may limit what is discussed ...”
5. Experience and training What experience or training did the researcher have?	<p>Page 1. (Implicit in credentials of authors.)</p> <p>Please also note that the first and second authors have received training and have conducted qualitative studies as part of Masters and doctoral research projects as well using qualitative methods as part of professional roles in healthcare service delivery.</p>
Relationship with participants	
6. Relationship established Was a relationship established prior to study commencement?	For some participants, this will indeed be the case. This is acknowledged on Page 6: “As an “in-service researcher”, the doctoral student faces the issue that some participants will be known to the student, and vice versa ...”
7. Participant knowledge of the interviewer	Following on from above, the first author (AM) is a manager of an evidence support service and currently undertaking her PhD. Some participants will therefore know the researcher.

<p>What did the participants know about the researcher? e.g. personal goals, reasons for doing the research</p>	<p>Participants will receive an explanatory statement about the research (including its aims and rationale) and will have the opportunity to ask the researcher additional questions prior to deciding if they wish to participate.</p> <p>See Page 7: “Face to face meetings with those involved in the initiatives will be held to gain informed consent. During this process, participants will be provided with a written explanatory statement outlining the aims and intent of the research, and participants will have the opportunity to ask the researcher further questions about the purpose and conduct of the research.”</p>
<p>8. Interviewer characteristics What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic</p>	<p>Page 6: “As an “in-service researcher”, the doctoral student faces the issue that some participants will be known to the student, and vice versa, and that her formal position within the organisation as the manager of an evidence support service may influence and bias the data collection and analysis for her doctoral research. ...”</p>
<p>Domain 2: study design</p>	
<p>Theoretical framework</p>	
<p>9. Methodological orientation and Theory What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis</p>	<p>Please see pages 4 – 9.</p>
<p>Participant selection</p>	
<p>10. Sampling How were participants selected? e.g. purposive, convenience, consecutive, snowball</p>	<p>There are three levels of sampling that need to be conducted in order to carry out the research. Details of sampling are now included at appropriate locations within the manuscript. Key passages are summarised below:</p> <p><i>Sampling of redesign and improvement initiatives that provide the focus for the doctoral research</i></p> <p>Please see Page 7, beginning with the passage, “The doctoral project aims will be pursued and given focus through the detailed study of redesign and improvement initiatives being conducted by the health service where the doctoral researcher is employed...”</p> <p>Please also see Table 1, which details the sampling criteria.</p> <p><i>Sampling of participants involved in the focal redesign and improvement initiatives.</i></p> <p>Please see Page 7, specifically the following passage: “Face to face meetings with those involved in the initiatives will be held to gain informed consent. During this process, participants will be provided with a written explanatory statement outlining the aims and intent of the research, and participants will have the</p>

	<p>opportunity to ask the researcher further questions about the purpose and conduct of the research. Purposive sampling will be used to identify stakeholders to invite to participate in the research. It is anticipated that these stakeholders will be key decision-makers and implementers involved in the initiative (e.g. a range of clinicians, in both senior and junior positions, heads of units, and other managers), and others who are influential in the implementation of the initiative, for example health service workers who are touched by the initiative and required to take it on board as part of their role. Broadly speaking, sampling decisions will be informed by the role and level of involvement in employees in the implementation of the initiatives.”</p> <p><i>Sampling of participants informing the study of organisational context</i></p> <p>Please see page 9, specifically the following passage: “This will involve further depth interviewing with leaders within the organisation who are involved in building redesign and improvement capability at the organisational level, and with those involved in leading or supporting redesign and improvement initiatives within the organisation. The sampling strategy for these context-related interviews will target participants who possess historical knowledge of the health service’s response to the redesigning hospital care program, and those who are presently involved in shaping the current approach to redesign and improvement and its future directions. Participants who are able to provide complementary “experiential knowledge”¹⁹(p455) about redesign initiatives within the health service and the challenges of leading, implementing, sustaining, and scaling service innovations, more generally, will also be sought.”</p>
<p>11. Method of approach How were participants approached? e.g. face-to-face, telephone, mail, email</p>	<p>Page 7: “Pragmatism will play a role in the selection of focal initiatives, to ensure that the these initiatives are likely to have sufficient longevity, that access will be reasonably unproblematic, and that the study can be completed successfully within the timeframes required for the progress and completion of doctoral research. Face to face meetings with those involved in the initiatives will be held to gain informed consent.”</p>
<p>12. Sample size How many participants were in the study?</p>	<p>Page 6: Approximately 40.</p>
<p>13. Non-participation How many people refused to participate or dropped out? Reasons?</p>	<p>Not applicable, as yet.</p>
<p>Setting</p>	
<p>14. Setting of data collection Where was the data collected? e.g. home, clinic, workplace</p>	<p>The research will be conducted within the health service. Reference to the setting of the research is made throughout the</p>

	protocol, particularly in passages that describe the ethnographic approach to the research.
15. Presence of non-participants Was anyone else present besides the participants and researchers?	Not applicable, as yet.
16. Description of sample What are the important characteristics of the sample? e.g. demographic data, date	Please refer to the sampling strategy discussed for Item 10, "Sampling", as this contains the relevant information regarding the characteristics of the samples, and identifies the pages within the manuscript where these details are located. Note that it the roles, responsibilities, and experiential knowledge that participants possess that will drive sampling decisions (rather than demographics etc.).
Data collection	
17. Interview guide Were questions, prompts, guides provided by the authors? Was it pilot tested?	<p>Page 6 provides an outline of the issues to be addressed within the interviews:</p> <p>"Narrative Review. A narrative overview of evidence about improvement in healthcare will act to inform interview schedules and observations undertaken within the doctoral research. Aspects including frameworks, theories, strategies and factors that drive or impact the change that comes with healthcare improvement and the role of context improvement and the complex processes involved in undertaking and evaluating improvement will be described. This review will describe key factors that act as critical enablers of, and barriers to, successful large-scale, sustained change"</p> <p>We also note that the theory of institutional entrepreneurship will also inform the questions within the interview guide, and the fieldwork observations.</p>
18. Repeat interviews Were repeat interviews carried out? If yes, how many?	Not applicable, as yet.
19. Audio/visual recording Did the research use audio or visual recording to collect the data?	Page 9: "Data collected during the Phase 3 and 4 via interviews and focus groups discussions will be audio recorded and transcribed; transcriptions of interviews will be returned to participants for their checking and approval for data analysis."
20. Field notes Were field notes made during and/or after the interview or focus group?	<p>Field notes will be taken as part of the ethnographic work, as described within the manuscript. Please see:</p> <p>Page 6: The primary method of data collection for the doctoral research will be longitudinal, immersive field work. Specifically, this fieldwork will include observational and shadowing activities within the health service that is hosting the doctoral researcher, with attendance at regular and pivotal on-site meetings, and observation of everyday activity associated with redesign and improvement work. This approach allows the observation of "naturally occurring social processes and meanings"¹⁵ (p455) that are not captured by quantitative methods or purely interview-</p>

	<p>based approaches to data collection. Importantly, it will also allow the doctoral researcher to identify and explore some of the micro-foundations of institutional process that affect redesign and improvement work (e.g. the beliefs, logics, and taken-for-granted habitual practices of clinicians and other health service workers). Field notes will be taken (see also, “Data Analysis Plan”).</p> <p>Page 9: “Transcriptions will be uploaded onto N-Vivo, along with the field notes taken during observational and shadowing activities, and will be analysed progressively, in order to recognise when saturation is reached.”</p>
<p>21. Duration What was the duration of the interviews or focus group?</p>	<p>Page 6: “The field work will be complemented by interviews (approximately 40 interviews, between 30 to 60 minutes in length), focus groups, documentary analysis, and secondary data analysis ...”</p>
<p>22. Data saturation Was data saturation discussed?</p>	<p>Page 9: “Transcriptions will be uploaded onto N-Vivo, along with the field notes taken during observational and shadowing activities, and will be analysed progressively, in order to recognise when saturation is reached.”</p>
<p>23. Transcripts returned Were transcripts returned to participants for comment and/or correction?</p>	<p>Page 9: “Data collected during the Phase 3 and 4 via interviews and focus groups discussions will be audio recorded and transcribed; transcriptions of interviews will be returned to participants for their checking and approval for data analysis.”</p>
<p>Domain 3: analysis and findings</p>	
<p>Data analysis</p>	
<p>24. Number of data coders How many data coders coded the data?</p>	<p>Please see details on Pages 9-10:</p> <p>“During the first phase of analysis, the doctoral student will “bracket” her theoretical knowledge and elicit themes from the data through an open-coding process,²² allowing first order constructs to be identified in a grounded fashion. During a second phase of analysis, the student will conduct a theoretically-informed “reading” of the data, by actively drawing on relevant theoretical constructs from the institutional theory literature. The second-, third-, and fourth-named authors, who are involved in the parent study, will support and challenge this coding process as required. The aim of these discussions will be to minimise bias, substantiate constructs, and support the doctoral researcher to home in on the relevant institutional workings that her data suggest are influential. Where appropriate, the doctoral researcher will progressively collapse these first order constructs into higher order second- and third-level constructs. She will also look for the operation of these institutional influences at the meso level, for example in organisational culture, funding and governance arrangements, and national policies. Themes will then be interrogated and relationships between themes identified, again by drawing on institutional theory, and particularly institutional entrepreneurship. ...”</p>

25. Description of the coding tree Did authors provide a description of the coding tree?	Please see details on Pages 9-10, as provided above.
26. Derivation of themes Were themes identified in advance or derived from the data?	Please see details on Pages 9-10, as provided above.
27. Software What software, if applicable, was used to manage the data?	Please see details on Pages 9-10, as provided above.
28. Participant checking Did participants provide feedback on the findings?	Please see details on Pages 9-10, under the sub-headings “Data Analysis Plan” and “Ethics and Dissemination”.
Reporting	
29. Quotations presented Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? e.g. participant number	Not applicable, as yet.
30. Data and findings consistent Was there consistency between the data presented and the findings?	Not applicable, as yet.
31. Clarity of major themes Were major themes clearly presented in the findings?	Not applicable, as yet.
32. Clarity of minor themes Is there a description of diverse cases or discussion of minor themes?	Not applicable, as yet.