Supplementary material 4: Application of Rogers (1995) Diffusion of Innovation to Schwartz Rounds

Attributes of Rounds

Attribute (Rogers, 1995)[2]	Rounds as an organisational innovation	Example quotations
Relative advantage: degree to which perceived as better than idea it supersedes	Has relative advantage: few alternative organisational interventions and has provenance/branding. Relatively low cost. Many adopting organisations received funding from charities to pay for licence, thereby making Rounds a 'free good'.	'seemed quite a valuable thing, something very different, an opportunity for lots more staff engagement and we all saw it as a very positive thing' (Clinical lead; doctor, acute hospital adopted 2011) 'there was recognition that there was something missing or something that could be added around staff engagement' (Clinical lead; doctor, acute hospital adopted 2014)
Compatibility: degree to which perceived as consistent with existing practices and values, past experiences and needs of potential adopters	Highly compatible. Format (large meeting, like medical 'grand round') is familiar, if not the content. Staff reflection familiar in clinical supervision, debriefing after incidents. Meeting recognised need as a demonstrable response to Francis Report.	'certainly it fitted in with some of the other things I'd done …. where we had sessions with clinical teams … it was a way of bringing that clinical supervision or that listening to a bigger audience' (Clinical lead; doctor, acute hospital adopted 2011) 'there were links with the Francis report and the findings of that and things that we committed to as an organisation within that.' (Facilitator; mental health hospital adopted 2014)

Complexity: the degree to which perceived as difficult to understand and use	Perceived as complex but having off-the-shelf model and package offered by PoCF has helped. Nonetheless are difficult to describe without experiencing/observing them. Do not require service restructuring or large-scale staff training (only for facilitators); can be perceived as a 'bolt-on' to existing practices.	'there is initially getting your head round what [Rounds] were and what kind of difference they would make … They are hard to describe. You need to go witness' (Facilitator; psychologist, acute hospital adopted 2009) 'If they haven't seen it before, it's quite difficult to describe, it really sounds too simple … they couldn't really picture how it's going to work' (Facilitator; doctor, acute hospital adopted 2013)
Trialability: the degree to which an innovation may be experimented with on a limited basis	Not trialable due to licensing arrangements, although piloting undertaken in some organisations and can amend incrementally on monthly basis (e.g. time of day, location). Can be stopped relatively easily.	'We started off as a small pilot in the south of the county when we were looking at how to bring rounds in we thought 'OK, we'll start with a small geographical area' and we set them up for different pilots, we ran one here, which is an Acute in-patient unit … so that over the 6 months we could start off on a small scale, learn from our mistakes etc. before we rolled them out to the wider Trust.' (Clinical lead; facilitator, community hospital, adopted 2011) 'in a small organisation like ours why do we need something like that? That was the big thing right from the start … we were nervous about it and that was the biggest challenge in setting it up' (Deputy clinical lead & facilitator; hospice adopted 2013)
Observability: the degree to which the results of an innovation are visible to others	Observable in that can attend and see Rounds as introduced 'successfully' elsewhere. However, results/impact difficult to evaluate. Can be deferred either on a 'we will know when we see' it basis and/or use of simple metrics (e.g. numbers attending and diversity/representativeness of groups of staff).	'seen it as a very powerful thing in America and felt it would be a good, positive thing for us to do here' (Clinical lead, hospice adopted 2013) 'it's very hard to give you tangible … hard quantitative type of evidence, but what is clear is that when staff attend, the evaluations after the event are incredibly positive' (Director of Nursing; acute hospital, adopted 2013) ''it was so powerful … I thought it would be great from the effect of having seen a live Round' (Clinical lead;, acute hospital adopted 2015)

		'lots of people wanted to know about what the outcomes would be and how are we going to measure it … there was a lot of anxiety' (Facilitator; palliative care, acute hospital adopted 2013)
Reinvention: the extent to which the innovation can be changed or modified by the user in the process of adoption and implementation	In formal licensing terms not very modifiable but in practice, more so. There is a set format to Rounds but is variation in relation to many aspects of structure and function that are permitted within the terms of licence.	'So we were a little bit worried at the beginning when it was quite prescriptive … I don't know whether we're meeting our contract or not but hopefully we're doing it so it's sustainable in the future' (Clinical lead & facilitator; manager/physiotherapist, community hospital adopted 2014)
		'looking at it we can do them in a more lean way but still retain the essence of Schwartz' (Clinical lead; psychiatrist, community hospital, adopted 2014)

References

[1]Robert G, Philippou J, Leamy M, Reynolds E, Ross S, Bennett L*, et al.* Exploring the adoption of Schwartz Center Rounds as an organisational innovation to improve staff well-being in England, 2009-2015. *BMJ Open* 2017;**7**:1-10.

[2]Rogers E.M. Diffusion of Innovations.4th edn. Free Press, 1995.