

## Appendix 1

### Consolidated criteria for reporting qualitative research (COREQ) Checklist

Reference to original COREQ publication: Allison Tong, Peter Sainsbury, Jonathan Craig, Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups, *International Journal for Quality in Health Care*, Volume 19, Issue 6, December 2007, Pages 349–357, <https://doi.org/10.1093/intqhc/mzm042>

No	Item	Guide questions/description	
<b>Domain 1: Research team and reflexivity</b>			
Personal Characteristics			
1.	Interviewer/facilitator	Which author/s conducted the interview or focus group?	Interviews were conducted by JM, LE, GA, and MK. Qualitative interview training was provided by CS & EGM.
2.	Credentials	What were the researcher's credentials? <i>E.g. PhD, MD</i>	JM: MD, MSc, PhD(c) CS: BSc (Hons), MA, PhD(c) MK: MHA, MSc GA: BSc KN: BA, BHEcol SK: MN, NP JV: RN, DPN

No	Item	Guide questions/description	
			LE: MD SF: MD, FRCPC KK: MD, FRCPC MvM: MD, FRCPC KR: MD, MPA, FRCPC SS: MD, FRCPC, PhD(c) MA: MD, PhD, FRCPC EGM: PhD
3.	Occupation	What was their occupation at the time of the study?	JM: resident physician, PhD trainee CS: research associate, PhD trainee MK: medical student GA: medical student KN: research staff SK: nurse practitioner JV: emergency department nurse LE: resident physician, MSc trainee SF: geriatrician

No	Item	Guide questions/description	
			KK: geriatrician MvM: geriatrician KR: geriatrician SS: geriatrician MA: geriatrician EGM: professor
4.	Gender	Was the researcher male or female?	Genders of research team: Women: JM, CS, MK, GA, KN, SK, LE, SF, KK, MvM, MKA, EGM Men: JV, KR, SS
5.	Experience and training	What experience or training did the researcher have?	In addition to training provided to team members specific to this project: JM: doctoral studies topic on social vulnerability using mixed methods, clinician investigator trainee CS: doctoral studies topic on aging among Indigenous older adults residing in long term care using qualitative methods MK: previous research assistant GA: research in medicine program KN: knowledge mobilization training

No	Item	Guide questions/description	
			<p>LE: clinician investigator trainee</p> <p>SK, JV, SF, KK</p> <p>MvM: medical education training</p> <p>KR: frailty research expert</p> <p>SS: doctoral studies in epidemiology</p> <p>MA: social vulnerability and immunization in older adults expert</p> <p>EGM: mixed methods expert, expert on patient engagement</p>
Relationship with participants			
6.	Relationship established	Was a relationship established prior to study commencement?	JM, MK, GA, SK, LE, SF, KK, MvM, MKA, JV, KR, and SS are all clinicians in various stages of training with the potential to encounter the participants as part of their duties. JM, MK, GA, and LE were the only individuals who knew the identity of the participants when they conducted the interviews.
7.	Participant knowledge of the interviewer	What did the participants know about the researcher? e.g. <i>personal goals, reasons for doing the research</i>	The participants were aware of the researcher team, and were aware that JM, MK, GA, and LE are also junior trainees.

No	Item	Guide questions/description	
8.	Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? e.g. <i>Bias, assumptions, reasons and interests in the research topic</i>	<p>Many of the authors have provided healthcare to patients admitted for social reasons in the past and have felt there are ways to improve their care. That was the primary reason for interest in this research topic.</p> <p>Training was provided by experienced qualitative researchers (CS, EM). Two group and one individual Interactive training sessions were held which provided methodological context, and practical approaches and techniques in qualitative interviewing. Practice interviews were conducted during these training sessions. The interviewers and the qualitative researchers who provided the training are authors. Through their medical training, medical students and residents have developed useful skills to be interviewers. They learn to build rapport, build trust, listen, and gather responses to open ended questions – additionally, they have knowledge of the healthcare system that many experienced qualitative interviewers would not, making them well suited to prompt and explore intricacies of this topic.</p>

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## Domain 2: study design

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### Theoretical framework

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9.	Methodological	What methodological orientation was stated to underpin the	Constructivist Grounded Theory (Charmaz, 2014)
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No	Item	Guide questions/description	
	orientation and Theory	study? <i>e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis</i>	
Participant selection			
10.	Sampling	How were participants selected? <i>e.g. purposive, convenience, consecutive, snowball</i>	Purposive theoretical sampling. We started with the nursing bed managers and used a theoretical sampling approach from there based on emerging codes to ensure that the perspectives of multiple healthcare professionals within the care pathway were included as interviewees, which subsequently allowed for comparisons between clinicians and administrators.
11.	Method of approach	How were participants approached? <i>e.g. face-to-face, telephone, mail, email</i>	Participants were contacted by email.
12.	Sample size	How many participants were in the study?	20
13.	Non-participation	How many people refused to participate or dropped out? Reasons?	We approached several departments (n = 3) and individuals (n~4) recommended by interviewees who declined to participate or did not respond to our requests for interviews. These included: recreation therapy, physiotherapy, and occupational therapy, and individuals in

No	Item	Guide questions/description	
			hospital administrative positions and individuals in several medicine departments.
Setting			
14.	Setting of data collection	Where was the data collected? <i>e.g. home, clinic, workplace</i>	Interviews were conducted virtually (via Teams) and in-person in the hospital. Hospital settings included participants offices or quiet rooms on a hospital ward.
15.	Presence of non-participants	Was anyone else present besides the participants and researchers?	No
16.	Description of sample	What are the important characteristics of the sample? <i>e.g. demographic data, date</i>	In our tertiary center, specific demographic data poses a risk of identification due to the size of the community. We sent a post-survey to participants asking to self-identify several demographics. The demographics are available in Table 1.
Data collection			
17.	Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	The interview guide received input from the entire research team through several iterative processes: multiple meetings to develop the guide, a pilot test with non-author, and a meeting after all interviewers had conducted at least one interview to discuss if the

No	Item	Guide questions/description	
			guide was robust enough to elicit the information we were seeking and discuss additional/modification of questions.
18.	Repeat interviews	Were repeat interviews carried out? If yes, how many?	No, each participant was interviewed once.
19.	Audio/visual recording	Did the research use audio or visual recording to collect the data?	Interviews were audio recorded.
20.	Field notes	Were field notes made during and/or after the interview or focus group?	Interviewers made field notes during data collection. We discussed these as a team when coding and reviewing findings. These notes were primarily used to support data interpretation but were not included as data.
21.	Duration	What was the duration of the interviews or focus group?	30 minutes to 60 minutes each.
22.	Data saturation	Was data saturation discussed?	Yes, at several meetings held with key stakeholders and research team members where data analysis occurred concurrently with data collection. At these meetings, data saturation was discussed, and additional participants were recommended (purposeful theoretical sampling).



No	Item	Guide questions/description	
23.	Transcripts returned	Were transcripts returned to participants for comment and/or correction?	No, given the burden of paperwork already expected of healthcare professionals, we opted to present findings to key knowledge users. See item 28.
<b>Domain 3: analysis and findings</b>			
Data analysis			
24.	Number of data coders	How many data coders coded the data?	4 members (JM, CS, GA, MK) of the research team coded the transcripts. Each transcript was coded independently by at least 2 team members.
25.	Description of the coding tree	Did authors provide a description of the coding tree?	
26.	Derivation of themes	Were themes identified in advance or derived from the data?	Data were coded inductively with no preconceived themes. Based on our iterative analyses, we mapped our themes on the Quintuple Aim Framework as we felt this existing framework represented our findings.
27.	Software	What software, if applicable, was used to manage the data?	Dedoose ( <a href="https://www.dedoose.com/">https://www.dedoose.com/</a> )

No	Item	Guide questions/description	
28.	Participant checking	Did participants provide feedback on the findings?	<p>To ensure our results and interpretations were representative of the participants' experiences, we presented findings to key knowledge users which includes experienced researchers, clinicians, social workers, and administrators who provided feedback and direction of additional participants from whom to seek additional data.</p> <p>Participants were invited to review their transcripts prior to incorporation into the data analysis stage. Only one participant did this.</p>
Reporting			
29.	Quotations presented	Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? e.g. <i>participant number</i>	Yes, quotes are presented throughout in Tables 2-6 and in Appendix 3. Participants' quotes have been attributed using a number for confidentiality.
30.	Data and findings consistent	Was there consistency between the data presented and the findings?	Yes.
31.	Clarity of major themes	Were major themes clearly presented in the findings?	We organized the major themes within the five domains of the Quintuple Aim Framework: 1) enhance patient experience, 2) better population health, 3) optimize cost of care, 4) improve care team well-being and 5) advance health equity.

No	Item	Guide questions/description
		<p>The five domains (aims) of the framework are:</p> <ul style="list-style-type: none"> <li>• <b>Enhance patient experience:</b> Focus on quality, responsiveness, and personalization of healthcare services for patients.</li> <li>• <b>Better population health:</b> Focus on public health and preventive care to better communities and populations.</li> <li>• <b>Optimize cost of care:</b> Decrease healthcare costs while maintaining quality care.</li> <li>• <b>Improve care team well-being:</b> Enhance the work environment as a way of providing better healthcare.</li> <li>• <b>Advance health equity:</b> Ensuring fair and just access to healthcare services for all individuals, accounting for socio-economic, racial, or geographic differences.</li> </ul> <p>(Nundy et al, 2022)</p> <p>(Itchhaporia, 2021)</p>
32.	Clarity of minor themes	<p>Is there a description of diverse cases or discussion of minor themes?</p> <p>Yes, we present explanations and data to support subthemes in both the main text, tables, and appendix.</p>