

## **Supplementary file**

### **Additional information on study context**

In Australia, General Practitioners' exposure to hospital processes is typically limited to the information contained in patients' discharge summaries. Medical service teams in Australian public hospitals are comprised of a mix of staff of varying post-graduate years experience. They are led by consultants, who are not always on site, and overseen by specialist trainees (registrars), who in turn supervise one or more junior doctors. The term 'junior doctor' is often used to describe any medical officer who is not a consultant. Junior doctors are usually responsible for the day-to-day tasks of patient management including clerking admissions and discharges, daily rounding on inpatients, order entry, clinical documentation, requesting and reviewing consultations and minor procedures.

**Total number of staff who participated in focus groups and interviews at each site**

	<b>Focus groups</b>	<b>Interviews</b>
Site A	Doctors: n = 6 Doctors: n = 5 Nurses: n = 7 Pharmacists: n = 21	-
Site B	Doctors: n = 3 Doctors: n = 17 Pharmacists: n = 15	-
Site C	-	-
Site D	-	1 Pharmacist
Site E	Pharmacists: n = 11	-
Site F	Doctors: n = 11 Nurses: n = 6 Pharmacists: n = 5	-
Primary care	GPs: n = 4 GPs: n = 4	4 GPs

## **Interview Guide - Hospital Staff**

### **Current medicine review**

1. Can you describe the current process of medicine review?
2. What normally happens during medicine review?
3. Do you think medicine review is done well? Why/why not?
4. Can you think of anything that would help you review medicines more quickly or easily?

### **Polypharmacy and deprescribing**

5. What is your understanding of polypharmacy and deprescribing?
6. Do you think polypharmacy is a problem in older inpatients?
7. Can you think of any ways to reduce inappropriate polypharmacy in hospital?
8. Are there any drugs that are harder or easier to deprescribe in hospital?

### **Decision support**

9. What information do you think the decision support should convey?
10. Who do think that decision support should be directed to?
11. Where and when would it be most useful?
12. Do you think decision support should target complex or common situations?

## **Interview Guide - General Practitioners**

### **Current medicine review for your patients during hospital admission**

1. Can you describe the medicine reviews that occur for your patients in the hospital?
2. Do you think medicine review in hospital is done well? Why/why not?
3. Do you think medicine review in hospital is communicated well to you? What is the best way to communicate medicine changes to you?
4. How active would you like to be in the decision making process when changes are made to patients admitted to hospital?
5. Can you think of anything that would improve medicine review for your patients admitted to hospital?

### **Polypharmacy and deprescribing**

6. What is your understanding of polypharmacy and deprescribing?
7. Do you think polypharmacy should be reviewed during hospital admission? Why/why not?
8. How do you think information about polypharmacy and deprescribing should be communicated to you on discharge?

### **Decision support on discharge to improve continuity of medication management after review in hospital**

9. We are designing protocols to guide continuity of medicine changes made during hospital review on discharge. What information do you think the decision support tool should convey?
10. What type of decision support would be most effective?