## No Elements of process and impact evaluation and corresponding items for evaluation

## Target group Study stage 00000 0000

	0   0   <b>1</b>   0   <del>2</del>   0   <b>6</b>   <b>7</b>   <b>7</b>
DESS EVALUATION	
ruitment of institution	
h procedure has been adopted to recruit the hospital directors (first contact with hospitals, information for hospital directors, reminders, waiting lists)? What has proven itself?	
by booten and because the product and the product and the study?	
expectations, concerns, and motivation do the hospital directors hardour regarding the intervention (e.g., applicability, usefulness)?	
is the study's degree of acceptance among the hospital directors (e.g., regarding the mole of the institute of Primary (are in the hospital context)?	
reasons are given by hospital directors relating to anticipate?	
histitutional and organizational factors favour or hamper the implementation of the intervention (Characteristics of hospitals (covariates), e.g. type of hospital, size of department or ward, presence or absence of quality manager)?	
h procedure has been adopted to recruit the senior HPs (e.g. contact, information)? What has proven itself?	
proceeding the decimation of the decimation of the decimation in which has provide the decimation of t	
benice The participate in the training (individual characteristics, attitudes)?	
is the motivation of the solitor HPs to take part in the training or to carry out the intervention (reasons for participating in the study)?	
very to cluster	
were the teachings for the senior HPs designed and carried out (e.g., training materials, number of training sessions, duration, instructor)? What has proven itself?	
support do the senior and junior HPs receive for implementing the intervention and communicating with the GPs (e.g. recruitment criteria, documentation, tools, contact person/opportunities in case of questions)?	
ponse of cluster	
hat extent and purpose do the senior HPs use the opportunities to ask questions (number and content of inquiries)?	X
d on the inquiries received, are there indications of potential for improvement regarding information and training of the senior or junior HPs?	
satisfied are the senior HPs with the training overall (e.g. content, quality, benefit, effort)? Are all needs and expectations covered?	
do the senior HPs perceive the intervention approach (e.g., applicability, benefits gained and effort required, acceptance)?	
do the senior HPs assess the support they receive from the Institute of Primary Care for the implementation (documents, instruments)?	
do the senior HPs rate their overall experience with implementing the intervention (e.g. difficulties, benefits, effort, contacts with GPs)?	
ruitment of providers	
are the attitudes of the participating junior HPs toward the reduction/optimisation of medication lists during patient discharge?	
rding to the GPs, how relevant is the possibility to discuss medication plans of their patients with the discharging HPs?	
are the attitudes of the GPs toward the reduction/optimisation of medication lists during patient discharge?	
very to providers	
to be portional the instruction of the junior HPs?	
do the senior in a random dreinstruction of the purior in a 1 when the start of the senior of the se	
ponse of provider	
hat extent and purpose do the junior HPs use the opportunities to ask questions (number and content of inquiries)?	
do the junior HPs perceive the intervention approach (e.g., applicability, benefits gained and effort required, acceptance)?	
do the junior HPs assess the support they receive from the Institute of Primary Care and from the senior HPs for the implementation (documents, instruments, instruction and support from senior HPs)?	
can the contacts/interactions between the discharging HPs and the GPs be described (e.g. number, duration)? Do the GPs contact the senior or the junior HPs?	
do the GPs perceive the communication opportunities with the discharging HPs (benefits gained, effort required, acceptance)?	
are the reasons for GPs to either continue to use or re-adjust their patients' customised discharge medication plans?	
what reasons do the GPs contact the discharging HPs?	
do the GPs rate the information from the HPs about the medication plans?	
do the GPs assess their overall experience with the contacts to the discharging HPs?	
ruitment of patients	
h procedure has been adopted for patient recruitment (e.g. application of recruitment criteria, information material, recruitment staff)?	
h patients participate in the study (age, sex)?	
very to patients	
do the junior HPs implement the intervention in the hospital? To what extent and for what reasons do deviations from was the planned implementation occur?	
ponse of patients	
purise or patients do the patients experience the intervention and what is their response?	
ACT EVALUATION	
ntenance (during cluster RCT)	
intervention delivered consistently over the course of the study?	
ctiveness	
primary and secondary outcome measures as described in the main article	
ntended consequences	
handes in the outcome socur?	x x x x x x x x x
g-term maintenance	
the hospital directors' perspective, are there any improvements in their hospitals due to the participation in the study?	
are the hospital directors' estimates of the potential for cost savings as a result of the intervention?	
the hospital directors' point of view, in what ways does the approach prove successful in terms of further dissemination in Swiss hospitals? Which stakeholders should be involved according to the hospital directors in order to disseminate the approach?	
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Legend: SC: Study center; SSt: Study staff; HoD: Hospital directors; sHPs: Senior hospital physicians; jHPs: Junior hospital physicians; GPs: General practicioners; Pat: Patients; PE: Process evaluation; OCs: Outcome measures; IE: Impact evaluation