Appendix 2: Explanation of Reutilization Rates Minor Themes

Families receiving visit might perceive that their child was sicker	PCP	"Right, well, they're sending somebody out. My kid must be really sick. I'm going to have a lower threshold for going back to ER…"
		"…(I) wonder if … parents potentially perceived that the healthcare team thought that their child was more sick . . . . . and was therefore more worried about their recovery."
	RN	"Or I'm wondering if it's like our visits made them more in tune to really watch, the assessment, so then they were thinking they were taking more of a turn from worse than they would have thought previously . . ."
		"maybe I scared them . . ."
		"It's kind of like did you emphasize it too much?"
Patient in the control group did not reutilize enough	PCP	"So I would just guess that the parents weren't picking up on signs of things that needed to come back in, probably."
		"…I think it's, … probably like kids are resilient, and so even kids who probably, who any of us seeing them--- not being the exhausted parent who just spends a couple nights in the hospital, not having whatever resource constraints people have in their lives--- we would see them and say they need to go to the ER. Probably a lot of those kids do just fine not going."
	RN	"…So maybe some of those who didn't get the visit should have gone back and didn't."
		"Instead of just staying home and giving Tylenol for a fever of 101, they might have gone back. I don't know. They might have thought, oh, well, he's still trying to get over the bronchiolitis or whatever. He's supposed to look blue. I don't know."
Receiving more education on a child's illness drives reutilization	RN	"The other thing that I look at with it is . . . for the kids that we had to send back, it's just like how many did we keep from having complications because the parents would have sat on them maybe a little longer and not taken them back or not recognized that they were in trouble?. To me, I look at that as kind of a positive . . ."
		"But then again, the ones who got the visit, also were better educated about what to look for and when to go back…. "

Provider access issues	RN	"And that's another thing. I think the follow-up appointments, specialist specialties, were so far out. Sometimes they were like six weeks, eight weeks after discharge… so then if this family is having any concerns and their follow-up, they're calling clinic and they're like; 'Well, we can't get you in any sooner,' they're like;' Well, I'm just going to take him to the ED then.'"
		"Because I know that a lot of people use the emergency room as the doctor's office, for something they could be seen for at the doctor's office. Now sometimes the doctor's not open. You know, it's the weekend or whatever. They're not open, fine…"
		"How many of the readmits happened on a weekend?"
Variability of RN experience may determine whether escalated care	RN	"You've got to realize for a lot of us . . you have your primary cases, so you're used to seeing certain diagnoses all the time….it was more of our newer nurses that were doing a lot of the nontraditionals [how study visits were labelled]."
		"… one thing that kind of just popped into my head, it would be interesting to know, to see the kids that went back to the ED, who was the nurse, and were they seasoned nurses in homecare, or were they new nurses? What's their comfort level of saying, yeah, you're okay at home? "
		"I would say . . . just nurses who would do one type of therapy . . . injections . . . picked up a lot of the non-traditionals. So they're not as familiar with all the different types of visits and different diagnoses like these women have."