

Appendix 3: Suggestion for Improving the Intervention: Minor Themes

Streamline the discharge process	RN	<p>“It’s too bad they couldn’t have timed another study only on the discharge process because I think that they could have, there’s a lot of information. I know personally I think that we could all learn the discharge process. I think that if, the hospital really could benefit from that information.”</p>
		<p>“Many times, I mean, I can list verbatim of times that I’ve gone to the home that I feel since I’m . . . a lot of us are . . . patient, you know, it’s my responsibility as the discharge nurse to make sure that I visually see those medications before the family leaves.”</p>
Improving the definition of the scope and goal of the intervention	HM	<p>“... And so especially in the overly-anxious end of the spectrum, there's probably a good opportunity for ... guidance to be provided with then, assurance that we can come back again in 48 hours, etc., to reinforce that things have, indeed, gone in the way we expect them to go.”</p>
		<p>“I think unless there’s a measurement that the nurse is getting that’s really objective like a weight or a blood pressure or something like that, then I think for everything more quantitative or qualitative like a physical exam, I’d still want the primary care doctor’s eyes, and the nurse wouldn’t sway me one way or the other.”</p>
		<p>“And maybe their [family’s] need is more social than it is medical.”</p>
		<p>“... I also wonder if... a phone call from a primary care nurse would accomplish the same purpose or even a better purpose than the visit because ... the parents are the ones who have seen the child all the way through, and we, in theory trust their observations, maybe with the exception of the parents where we really don’t trust them at all. And those would be families that are high-risk and might really benefit from an observer laying eyes on the child.”</p>
		<p>“And maybe input from the bedside nurses who are with the family in the hospital, because they know a lot more, I think, about how education went and what happened during the hospital stay than we do.” “Probably when the kid leaves the hospital, they [bedside nurse] have a decent idea of what are the one or two ways this family is going to struggle</p>

		versus bringing a new person that is potentially not focused on the right area.”
Extending inpatient team expertise post-discharge	HM	“They [bedside nurse] would've also seen the kid when they're sicker and be able to actually say; ‘Oh, they do look better. Yes. [Or] They don't look great.’ And perhaps to new eyes, this would result in an ED referral . . .”
		“I wonder if there had been the ability for the inpatient provider to still communicate directly with the nursing group before the visit happens.”
		“I think the red flags actually changed the way the hospitalists created their AVS's as well, their discharge summaries, because I think at the beginning of this, I'm not sure the red flags were listed on the AVS's.”