Appendix

**Interview Guide**

**CONTEXT**

INTERVIEWER: Note whether this interview is being conducted in the U.S. or the U.K.

INTERVIEWER: Note whether interviewer is from the U.S. or the U.K.

**DEMOGRAPHICS**

INTERVIEWER: Note person’s gender

1. What drew you to emergency medicine?
2. How many years have you been in practice?

Script (guide only): The rest of the questions I’d like to ask you focus on the topic of observation in Emergency and Acute care. In the UK, there is a concept of observation or decision units and in the US this is sometimes called observation services or observation status. As you know, this refers to care subsequent to presentation at the emergency department, typically lasting between 8 and 24 hours, and used for ongoing evaluation and management of patients while a decision is made regarding inpatient admission or discharge. Such care may be delivered in an observation unit or clinical decision unit, or on a general ward. I just wanted to be sure we’re both on the same page before I ask you some specific questions about observation care. Do you have any questions for me at this point?

**HOSPITAL LEVEL FACTORS**

1. I wonder if you could comment on the type of patients needing admission versus observation generally.
2. Does your hospital have a dedicated observation or clinical decision unit in or near the Emergency Department or are observation patients placed on a general ward?
3. Does your hospital deliver protocol-driven/ care pathway directed observation care?
4. Who makes the decision to admit or observe a patient from the ED at your hospital?
	1. Who follows up with or takes responsibility for patients who are admitted?
	2. Who follows up with or takes responsibility for patients who are placed under observation?
5. Who makes the final decision regarding admission or discharge of patients in observation care?

**DECISION TO ADMIT vs. OBSERVE**

1. Can you describe to me your general process for determining what to do with a patient in the ED (A&E) who does not have an obvious management plan to admit or discharge at the point of which they are seen?
	1. Prompt regarding clinical considerations if necessary.
2. How would you describe your decision to admit versus observe a patient?
	1. To what extent is it a process guided by explicit reasoning versus intuition or gut instinct?
	2. If explicit reasoning, how much of that reasoning is driven by algorithms/care pathways?
		1. Who developed them? Who enforces them? Etc.
3. Once a patient has been placed under observation, how, if at all, do you think that changes your decision making process?
	1. Prompt regarding explicit reasoning, intuition/gut instinct, and algorithms/care pathways as needed.
4. Describe how you would decide whether to admit or observe a patient with chest pain.
	1. Prompt regarding use of care pathways or protocols
	2. Prompt regarding extent to which it is an independent process, colleagues consulted, who has the final say
5. Describe how you would decide whether to admit or observe a patient with abdominal pain.
	1. Prompt regarding use of care pathways or protocols
	2. Prompt regarding extent to which it is an independent process, colleagues consulted, who has the final say
6. Describe how you would decide whether to admit or observe a patient with a head injury.
	1. Prompt regarding use of care pathways or protocols
	2. Prompt regarding extent to which it is an independent process, colleagues consulted, who has the final say
7. To what extent do hospital policies influence your use of observation care?
	1. Prompt in relation to cost recovery (US), ED waiting time targets (UK), reducing unnecessary (re)admissions (both). Tariffs (financial reimbursement) patient flows, administrative pressures, RAC audits (in the US), social determinants (homeless/abuse – physical, mental, substance)
8. Has anyone—like a hospital administrator or utilization review committee—ever challenged your decision to admit a patient rather than observe them?
	1. If yes, can you elaborate?

**CONCLUDING QUESTIONS**

1. Is your sense that you are placing more patients in observation now compared to 5 years ago?
	1. If yes, why? (i.e., what do you think explains that increase?)
	2. If no, why not? (i.e., what do you think explains that staying the same/decreasing?)
2. How, if at all, do you think observation care is positive / helpful?
3. How, if at all, do you think observation care is negative / harmful?
4. In general terms, how would the decisions you’d make differ if it were not available?
5. In a “perfect world”, what, if anything, would you change about observation care?
6. Is there anything that I haven’t asked you about that you’d like to mention?

Script (guide only): Well, those are all of the questions we have for you. Thank you very much for your time. As a token of our appreciation, we’d like to provide you with a $50 gift card to Amazon.com, which you may use or give away to a friend or family member as you wish. We will send this gift card to you electronically, by email. You should receive it in 1 week. We will also have your comments transcribed and will send you a copy of your comments for your records and should you wish to notify us of any errors or any additional comments you wish to make after reviewing the transcript. The only other purpose for which we may use your email address is to contact you in the future about the possibility of further research in the area of emergency medicine. Thanks.