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Appendix 1S Additional information relating to methods

Qualitative interviews

Participants were interviewed separately, unless they preferred to be together, by one researcher (Glenys Caswell) following a person centred approach, with questions taking a flexible format guided by an aide memoire.¹ Participants were encouraged to recount experiences in their own terms,² in particular those occurring prior to the emergency admission, with regards to symptoms and problems experienced, how they were perceived and what, if any, help was sought from primary and secondary health care and other services, and also their overall care since emergency admission. Interviews took place as soon as possible after a treatment plan was in place, depending on the preferences and circumstances of the participants. Interviews with bereaved carers were deferred by at least six weeks.

Sample size considerations

We calculated *a priori* the precision we could estimate values at a population level. Based on an estimated sample size of 150 patients diagnosed following emergency admission and 250 diagnosed electively, the 95% CI for any observed percentage proportion would not exceed 6–8% when a large sample normal approximation is used.³ For the in-depth interviews, we aimed to interview participants until no new issues emerged.⁴

References

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