

Table 2. Alignment of themes to identify recommendations to support caregiver medication management post discharge

Theme	Proposed intervention	Quote
1. a) Inadequate information about medication management at discharge	<p>Provide caregivers with a summary that is clear, easy to read and includes: diagnosis, medication changes and reason for changes, indications, adverse effects and duration of therapy.</p> <p>Provide an accurate list of medications and administration schedules at the time of discharge.</p> <p>Ensure caregivers have a medication list that incorporates tailored specific alerts/advice for people with dementia post-transitions on medications that may impact on the patient's cognition and information on appointments to follow-up.</p> <p>Timely communication of the discharge letter to the community physician, pharmacist, and long term care</p>	<p>'It would be good to have the name of the medication and generic synonyms and what it's supposed to do. In the final column and why it's important or how important it is, it's vital if it's taken or if you don't notice any symptoms. Something written simply explaining what things are, what it's supposed to do. You need a printed resource really in my opinion. (Caregiver 6)</p> <p>I think comprehensive a written report would have been good ...also, regarding medications whether this medication that she's currently on is a permanent thing or if it was just temporary thing. (Caregiver 5)</p> <p>It would have been nice if someone had said, you know, his next lot of tablets are due at whatever time and be aware of the anaesthetic and that it might take some time to wear out of him. (Caregiver 1)</p> <p>Written information which could have been given to the home and sort of say, this has the instructions. This is when the, this is the day needs to go to see her general practitioner and there'll be a follow up appointment is scheduled by the rooms in three weeks. That would have been so much superior than verbal instruction. (Caregiver 24)</p>

<p>b) limited caregiver engagement in medication management decisions</p>	<p>The role of the caregiver who ‘provides decision-making support’ to the person living with dementia needs to be acknowledged and respected.</p> <p>Organise meetings with caregivers during admission to discuss diagnosis, treatment decisions, medication changes and caregiver concerns and preferences.</p> <p>Discharge information needs to be communicated shared among caregivers (there may be more than one).</p> <p>Communicate information effectively to the patient and caregivers e.g. clarify medication concerns, explain rationale behind treatment decisions strategies to improve adherence in people with dementia (dose administration aids, simplifying dosage regimens).</p>	<p>I liked more consultative approach rather than a ‘follow my advice’ approach and the more, how did you come to the diagnosis approach? Because at the end of the day, I live with my husband for 30 years day in, day out. (Caregiver 12)</p> <p>I would like for any person that as soon as they walk into a hospital and they’re given they are acknowledged. I would like them to be put into the loop from the get go. I think too often you’re dismissed by nursing staff. (Caregiver 20)</p> <p>If it was at all possible, to have a particular time to meet with the doctor. The staff of the hospital can ask family ‘when is the best time for you to come to the hospital’ ... If there was some kind of systematic more formal way that fitted the needs of the family I think rather than the family having to fit around the hospital staff. (Caregiver 7)</p> <p>Maybe they could have just made some suggestions you know about how to organise the actual taking of them given my wife’s dementia. (Caregiver 14)</p>
<p>1. c) Difficulties ensuring medication supply post-discharge</p>	<p>Provide more than 3 days supply of medications.</p> <p>Hospital staff to communicate with Community Pharmacist to organise dose administration aids and update on</p>	<p>They gave him three days’ supply on a Friday. So if you can’t get an appointment on the Monday, or the doctors are not working on a Monday, you have to the creek without a paddle. So I think that one of the things would also help the carer a lot is if they gives five days’ supply of the medication to be discharged with. (Caregiver 13)</p>

	<p>medication changes.</p> <p>Plan appointment with community physician ahead of time to obtain prescriptions and ensure medication supply.</p>	<p>I did get an appointment with the doctor the next day and then I had to go there and wait forever and then I had to go out to the pharmacy and wait forever so the whole thing was a bit traumatic just trying to get it organised and get him there to be seen. (Caregiver 16)</p>
2. a) Caregiver overwhelmed by discharge processes	<p>Provide caregiver information earlier during admission as opposed to just prior discharge so that the caregiver can have more time to reflect on the information and then clarify medication information with the physician or registered nurses before transition.</p> <p>Caregiver question prompt to enhance communication between the caregiver and hospital staff regarding medications.</p> <p>Caregivers who are unable to make discharge to be contacted via telephone to be informed on changes to medication at discharge.</p>	<p>The doctors can come in the early morning and then you'd have and they'd tell you information, you'd have time to think about it and then we could ask the nurses or the doctor if available so we could ask the nurses if we could speak to the doctor. It is just time to think through your thoughts and know that there was someone there to ask once you'd digested the information. (Caregiver 26)</p> <p>It's like the first time your sewing machine breaks down, it takes you a long time to put a new needle in and find out why the tension isn't right. You don't really know the right questions to ask. You don't know why it's jumping stitches. It's a bit like that with a patient, trying to deal with doctors, you don't know the right questions to ask. (Caregiver 6)</p> <p>I think they need to arrange with the family or carer to have someone with the person at the time of consultations to give the person any information ...If the person is not able to do, they can make a phone call and tell them, "This is what we're going to do. Are you happy about that, do you have any questions?". (Caregiver 13)</p>
2. b) Caregivers proactively seeking	<p>Review of medications post-discharge.</p> <p>Refer caregiver to reliable internet</p>	<p>I think it's important to keep monitoring medication and making sure that what is given is correct. Because sometimes things can change. In that case, I think medication needs to be re-evaluated a lot more</p>

information to ensure avoidance of medication harm	resources to refer to further information.	<p>regularly. Because things change and you cannot become complacent. I think 'he should be right' is probably not a good right approach. (Caregiver 3)</p> <p>You can look at that up on the internet too. You have a look on the internet when there's a crisis, because there are too many things to do. (Caregiver 22)</p>
2. c) Belief in advocacy as part of caregiver role	Empower patients and caregivers to communicate with healthcare providers during and after discharge.	<p>We all family members have a right to be able to ask questions and receive proper information. (Caregiver 7)</p> <p>My mum can't ask questions, she can't follow instructions, she can't respond to things, she can't make decisions. So, you have to have a representative or an advocate at the bed side. (Caregiver 25)</p>