**Supplementary I** COREQ Checklist

| No. | Item | Applicability to this study | Location in thesis |
| --- | --- | --- | --- |
| **Domain 1: Research team and reflexivity** | | | |
| Personal Characteristics | | | |
| 1. | Interviewer/facilitator | CM | Authors, Methods |
| 2. | Credentials | 1) Nursing Sciences, program in Clinical Health Sciences, Utrecht University, University Medical Center Utrecht, The Netherlands  2) Stichting Zorggroep Florence, Home Care, The Netherlands  3) Department of Internal Medicine, Division of Nursing Science, Erasmus MC, University Medical Center Rotterdam, Rotterdam, The Netherlands | Affiliations |
| 3. | Occupation | Home care manager / Chief Nursing Officer (CNO) | - |
| 4. | Gender | Female | - |
| 5. | Experience and training | The current study was the master thesis for graduation of Clinical Health Sciences at Utrecht University. | Declarations |
| Relationship with participants | | | |
| 6. | Relationship established | Five respondents have been met before; respondents with whom a direct working relationship existed were excluded from recruitment. | Discussion, Declarations |
| 7. | Participant knowledge of the interviewer | Respondents were briefed on the purpose of the study and understood that it was the graduation study for CM. | (Partly) Methods, Procedures/Ethics, Declarations |
| 8. | Interviewer characteristics | CM is an employee of the same home care organization, which was a potential source of bias. | Discussion, Declarations |
| **Domain 2: Study design** | | | |
| Theoretical framework | | | |
| 9. | Methodological orientation and Theory | Data analysis: Deductive content analysis using the TICD Checklist. | Method – Data Analysis |
| Participation selection | | | |
| 10. | Sampling | Purposive. | Method – Participants |
| 11. | Method of approach | Managers were asked by email to provide contact information of eligible respondents. A selection was made based on maximum variation factors and invitations (including information documentation and informed consent letter) were sent by email. | Method – Procedures |
| 12. | Sample size | Fifteen. | Results – Respondents |
| 13. | Non-participation | Three. Reasons: holiday (n=1), personal reasons (n=1), unknown (n=1). | Results – Respondents |
| Setting | | | |
| 14. | Setting of data collection | Interviews were conducted in online video conferencing (Microsoft Teams). | Method – Data collection |
| 15. | Presence of non-participants | None | Results – Respondents |
| 16. | Description of sample | Mean age: 38.7 (SD 13.3)  Three males.  Educational level range: EQF 2 – EQF 6.  Work experience: 0-4 years (n=2), 5-9 years (n=4), 10-19 years (n=4), 20-29 years (n=2), 30-39 years (n=2) and 40-49 years (n=1).  Experience with Automated Home Medication Dispensers: 0 patients (n=0), 1-5 patients (n=10), 6-10 patients (n=4) or more than ten patients (n=1). | Results – Respondents, Table 1 |
| Data collection | | | |
| 17. | Interview guide | Interviews were semi-structured using an interview guide (Supplementary material 2). Follow-up questions were allowed and probes were used if needed. The interview guide was pilot tested with one potentially eligible nurse; no changes were necessary and the interview data were included in the analysis. | Method – Data collection |
| 18. | Repeat interviews | None | - |
| 19. | Audio/visual recording | All interviews were audio and video recorded. | Method – Data collection |
| 20. | Field notes | Field notes were included in memos after, not during, conducting the interview. This audit trail is presented in Supplementary material 4. | Method – Study rigor |
| 21. | Duration | The mean duration of the interviews was 50.4 minutes (range 39−72). | Results – Respondents |
| 22. | Data saturation | Thematic saturation was reached after thirteen interviews. The reach of data saturation was discussed with the supervisor (EI). Two more interviews were conducted to ensure that no new themes emerged. | Results – Respondents |
| 23. | Transcripts returned | Not applicable. | - |
| **Domain 3: Analysis and findings** | | | |
| Data analysis | | | |
| 24. | Number of data coders | CM coded all interviews. Additionally, two independent researchers each coded two randomly selected interviews (four in total) for peer reviewing. | Method, Study rigor |
| 25. | Description of the coding tree | The code tree is presented in Supplementary material 3. | Supplementary III |
| 26. | Derivation of themes | The domains of the TICD Checklist were taken as themes. Subsequently, within the domains, themes were derived from the data. | Method, Data analysis |
| 27. | Software | NVivo 12. | Method, Data analysis |
| 28. | Participant checking | After analyzing an interview, a conceptual interview scheme was developed with preliminary results: the determinants mentioned by the respondent. These schemes were sent to the respondent to provide written feedback. Two respondents did not provide feedback after three reminders. | Method, Study rigor |
| Reporting | | | |
| 29. | Quotations presented | Yes. | Results |
| 30. | Data and findings consistent | Yes | Results |
| 31. | Clarity of major themes | Yes. Seventy-eight determinants (barriers, facilitators or both) were identified. | Results |
| 32. | Clarity of minor themes | Further research is recommended to determine the perceived importance of the determinants among patients and relatives, and apply a trustworthy prioritization. | Discussion – Implications for further research |