**Supplementary IV** The final code tree including explicating descriptions per code. The TICD Checklist was used as a basis, and the code tree was constantly developed during data analysis.

| Name | Description |
| --- | --- |
| 1) Innovation factors | CATEGORY. The first domain of the TICD Checklist is 'guideline factors'. For this study, this domain was supplemented with the innovation factors of Wensing and Grol. The determinants within this domain are: advantages in practice, feasibility, credibility, accessibility, and attractiveness. The nodes within this category are deduced from this framework, but are fitted to the current study. |
| Disadvantages in practice | SUBCATEGORY. The disadvantages of AHMD in daily practice. |
| Alarms + Unplannable visits | When a patient does not take out his/her medication, an alarm signal is sent to the home healthcare service. The same holds for technical issues with the AHMD. This node is for quotes about alarms and the actions that home healthcare professionals must undertake when this happens. |
| Having less control | This node is for quotes about respondents describing that having less control in the situation is a disadvantage of using AHMD, or even a reason not to use it. |
| Less social contact | This node is for quotes about patients having less social contact being a disadvantage of AHMD, because home healthcare professionals visit the patient less often. |
| Advantages in practice | SUBCATEGORY. The advantages of AHMD in daily practice. |
| Creative solutions | Some disadvantages are solved using creative solutions, as mentioned by home healthcare professionals. What are those solutions? |
| Quality of life | This node is for quotes about the influence that AHMDs have on patients’ quality of life. |
| Quality of treatment | This node is for quotes about the influence of AHMDs on the quality of treatment with medication. |
| Sachets are cut open | This node is for quotes about the ability of the AHMD to cut open sachets, as an advantage for patients who are unable to open sachets themselves. |
| Self-sustainability | This quote is for nodes about the influence of AHMDs on patients’ self-sustainability. |
| Accessibility | This node is for quotes about the accessibility of AHMDs. |
| Home healthcare required | AHMDs are currently only available through a home healthcare service. The home healthcare service is required to stay involved in using the AHMD. This node is for quotes about the consequences of this requirement and suggestions that home healthcare professionals brought up about this subject. |
| Attractiveness | This node is for quotes about the attractiveness of the AHMD dispenser. |
| Conditions | This node is for quotes about the conditions that must be met for AHMD to be a success. |
| Credibility | This node is for quotes about the credibility of AHMD. Do home healthcare professionals believe in the concept of AHMDs? |
| Efficiency in home healthcare | This node is for quotes about efficiency in home healthcare when using AHMD. |
| Feasibility | This node is for quotes about feasibility of AHMD. |
| Not portable (but early take-out possibility) | This node is for quotes about the disadvantage that the AHMD is not portable. When patients leave the house, they cannot take the device with them, which might cause alarms when at the next timepoint signal the medication is not withdrawn. |
| 2) Individual health professional factors | CATEGORY. The second domain of the TICD Checklist is 'individual health professional factors'. There are three subdomains within this domain, each having their own determinants: knowledge and skills, cognitions (including attitudes) and professional behavior, respectively. The nodes within this category are deduced from this framework, but are fitted to the current study. |
| Cognitions (including attitudes) | First subdomain of the 'individual health professional factors'. |
| Feeling competent and confident | This node is for quotes about the need to feel competent and confident to successfully work with AHMD. |
| Feeling frustrated | This node is for quotes about home healthcare professionals feeling frustrated about working with AHMD, for example when they need to make unplanned visits. |
| Intention and motivation | This node is for quotes about the intention and motivation to use AHMD in daily practice. |
| Visions | SUBCATEGORY. How do home healthcare professionals view these underlying subjects? |
| Vision on AHMD | Do home healthcare professionals agree with the use of AHMD? Do they believe that it will lead to desired outcomes? |
| Vision on eHealth (in general) | How do home healthcare professionals view eHealth in general? |
| Knowledge and skills | Second subdomain of the 'individual health professional factors'. |
| Awareness and familiarity | This node is for quotes about being aware of and familiar with AHMD and quotes about how to increase awareness and familiarity. |
| Clarity | SUBCATEGORY. This node is for quotes about the need for clarity about explicit agreements, who to contact for questions, et cetera. |
| Administration | This node is for quotes about the administrative actions required to successfully work with AHMD. For example: registering the use of AHMD in the patient’s file. |
| Make it simple (Healthcare professional) | This node is for quotes about the need to minimize the complexity of information, introduction and instruction for home healthcare professionals. |
| Point of contact for questions | This node is for quotes about the need for home healthcare professionals to have a point of contact for questions. |
| Products and tools (Healthare professional) | This node is for quotes about products and tools that could be developed to help home healthcare professionals successfully work with AHMD. |
| Sustainability | This node is for quotes about how to optimize the sustainability of the implementation of AHMD in home healthcare. |
| Training | SUBCATEGORY. This node is for quotes about the training needed to optimize the knowledge and skills of home healthcare professionals to successfully work with AHMD. This subcategory contains specific nodes, but may also be used to code meaning units that do not fit these specific nodes. |
| AHMD dummy for practice | This node is for quotes about the need to practice with a (dummy) AHMD before implementing the device with their patients. |
| Coaching on the job | This node is for quotes about colleagues coaching each other in daily practice. |
| E-learning | This node is for quotes about using e-learning(s) to train home healthcare professionals. |
| Learning from others' experiences | This node is for quotes about exchanging experiences with colleagues and discussing how they work with AHMD. |
| Professional behavior | Third subdomain of the 'individual health professional factors'. |
| (Impact of) past experiences | This node is for quotes about the way that past experiences influence the way home healthcare professionals work with AHMDs. |
| 3) Patient factors | CATEGORY. The third domain of the TICD Checklist is 'patient factors'. Determinants within this domain are: needs, beliefs and knowledge, preferences, motivation and behavior. The nodes within this category are deduced from this framework, but are also fitted to the current study. |
| Anxiety or panic | This node is for quotes about patients having anxiety or panic due to the use of AHMD. |
| Concerns | This node is for quotes about concerns patients may have about AHMD. |
| Family and informal caregivers | This node is for quotes about the role of family members and/or informal caregivers. |
| Family's opinions and experiences | This node is for quotes about family's opinions/experiences and the way these influence the degree of success in using AHMD. |
| Involving family | This node is for quotes about the need to involve family and informal caregivers throughout the process of selecting the patient, motivation and instruction. |
| Needs and wishes | SUBCATEGORY. What do patients need to use AHMDs successfully? What are their demands and wishes? |
| (Phasing out) guidance | This node is for quotes about the need to guide patients using the AHMD and gradually phasing out this guidance. |
| Evaluation | This node is for quotes about the need to keep evaluating the use of AHMD for the purpose of checking whether the benefits still outweigh the risks. |
| Feeling confident | This node is for quotes about the need for patients to feel confident, to use AHMD successfully. |
| Keep or make it simple (patient) | This node is for quotes about the need to minimize the complexity of information, introduction and instruction for patients, and also the need for simplicity of the (use of the) device. |
| Knowledge and instructions | SUBCATEGORY. This node is for quotes about the needed knowledge and skills, and therefore instructions, for the patient. |
| Products and tools (patient) | This node is for quotes about products and tools that could be developed to help patients work with AHMD successfully. |
| YouTube videos | This node is for quotes about home healthcare professionals using YouTube videos to inform and instruct patients about AHMD. |
| Who to call for questions | This node is for quotes about the need for patients to know who to call when they have questions about their AHMD. |
| Opinions and experiences | How do patients experience the use of AHMD? |
| Patient motivation | SUBCATEGORY. How do healthcare professionals get patients to want to try an AHMD? |
| Explaining advantages | This node is for quotes about home healthcare professionals explaining the advantages of using AHMD to motivate their patients to try and use an AHMD. |
| Relationship of trust | This node is for quotes that describe how a relationship of trust between patient and home healthcare professional influences the way patients are motivated to use AHMD. |
| Trying without obligations | This node is for quotes about home healthcare professionals explaining that trying out an AHMD is free of obligations. |
| Selecting patients | SUBCATEGORY. How do home healthcare professionals determine the suitability of AHMD for their patients? Which kind of patients do (not) benefit from AHMD? |
| Away from home | This node is for quotes about the consequences of patients going away from home (e.g. for a walk, or having diner with family) while using an AHMD. |
| Combination with other care | This node is for quotes about patients receiving other care besides medication support, and whether home healthcare professionals would choose to use AHMD in combination with other care. |
| Forgetting medication | This node is for quotes about patients forgetting their medication and the way AHMDs are suitable for those patients. |
| Knowing the patient, tailored decision | This node is for quotes about the importance to know the patient when selecting for AHMD. Making a tailored decision in selecting patients. |
| Learnability | This node is for quotes about the precondition that patients should be able to learn new skills (like handling the buttons of the AHMD). |
| Cognitively impaired | This node is for quotes about cognitively impaired patients. For example: patients with dementia or amnesia. |
| Nonadherent on purpose | This node is for quotes about patients being nonadherent on purpose, and therefore using an AHMD might not be appropriate. |
| Patient selection tool | This node is for quotes about the existing patient selection tool and whether respondents are familiar with the tool. |
| 4) Professional interactions | CATEGORY. The fourth domain of the TICD Checklist is 'professional interactions'. Determinants within this domain are: communication and influence, team processes and referral processes. The nodes within this category are deduced from this framework, but are also fitted to the current study. |
| Collaboration and support | SUBCATEGORY. This node is for quotes about the need for sufficient collaboration. A difference is made between internal and external collaboration. |
| External collaboration | Collaboration with other organizations, such as pharmacies and general practitioners. |
| Internal collaboration | Collaboration within the home healthcare teams or service, including temporary workers. |
| Communication | This node is for quotes about communication that is needed to successfully work with AHMDs. For example: the way the home healthcare service informs the teams about the implementation, the way home healthcare professionals can ask questions they may have after the training has been finished, et cetera. |
| Involving whole team (signaling role) | The district nurse (EQF 5-6) fulfils a leading role in coordinating home healthcare and determining which interventions are needed. However, colleagues might be able to fulfil a signaling role when it comes to AHMDs, for example in signaling and telling the district nurse whether a patient might benefit from AHMDs, seeing that district nurses don't visit all patients very often. In short: this node is for quotes about team members being the eyes and ears of district nurses and the way they can be involved. |
| Medido Helpdesk | The organization that offers support via telephone, and remotely sets all settings. The phone number is written on every AHMD. |
| Too much time, wish to do it themselves | Some settings can not be adjusted by the home care professional, but require calling the Medido Helpdesk. They can adjust the settings at a distance. This node is for mentions of preferring to adjust the settings themselves. |
| 5) Incentives and resources | CATEGORY. The fifth domain of the TICD Checklist is 'incentives and resources'. Determinants within this domain are: availability of resources, financial (dis)incentives, nonfinancial (dis)incentives, information system, quality assurance, continuing education system and assistance for clinicians. The nodes within this category are deduced from this framework, but are also fitted to the current study. |
| Financial (dis)incentives | This node is for quotes about financial considerations. |
| Quality and safety assurance | This node is for quotes about the quality and safety of AHMDs. |
| 6) Capacity for organizational change | CATEGORY. The sixth domain of the TICD Checklist is 'capacity for organizational change'. Determinants within this domain are: mandate/authority/accountability, leadership, strength of supporters and opponents, regulations/rules/policies, monitoring/feedback, assistance for organizational changes. The nodes within this category are deduced from this framework, but are also fitted to the current study. |
| Leadership | Who should be in a leading position when implementing AHMDs? What kind of leadership is needed to work with AHMDs successfully? |
| Direction from manager | This node is for quotes about leadership in the way of managers giving direction towards using AHMD more. |
| Superuser | This node is for quotes about home healthcare professionals providing leadership as 'superusers'. |
| Priority of necessary changes | This node is for quotes about setting priorities when implementing AHMDs. For example: timing the implementation, taking other projects into account, et cetera. |
| Registration and deregistration | The process of requesting an AHMD for a new client, or stopping the use of an AHMD. This node also includes quotes about delivering and returning AHMDs. |
| Repeated attention | This node is for quotes about the need to have repeated/continuous attention for working with AHMDs to keep it current. |
| 7) Social, political and legal factors | CATEGORY. The fourth domain of the TICD Checklist is 'social, political and legal factors'. Determinants within this domain are: economic constraints on healthcare budget, contracts, legislation, payer or funder policies, malpractice liability, influential people, corruption, political stability. The nodes within this category are deduced from this framework, but are also fitted to the current study. |