

# Extended Data File 5: NVivo Code Book

## Rapid Realist Review of GPs role in reducing ADEs in CDOA

### Nodes

Name	Description
Additional refs worth a look	
Background	Anything that may be useful in the write up - range of definitions used, limitations of studies or interventions, comparisons to others studies/research etc.
Definitions	
Details of interventions	Country, length of intervention and follow up, age profile and complexity of pts, issues that may not work in an Irish Setting etc.
Names of tools used to prevent ADE	Just a list of the tools - other details regarding their use is extracted under T5
Non-intervention or observational studies or studies reporting qualitative data	Studies that do not contain an intervention or report qualitative data
Causes of ADEs	

Name	Description
Challenges or Barriers not covered by existing theories	
Characteristics of GPs and Practices	Experience, training, number of staff, work hours etc
CMOs or Theories not already considered	Any examples of CMOs at work
Communication	Communications between all stakeholder - GP - GP, GP - staff, GP - Pharmacists, GP - Specialists, GP - Patient
Cost or Financial issues	Any mention of costs, funding, incentives, state support etc
T1 Engagement	1. Engagement To engage GPs in interventions to reduce the levels of ADE in CDOA, the competing demands on their time, the complexity of their patients, and the barriers to changing or de-prescribing medications, must be addressed. Consider stakeholder engagement in intervention design, development, implementation and use and sustainability of interventions. Any mention of the contexts outlined in the theory or others that may impact on GPs engagement.
Contexts for T1	
Limited home visits or access to care	
Provision of training	
Facilitators	
Mechanisms for T1	

Name	Description
Outcomes	Both Realist or qualitative outcomes and summary of overall Formal/quantitative outcomes to record the level of intervention success. Any Measures or Indices used.
T1 In design, implementation or evaluation of intervention	Any details in relation to involving GPs in the development of an intervention
T1 Time pressures	
T2 Relevant Policy or Guidelines	If guidelines or policies consider multi-morbidity, polypharmacy, and the commonly encountered adverse drug events that occur in older adults, then they will be more relevant to GPs who will be more likely to use them in practice thereby reducing the risk of ADE. Look for evidence in relation to changing or designing policy documents or guidelines to make them more relevant to older adults with polypharmacy and co-morbidities. Any mention of existing policy or guidelines creating barriers or facilitators
Irish Policy and Guidelines	
T2 Adapting or bypassing regulations	
T2 Using the Policies or guidelines	
T3 Continuity	When CDOA have continuity of care, they feel more understood and supported and have increased trust in their GP, the GP will be more familiar with their patient's individual needs and confident when providing care thus improving medication management and reducing the risk of ADE. Consider the facilitators and barriers to continuity of care. Look for both continuity of care and relationship continuity
T3 Lack of continuity	Impact
T4 Health Information Technology	If Health Information Technology, including summary electronic care records and clinically useful medication alert systems are available to GPs and are easy to use then GPs will feel more supported,

Name	Description
	informed and confident when prescribing or changing medications, thereby reducing the risk of ADE. Consider accuracy and currency of HIT data and alert tools. Consider level and quality of shared information with secondary care. Consider usefulness of medication alerts.
T4 Electronic Health Records	interoperability, ease of use, trust in system etc.
T4 Other uses of technology	
T4 Use of Alert Systems Electronic or otherwise	Includes Lists of PIMs and interaction tools. Pros and Cons of their use, adaptations etc
T5 Shared Decision Making	When GPs communicate effectively, engage and support their patients and/ or carers in shared decision-making, there will be increased mutual trust and understanding about their illnesses and medications and patients will feel empowered, thereby reducing the risk of ADE. Look specifically for the contexts and mechanism where interventions focus on improving communication skills and providing information to patients are shown to work, as these may impact on the success of SDM.
Identifying those at risk	
Patient contexts	Details of health conditions, co-morbidities etc that may impact on risk of ADEs and potential to engage with SDM
Carer role	
Patient education	
T5 Challenges in SDM	

Name	Description
T5 Deprescribing	Any examples of how this topic is broached, patients response to it etc
T5 Facilitators in SDM	
T5 Holistic Prescribing	
T5 If it ain't broke don't fix it	Patient barriers to deprescribing - my meds are working, why mess with them
T5 information and or understanding	Any reference to provision of information to GPs to assist them in their RX or reference to their level of understanding of the issues to prevent ADEs
T5 Shared Decision Making Complexity of patients	Reassigned to T5 from T1 at analysis - Some data relevant to T1 was used but mostly it is more relevant to T5
T5 They know best	The doctors know best - patients relegating responsibility to the doctors OR trust in Doctors
T6 Collaboration	When GPs and pharmacists in primary care work together when caring for CDOA with polypharmacy, GPs will feel more supported, aware and confident in relation to their patients' individual needs resulting in more appropriate prescribing thereby reducing the risk of ADE. Consider what would be needed in Ireland for this sort of collaboration to take place. Consider the active role of the GP to foster this collaboration. Consider any other sources of collaboration
T6 mechanisms	
T6 Patients or carers	Unrelated to Shared Decision making
T6 Pharmacists	Community or Practice

Name	Description
T6 Specialists or Hospitals	
Teamwork	
What future interventions should look like	