# **Supplemental table 1.** Interview guide

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| 1. Please, tell me how your relative died (*Probe: Did her/his health conditions gradually or suddenly worsen?*)
2. Do you remember any important changes in your relative’s health conditions the week before her/his death (*Probe: urinary infection, stop eating*)?
3. Did your relative suffer from distressing symptoms during her/his last week of life? (*Probe*: *pain, difficulty in breathing*)
4. Are you satisfied with the management of symptoms? (*Probe*: *why?*)
5. Are you satisfied with the overall end-of-life care your relative received? (*Probe*: *why?*)
6. How the nursing staff managed the bereavement time? (*Probe*: *did you feel supported?*)
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**Supplemental table 2.** Codes, categories and themes from the interviews of nursing home residents’ family carers

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| **Themes** | **Categories** | **Codes** |
| **Trigger events** | **Physical deterioration** | Breathing distressDifficulties in getting upFluid retention Glycemic alterations Lack of responsiveness Losing weight Loss of clarity of mind Loss of manual skills Renal failure Stopping drinking Stopping eating Stopping walking Swallowing problems Resident’s lost desire to come back home Tendency to keep eyes closed Resident’s relocation (other floor, other table) |
| **Social confirmation** | Daily phoning the relative Sharing the relative’s conditions with friends |
| **Multiple hospitalizations** | Moving across the services of health care systemMultiple accesses to the emergency department Several hospital admissions in a short period |
| **External indicators** | Communication of worsening conditions by external consultantsCommunication of poor prognosis at hospital discharge |
| **Resident-centered nursing home environment**  | **Staffing levels** | No nursing assistance available at nightPoor NH staffing |
| **Staff training and knowledge** | Staff competence Staff knowledge |
| **Staff attitudes** | Constant nursing staff assistance and monitoringOffering foodNH director caring attitudes Physician caring attitudes Respecting residents and their stuffStaff caring attitudes |
| **Continuity of care** | Healthcare professionals turnoverContinuity of care across shiftsContinuity between hospital care and NH careCommunication between external consultants and NH |
| **Quality of relationships with the family and among the healthcare professionals** | Nurses act as intermediaries between family and physicianGood NH staff collaborationCommunication between physician and nursesFamily reported nurses what the physician said |
| **Familiarity** | Communication during daily care activitiesConstant family presence Family assistance until deathInformal relationships Two words in the corridorFriendly relationships with the NH staffFamiliar environment |
| **Institutional policies** | Preservation of camaraderie among residents by NHAllowing family to stay at the bedside without any restrictionsBureaucracy |
| **Raising awareness of the possibility of death**  |  | Being asked the desired care after recognizing resident’s worsened conditionsDiscussion of end-of-life treatment preferences at admission Not feeling the need to discuss end-of-life treatment preferences at admission due to stable resident's conditionsNot feeling the need to take end-of-life decisions in frail elders |
| **Need for reassurance**  | **Family carers’ need for reassurance** | Asking for other physicians’ opinion |
| **Nursing home staff’s need for reassurance** | Consultations asked by the NHConsultations asked by families after NH suggestion |
| **Gradual transition towards palliative-oriented care** | **At the resident level** | Psychosocial support Death without distressing symptomsSpiritual supportFulfillment of basic needsChanged via of drug administration |
| **At the family level** | Feeling emotionally supported Being warned in time for spending the last days with the relativePerceiving a practical supportBeing reassured to be called if resident's conditions worsen |
| **Curative-oriented care** | **Staff’s attitudes towards curative treatments** | Family’s perception of staff orientation towards curative-oriented care Cardiopulmonary resuscitationHealthcare professionals’ proposal to access the emergency department |
| **Family’s desire for curative treatments** | Desire to start artificial nutritionDesire to hospitalizeDesire to leave nothing undone |

*Abbreviations.* NH, nursing home.