# **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?*) |

**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 distress  Difficulties in getting up  Fluid 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 system  Multiple accesses to the emergency department  Several hospital admissions in a short period |
| **External indicators** | Communication of worsening conditions by external consultants  Communication of poor prognosis at hospital discharge |
| **Resident-centered nursing home environment** | **Staffing levels** | No nursing assistance available at night  Poor NH staffing |
| **Staff training and knowledge** | Staff competence  Staff knowledge |
| **Staff attitudes** | Constant nursing staff assistance and monitoring  Offering food  NH director caring attitudes  Physician caring attitudes  Respecting residents and their stuff  Staff caring attitudes |
| **Continuity of care** | Healthcare professionals turnover  Continuity of care across shifts  Continuity between hospital care and NH care  Communication between external consultants and NH |
| **Quality of relationships with the family and among the healthcare professionals** | Nurses act as intermediaries between family and physician  Good NH staff collaboration  Communication between physician and nurses  Family reported nurses what the physician said |
| **Familiarity** | Communication during daily care activities  Constant family presence  Family assistance until death  Informal relationships  Two words in the corridor  Friendly relationships with the NH staff  Familiar environment |
| **Institutional policies** | Preservation of camaraderie among residents by NH  Allowing family to stay at the bedside without any restrictions  Bureaucracy |
| **Raising awareness of the possibility of death** |  | Being asked the desired care after recognizing resident’s worsened conditions  Discussion 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 conditions  Not 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 NH  Consultations asked by families after NH suggestion |
| **Gradual transition towards palliative-oriented care** | **At the resident level** | Psychosocial support  Death without distressing symptoms  Spiritual support  Fulfillment of basic needs  Changed via of drug administration |
| **At the family level** | Feeling emotionally supported  Being warned in time for spending the last days with the relative  Perceiving a practical support  Being 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 resuscitation  Healthcare professionals’ proposal to access the emergency department |
| **Family’s desire for curative treatments** | Desire to start artificial nutrition  Desire to hospitalize  Desire to leave nothing undone |

*Abbreviations.* NH, nursing home.