### PROCESS EVALUATION

#### Recruitment of institution
1. Which procedure has been adopted to recruit the hospital directors (first contact with hospitals, information for hospital directors, reminders, waiting lists)? What has proven itself? 
2. How do the hospital directors perceive/assess the information offered about the study? 
3. What expectations, concerns, and motivation do the hospital directors have regarding the intervention (e.g., applicability, usefulness)? 
4. What is the study's potential influence on the (clinical) practice of the hospital directors? 
5. What reasons are given by hospital directors refusing to participate? 
6. Which institutional and organizational factors favour or hamper the implementation of the intervention (e.g., characteristics of hospitals contrary to the target group)? 

#### Recruitment of cluster
1. What procedure has been adopted to recruit the senior HPs (e.g., contact, information)? What has proven itself? 
2. How do the senior HPs assess the information related to the study? 
3. Which senior HPs participate in the training (individual characteristics, attitudes)? 
4. What is the motivation of the senior HPs to take part in the training or to carry out the intervention (reasons for participating in the study)? 

#### Delivery to cluster
11. How were the teaching sessions for the senior HPs designed and carried out (e.g., training materials, number of teaching sessions, duration, instructor)? What has proven itself? 
12. What support do the senior and junior HPs receive for implementing the intervention and communicating with the GPs (e.g., recruitment criteria, documentation, tools, contact persons/opportunities in case of questions)? 

#### Response of cluster
13. To what extent and purpose do the senior HPs use the opportunities to ask questions (number and content of inquiries)? 
14. Based on the inquiries received, are there indications of potential for improvement regarding information and training of the senior or junior HPs? 
15. How satisfied are the senior HPs with the training material (e.g., content quality, relevance, format and length)? 
16. How do the senior HPs perceive the intervention approach (e.g., applicability, benefits gained and effort required, acceptability)? 
17. How do the senior HPs rate the support they receive from the Institute of Primary Care for the implementation (documents, instruments, assistance)? 
18. How do the senior HPs rate their overall experience with implementing the intervention (e.g., difficulties, benefits, effort, contacts with GPs)? 

#### Recruitment of providers
19. What are the attitudes of the participating junior HPs toward the reduction/optimisation of medication lists during patient discharge? 
20. According to the GPs, how relevant is the possibility to discuss medication plans of their patients with the discharging HPs? 
21. What are the attitudes of the GPs toward the reduction/optimisation of medication lists during patient discharge? 

#### Delivery to providers
22. How do the senior HPs handle the instruction of the junior HPs? 
23. How do the senior HPs implement the intervention in the hospital? To what extent and for what reasons do deviations from the planned implementation occur? 

#### Response of provider
24. To what extent and purpose do the junior HPs use the opportunities to ask questions (number and content of inquiries)? 
25. How do the junior HPs perceive the intervention approach (e.g., applicability, benefits gained and effort required, acceptability)? 
26. How do the junior HPs assess the teaching sessions (e.g., content, duration, format and length)? 
27. How can the communication between the discharging HPs and the GPs be improved (e.g., content, duration)? How do the HPs contact the senior HPs? 
28. How do the HPs perceive the communication opportunities with the discharging HPs (benefits gained, effort required, acceptability)? 
29. What are the reasons for HPs to either continue to use or stop using the patient-customised discharge medication plans? 
30. For what reasons do the HPs contact the discharging HPs? 
31. How do the HPs rate the information from the HPs about the medication plans? 
32. How do the HPs assess their overall experience with the contacts to the discharging HPs? 

#### Recruitment of patients
33. Which procedure has been adopted for patient recruitment (e.g., application of recruitment criteria, information material, recruitment staff)? 
34. Which patients participate in the study (age, sex)? 

#### Delivery to patients
35. How do the junior HPs implement the intervention in the hospital? To what extent and for what reasons do deviations from the planned implementation occur? 

#### Response of patients
36. How do the patients experience the intervention and what is their response? 

### IMPACT EVALUATION

#### Maintenance (during cluster RCT)
37. Is the intervention delivered consistently over the course of the study? 
38. See primary and secondary outcome measures as described in the main article 

#### Effectiveness
39. From the hospital directors' perspective, are there any improvements in their hospitals due to the participation in the study? 
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41. From the hospital directors' perspective, are there any improvements in the hospitals due to the intervention? 
42. From the hospital directors' perspective, are there any improvements in the hospitals due to the intervention? 
43. From the hospital directors' perspective, are there any improvements in the hospitals due to the intervention? 

#### Unintended consequences
44. What are the unintended consequences of the intervention for the participants? 
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#### Long-term maintenance
46. To what extent do the senior HPs continue to follow the approach after the study? Which factors contribute to this? 
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#### IMPACT EVALUATION

#### Outcomes
49. To what extent do the GPs continue to contact the discharging HPs in order to discuss the discharge medication plans of their patients? 

Legend: SC: Study center; SS: Study staff; HoD: Hospital directors; sHPs: Senior hospital physicians; jHPs: Junior hospital physicians; GPs: General practitioners; Pat: Patients; PE: Process evaluation; OCs: Outcome measures; IE: Impact evaluation