Appendix 2

Field notes and their classification according to parent attributes by Thompson and colleagues

Field Notes	Parent Attribute
15.06.2018: Hospital #1 - Angiology and vascular surgery. Presented to nursing staff only. Nurses said they would want to participate. However, due to expected major structural alterations to the nursing staff - regulated hours diminishing from 40 hours to 35 hours a week and no new nursing staff to be hired – they felt it was best to come back in September. Several emails were exchanged. Chief nurse informed they cannot ask colleagues to take more work and more routine changes at that moment. Service did not participate.	Adaptation, Agents, Unpredictability
14.09.2018: Hospital #2 - presenting in plastic surgery. Asked to cut the presentation to 7 minutes. I feel there was lots of interest to participate after the presentation. Two doctors approached me to inquire about palliative care and what could they possibly do to make sure their patients have access to palliative care. I suggest talking to the hospital based palliative care team. One of the doctors didn't know that the palliative care team existed, but others in the same service, did. They asked for the telephone number and dialled almost immediately after I left. They explained it concerned a patient who was bed bound for years with horrible bed sores. Doctor felt they didn't know what else to do and was extremely stressed about the patient's husband, also lost in the process. Doctor ended up verbalising their despair about lack of answers to that case: "Some patients just won't die! They just refuse to die!". There are communication issues within the service and between the service and the hospital based palliative care team. Requested to send all study documentation by email, as they want to participate. Asked for a champion as point of contact, but none defined when I left. Service did not participate.	Connections, Communication, Adaptation, Diversity
17.09.2018: Hospital #2 - discussed the study briefly with director of general surgery. There was interest and will set up a meeting to present to as many clinicians from the service as possible. Had some ethical concerns regarding identifying patients with palliative needs and not being able to provide that care. I mention that the Hospital Ethics Committee had approved the study and talked about the referral request status measure explaining that only patients deemed urgent would be referred immediately. Additionally, I will have a meeting with the service director of the hospital based palliative care team the following day, to discuss more in detail and will get back to them. Presentation was schedule to 12.10.2018.	Communication, Learning
18.09.2018: Hospital #2 - meeting with service director of the hospital based palliative care team. They talked briefly about how referrals are increasing but they are understaffed, which services appear to reference more, and do they do early referrals. Doctor looked extremely tired, unmotivated, in need of dropping everything almost… Out of nowhere stated that had turn in the resignation letter as service director but was not accepted by the hospital board. And then, almost in despair asked me personally to please not to conduct the study in this hospital, as they were already swamped with referrals and were struggling to see the patients 72 hours after referral, which is one of the quality indicators used for funding the service. I replied with an understanding of their concerns, but also mentioned that the Ethics Committee had approved the study and that we would conduct it in the services that agreed to participate.	Connections, Communication, Equilibrium, Agents, Unpredictability
24.09.2018: Hospital #2 - medical oncology. Seemed to be more familiar with palliative care than clinicians from the other services. Very little needed to explain. Extremely interested in participating. Informal conversation at the end of the presentation: interesting how doctors in the same service refer in different ways, for different causes and some don't refer to the hospital based palliative care team as they feel the response will not be in useful time. They refer to local hospital, geographical area of residency or long-term care institution to discuss how care will be managed at the time of discharge. Will send study documentation to start data collection. A facilitator/champion has been selected to maintain contact and has taken responsibility for all documentation on site.	Connections, Communication, Learning, Adaptation, Diversity
26.09.2018: Hospital #2 - presented at nephrology service. Their comments about the hospital based palliative care team: "… we don't even refer patients anymore, we try to manage them ourselves because they take too long to respond.". Even though they stated having no formal training in palliative care.	Connections, Communication, Learning, Adaptation

Presentation served as training and I was requested to sign a training sheet with the title of the presentation and time once again. They also asked if I knew about any short courses in palliative care that they might attend. I will investigate and send information by email. In some services the director is the leader of the group, in other services they are not. All it takes is one comment from the leader of the group and the service director ends up losing leadership. I feel that's what happened… all it took was "I don't know about this study… Sounds like a lot of work… Don't count me in!" from one of the oldest doctors. Service director lowered their eyes. I asked if I could send the study documentation and got an inaudible ok. Asked for a champion as point of contact, but none defined when I left. After sending the email with study documentation and short palliative care courses in the area, service director requested that I go back and present again. I went back to the service in 22.11.2018. Service Director forgot. Reschedule to 28.11.2018. I had no more email responses. Service did not participate.	
02.10.2018: Hospital #2 - Anaesthesiology Doctor who provided contact explained that it didn't make much sense for service to be in the study, as most patients are unstable and are only in the service about 48 hours. So, went to intensive care unit to talk to director about the study. I was only a few seconds into explaining why we felt the study was important and what evidence there is regarding palliative needs in intensive care units but service director said "… in our intensive care unit there are no palliative care cases, only intensive care cases." and as such saw no need of considering participating in the proposed study. Still tried to ask for 15 minutes to do presentation, but the answer was no.	Communication Communication, Equilibrium, Unpredictability
12.10.2018: Hospital #2 - presented to general surgery clinicians. Service Director was away at a conference. Presentation served as a brief training course, as I was requested to sign a training sheet with the title of the presentation and time. I was informed that I would be contacted to send the study documentation. Asked for a champion as point of contact, but none defined when I left. Contact to send study documentation never took place despite my efforts to contact the service again. Service did not participate.	Connections, Communication, Learning
22.11.2018: Hospital #3 - otolaryngology Clinicians' response to 20 min PC presentation: "we learned so much, we didn't realise palliative care is not equal to just terminal care". Once again, presentation counted as training, so to be used for service quality indicators. Hospital Ethics Committee took so long to respond, we were out of time by the time we got a positive response. Service did not participate.	Connections, Communication, Learning
21.12.2018: Hospital #4 - medical oncology service. Service director was quite late. It almost felt like they did not want to be there. Remaining doctors had no clue of why I was there. I was not allowed to do the full presentation. Service director kept interrupting. It's almost like they had decided not to participate even before I started: the struggles between hospital based palliative care team and the service – "they [hospital based palliative care service] are more concerned about meeting their quality indicators to secure funding, and not so much about delivering high quality care. They systematically discharge unstable patients back to our service because of the number of days, rather than the state of the patient and family. I don't want to be involved in a study with them.". It almost seemed like service director was taking things personally. Service did not participate.	Connections, Communication, Diversity, Equilibrium, Agents, Unpredictability