428 SUPPLEMENTAL APPENDIX

Domain	Sub-domain	Code	Definition
		Face-to-face education	Educational information provided in-person to the patient before surgery
	Pre-operative	Expectation setting	Preparation of the patient and/or their family for the surgical episode of care
	counseling	Patient activation	Extent to which the patient is engaged with their own care and management before surgery
		Education materials	Written or electronic educational materials and resources provided to the patient before surgery
		Face-to-face education	Educational information provided in-person to the patient after surgery
		Expectation setting	Preparation of the patient and/or their family for recovery after discharge
	Discharge counseling	Patient activation	Extent to which the patient is engaged with their own care and management after surgery
	oounooning	Discharge planning	Processes in place to transition care from inpatient to the post-discharg setting
		Discharge materials	Written or electronic educational materials and resources provided to th patient before discharge
		Caregiver help/engagement	Extent to which the patient's caregiver(s) are engaged with the patient's care and management
Patient communication	Patient support system	Caregiver burden	The physical, emotional, professional and financial stress on the patient caregivers
and resources	System	Post-operative home support	Healthcare supplies and resources provided after discharge
		Social support/interaction	Social interaction and support available to the patient
		Phone call	Communication between patients and clinicians by telephone
		Telemedicine	Communication between patients and clinicians by video call
		Health application	Communication between patients and clinicians by computer or smartphone application
		Pictures	Sharing of clinical photographs between patients and clinicians
	Post-discharge	Email	Communication between patients and clinicians by e-mail
	communication	MyChart messaging	Communication between patients and clinicians by MyChart (Epic® electronic medical record based system)
		Follow-up protocol	Defined post-discharge patient monitoring and follow-up protocol
		Patient activation	Patient engagement and participation in their own care
		In person visit	In-person clinic encounter for care after discharge
		Reponse burden	Time and effort patients are willing to dedicate to completion of follow-u materials
		Symptom trends	Changes over time in patient signs and symptoms
	-	Symptom timing	The time at which the patient experiences a symptom
		Anxiety	Feelings of anxiety or fear
		Depression	Feelings of depression or sadness
		Cognitive function	Changes in a patient's mental acuity noticed by the patient or another individual
	-	Fatigue	Reduced energy, feelings of sleepiness or exhaustion
Patient experiences		Pain	Physical pain
	Subjective symptoms	Physical function	Limitations in physical function or ability to complete activities of daily living
		Shortness of breath	Feeling short of breath or difficulty catching breath
		Sleep disturbance	Difficulty falling or staying asleep, oversleeping
		Sexual dysfunction	Changes in libido or ability to engage in or enjoy sexual activity
		Bowel issues	Constipation, diarrhea, or problems with ostomy management
		Urinary complaint	Pain with urination, difficulty urinating, or incontinence

		Nausea/vomiting	Feelings of nausea, vomiting, or retching
		Gas/bloating Appetite and hydration	Feelings of gastrointestinal bloating, increased belching or flatus Changes in a patient's appetite, ability to stay hydrated, or the taste of foods
		Reflux	Heartburn or other symptoms of gastrointestinal reflux
		Medication issues	Difficulty obtaining or taking medications, side effects, of ineffectiveness
		Lightheadedness	Lightheadedness, dizziness, or fainting
		Fever/chills	Subjective sensation of fever or chills
		Temperature	Measurement of temperature with a thermometer
		Blood pressure	Measurement of blood pressure
		Respiratory rate	Measurement of respiratory rate
		Wound problem	Drainage, opening, redness, or other complications related to a surgical wound
	Objective signs	Steps/pedometer	Measurement of step count after patient discharge
		Weight change	Measurement or change in body weight
		Bleeding	Bleeding, including bleeding from surgical sites and gastrointestinal tract
		Heart rate	Measurement of heart rate or pulse
		Extremity swelling	Swelling of arms or legs
		Surgical drains	Maintenance of surgical drains
		Ostomy appliance	Maintenance of ostomy appliance and bag
	Medical devices	Foley catheter	Maintenance of indwelling urinary catheter
	devices	Feeding tube	Maintenance of enteric feeding device
		Patient access to measuring device	Availability of devices for the patient to monitor clinical parameters after discharge
		Patient access	The ability of patient to be seen and evaluated by a clinician after discharge from the hospital
		Financial burden	Financial burden of surgery-related supplies and care
	Detiont factors	General resource burden	Non-financial burden of surgery-related care
	Patient factors	Technology/tech literacy	Ability of patients, and their caregivers, to use and understand health technology
		Discharge process	Discharge process from the hospital, including nursing protocols
		Communication	Communication between clinicians, patients, and caregivers
		Staffing model	Organization of clinical staff including nurses, APPs, MA's, schedulers and their respective responsibilities
		Real-time data management	Availability and utility of monitoring patient data in real-time.
		Scheduling	Process of scheduling patients for follow-up appointments
Health system factors		Established protocols/procedures	Standard protocols and clinical pathways for patient management before or after surgery
	Clinician factors	Task sharing/personnel	Division of responsibility for tasks related to patient monitoring and follow-up among clinicians
		System efficiency	Efficiency of current perioperative care and communication systems
		Staff education	Education and training of clinical staff
		Knowledge of staff	Clinical knowledge and expertise of clinicians
		Time management	Approaches to and challenges with time management among clinicians
		Access to diagnostic tools	Access to diagnostic laboratory or imaging tests after discharge
		Process customization	Tailoring follow-up practices to individual patient or clinician needs and preferences
		Data trends	Trends in patient data
		Workaround	Methods employed by clinicians to overcome or bypass systemic barriers

Other	Barrier	Barrier to post-discharge care, communication, or monitoring
Other	Facilitator	Facilitator for post-discharge care, communication, or monitoring
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431	Sup	ppleme	ent 2. Clinician Interview Protocol	
432				
433	Introduction and informed consent			
434				
435	Que	<u>estions</u>		
436	1.	We wo	ould like to better understand your experience managing patients after they are	
437		discha	rged from the hospital following GI cancer surgery.	
438		a.	How do you know how patients are doing during this period of time? Do you have a	
439			standard routine or practice?	
440		b.	What are some of the things you think we are doing well in identifying problems that	
441			arise?	
442		C.	What are some of the biggest barriers you see in identifying problems that arise?	
443	2.	Based	on your personal experience with GI cancer surgery patients and their recovery after	
444		leaving	g the hospital, what are the clinical problems or issues you hear about and/or	
445		manag	je?	
446		a.	How do you currently approach managing problems that patients are experiencing	
447			while at home?	
448		b.	Are there any early warning signs, buzz words and/or triggers which make you	
449			particularly concerned? What about among patients with complications?	
450		C.	What are the number of days after discharge do you typically hear from patients? Are	
451			there any patterns with respect to certain problems and number of days after	
452			discharge?	
453		d.	Do you feel some of these issues could be identified earlier, or prevented?	
454	3.	Please	e see this list of patient reported outcomes. Assuming we can adequately / accurately	
455		measu	ire these symptoms, can you please indicate the PROs you feel would be important to	
456		monito	or in GI surgery patients? Why?	

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457	a.	What is missing from this list, please also consider rare complications and
458		bothersome symptoms.
459	b.	Is there additional information you would find helpful to know (e.g., heart rate,
460		temperature).
461	4. [IF TIN	IE ASK] Although we will focus more extensively on this in future work, we would like
462	to kno	w your initial thoughts on a system to more proactively monitor patients while at home
463	a.	Is this something you feel would be beneficial to you and your patients?
464	b.	Do you have ideas about how we could best monitor patients during this high risk
465		time period?
466	C.	What barriers or concerns do you have about using PROs in this setting?
467	d.	What other items, in addition to PROs, do you feel is important to include to monitor
468		patients?
469		
470	<u>Conclusio</u>	<u>n</u> :
471	Is there a	nything else that you would like to tell us about, or make sure that we learn about while
472	we are he	re today?
473		
474	Thanks fo	r agreeing to take time to meet with us today.
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476	Supplement 3. Patient Interview Protocol
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478	Introduction and informed consent
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480	Post-operative, Post-discharge Recovery Review
481	We will ask questions to better understand the patients experience recovering from surgery
482	while recovering at home:
483	• Did you receive any information from your health care team about your recovery at home
484	and what to expect?
485	• Before surgery?
486	 At discharge?
487	• What concerns about your recovery at home did you have when you were being discharged
488	from the hospital?
489	 Did you feel you were ready for discharge?
490	 What went well during the discharge process?
491	 What could have been done differently during the discharge process?
492	 **What concerned you the most about your recover at home?
493	We would like to discuss any bothersome symptoms, problems, and/or potential
494	complications you experienced while at home
495	 Did you experience symptoms that concerned you while at home?
496	 What other problems / issues were concerns of yours?
497	 Did you experience a complication? How was it managed?
498	\circ **What were the first symptoms you experienced before the complication? Were
499	there any early warning signs (sentinel symptoms) you experienced?

500 As mentioned, we are designing a tool to help the health care team monitor patients after 501 discharge from the hospital while recovering at home. Concerning findings would lead to an 502 intervention by your health care team, potentially decreasing the severity of the issue, or 503 preventing a major complication. A special questionnaire that asks questions about your 504 symptoms would be sent to you and tracked over time, kind of like how vital signs and labs 505 were measured during your hospital stay. Changes would indicate to your care team a problem might exist. 506 507 • Show list of symptoms 508 Did you experience any of these symptoms? Please describe what bothered 509 you, even a little bit. o Would it be helpful to you if we were able to remotely monitor these symptoms? 510 511 • What other symptoms would be helpful to monitor? Would you be willing to report your daily temperature or heart rate for example? 512 • Would you be interested in other forms of communication such as sending pictures, 513 514 doing video calls? We would like to ask you about communication with your health care team 515 Did you know how to contact your health care team to communicate your concerns? 516 517 How did you know? 518 Did you contact your health care team while at home? Tell us what your experience was like. 519 Was there a delay in communication? 520 521 o **How do you/would you prefer to communicate with your health care team? Phone, email, MyChart/MyNM, text message, video call 522 o **How often would you prefer to be in contact with your health care team? 523 524 Daily, every couple days, weekly, as needed

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526	Conclusion
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529	Is there anything else that you would like to tell us about, or make sure that we learn about while
530	we are here today?
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532	Thanks for agreeing to take time to meet with us today.
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