

Appendix 1. Supplementary text interviews.

After obtaining written informed consent, trained researchers administered semi-structured patient interviews, while the patient was at the ED. The interviews included fixed-choice and open-ended questions. Children of patients, spouses and caregivers who accompanied the patient, were involved in the interview, after obtaining permission of the patient. The aim of this interview was to gather insight into the cause and course of the disease, the patient's vulnerability, the patient's opinion on factors contributing to this ED presentation and possible preventability of this presentation. Throughout the interview, fixed-choice questions asked patients about various topics of their health status and living situation. Patients were interviewed on therapy adherence, co-morbidity, home care and hospital admission and ED presentations the year prior to this ED visit. Regarding their living situation patients were asked about the types, quantities and sufficiency of care they received at home. Open-ended questions asked patients about causes of the ED presentation, the course of the disease or accident, and their contact with the GP or treating specialist. Furthermore, patients were questioned if they found the ED presentation preventable, and their motivation for that answer. The preventability of the ED presentation was questioned in the following way: "Do you feel this current ED presentation was preventable in any manner, by anyone?". Possible options were "yes", "no", "don't know", followed by an explanation of their answer. In the following three days, after obtaining permission of the patient, the researchers contacted the patient's GP and attending physician at the ED by phone or email. They were asked about their opinion on the cause of the ED presentation, whether the ED was the right location for this patient, and most importantly if the presentation was preventable and if so, how. The GP was asked additional

questions such as: utilization of control consults or early diagnostics, mobility, falling risk and comorbidities. Six weeks after inclusion at the ED the follow-up was done by telephone. The researchers contacted the patient when possible by phone. A semi-structured interview was performed to gain insight in the frailty of the patient and whether or not the patient was admitted to an assisted living facility or nursing home. When contact with the patient was not possible, for example when the patient was deceased, the researcher contacted the GP.