

Appendix C- Supplementary Quotes

Findings	Quotes
ED is the unavoidable point of care	<p><i>Literally, my mother, she would have DIED going back to hospital [Emergency Department]– like she would have DIED in the ambulance because they’re no way that she wanted to be there. (Caregiver, Intervention 1)</i></p> <p><i>Going to the emergency room wasn’t helping at all.... [I was] frustrated because I felt like going to the hospital was like a safe place but I felt like I wasn’t receiving the help I needed. (Patient, Intervention 5)</i></p> <p><i>... I don’t want to be in hospital. I have many times been in hospital and it’s depressing and I don’t like depression. (Patient, Intervention 1)</i></p>
Patients and caregivers are part of complex and variable family systems	<p><i>It has been difficult at times because he [his dad] is depressed about being old. It’s also been difficult because we have family issues. My sister got very upset when he decided to move here. Her children haven’t been in contact too often. Her and my brother was just recently contacted by my dad’s community care coordinator to ask them to come to a family meeting so I am hoping they all show up. (Caregiver, Intervention 1)</i></p> <p><i>I did go to the police and tell them what was going on and I met with family services so I guess because nothing got resolved, I didn’t want to see them, I was still really angry and at one point like I felt like scared before I felt angry afterwards so, I just didn’t want to see them [family members] or contact them. (Patient, Intervention 5)</i></p>
Non-medical issues mediate patients’ experiences of health and health care delivery	<p><i>My problem right now is WheelTrans, where I could phone the day before if I felt I needed to see... I’ve been going to him for over forty years, I can go any time, really, you know, but it’s the getting there. And they’ve changed... they tell me they haven’t, but something changed because I could phone the day before, book a ride on the automated system. Now if I don’t phone a week in advance I very seldom get a ride anymore, you know? So now so I have to book a week ahead of time. Well, I don’t know I’m going to be sick in a week, you know? (Patient Intervention 3)</i></p> <p><i>He’s only getting \$700 a month, and then the rent and the insurance and everything comes out of my paycheque, and that is like I get paid on a Thursday and by the time all the bills are done I’m broke by Friday, right? (Caregiver Intervention 3)</i></p> <p><i>I can’t sleep at night so what do I do? They know I am broke, I am on ODSP and it’s not easy living in this place, city making what \$1,000 a month figure it out, it’s just not happening, is it? So what, you know, what do you do, what</i></p>

	<i>happens to people when this happens? (Patient, Intervention 4)</i>
The unanticipated consequences of interventions are often the most valuable	<p><i>They took so much time with me I was so, like, impressed with that, that they took the time and they didn't push me out the door... they even explained that, they explained that it was a different way of practising medicine ... that they were going to be more hands-on with the patient,... give you to time to ask the questions and, you know, just spend more time going through things with patients, which is, in my experience – and trust me, I've had a lot of it now – is a big problem out there. (Patient, Intervention 3)</i></p> <p><i>Man, it's just nice knowing there's somebody out there, it sort of gives a person a little bit of comfort knowing, it's sort of living having one of those security blankets you know. (Patient, Intervention 5)</i></p>
Patients are shaped by the provider discourse on medically complex patients.	<p><i>When she went to her own family doctor I would take her down because she was still mobile. You would basically wait for 2 hours in a crowded waiting room with no seats and you would be in and out. There was no thorough checking or anything like that. If anything the doctor did do, a lot of the times she was put on medications she didn't need to be. (Caregiver, Intervention 1)</i></p> <p><i>...If the program's gone then [also the case manager] is gone, so you have no access to anything except your family doctor then, which puts you back. See, with [case manager] everything's almost instant, with your family doctor it isn't. ... With our family doctor you're sitting in that office for 45 minutes, you know, before you get in there, and it takes ten days to two weeks to get an appointment. So nothing's going to happen quick. (Patient, Intervention 5)</i></p> <p><i>I'm always this kind of person that never wants to create a problem for anybody, and so if I begin to feel uncomfortable that way I clam up, and so now I'm not asking anything anymore because now I feel like, you know, I'm viewed as this, you know, maybe this crazy-assed person or something, you know, which I'm not, I'm not at all. (Patient, Intervention 3)</i></p>