

Table 1. Themes and subthemes that emerged from the interviews.

Categories	Themes	Selected quotes
Knowledge and understanding of the collaboration	Assurance of availability of help	“The aim is to help the staff on duty to not send out the residents to A&E (Accident & Emergency), we can call the doctors online, audio and video call to help us manage the residents here before sending out.” – A9
		“Actually, I think the objective of the project is so that we can communicate with the other doctors from SKH and we can follow up with them through video call, no need to bring the patient there if it’s not for emergency like that. We can follow up also, through calls.” – B12
Service satisfaction	Enhanced skills and knowledge	“That’s why the NEWS score is useful for new staff so that they can have basis. Especially for new nurses and inexperienced ones since the data is collected quantitatively and can justify that the patient needs immediate care.” – B1
		“It’s important to consult the doctor. We will have more confidence to carry out the intervention. Additionally, we will gain experience to handle similar situations in the future.” – A6
	Applicability to nursing home residents	“The learning (teaching) is quite good as they provided one scenario for us, with a patient having complaints, so we get to do the assessment. Sufficient and informative. Content is very aligned(ed) with the homecare, it’s relevant for us.” – A1
	User-friendly interventions	“NEWS scoring, it’s very useful. This is very easy to fill up, the hospital transfer form, the NEWS scoring is easy to fill up, it’s very easy.” – A14
Challenges in implementation	Improved efficiency	“I think the benefits of lesser hospital transfers is that you can save staff from following the patient when going to send the patient to the hospital” – A13
	Lack of resource and workforce	“Because we did the laboratory tests outside, everything is external, we don’t have our own pharmacies also, so it’s expensive.” – B9
		“But only one SN (staff nurse) is there, so they will only focus on their routine what, so what the staff do, the staff will call 995 for ambulance. Y eah, but the staffing is the problem, otherwise can. Our staff mostly we never call, because of the lack of staffing, otherwise this will be very useful for the staff.” – B4
	Nursing staff barriers	“Although we are trained nurses, we still need supervision from the doctor.” – B3
		“We cannot also put intravenous cannula here, only blood extraction for the lab test and that’s all... we cannot give the (cough) syrup without the doctor’s order.” – B7
Other limitations	“If they (family) don’t want to be sent out, we of course respect them, especially if they are comfort care residents. If they are in comfort care, we don’t really send them out, we care for them in the nursing home. If the relatives really insist on sending out, then we will send out the residents.” – A14	
	“Sometimes, no. not really, (NEWS) not accurate. Because we had one patient last time, the vital signs are okay, but the patient is not well, but vital signs are okay. But he looks unwell.” - B10	
Project enablers	Internal support	“We have Mr Y, just in case we are confused with the care paths, we can ask him. He will try to explain to us. If he cannot explain as well, he will email Dr J. He’s like our leader.” – A2
	Nursing staff competencies	“Because we already know the patient, so when we see unusual behaviour from the patient or if the patient looks weak, so that’s the time we will use the NEWS scoring on the patient.” – B5
	Motivation to improve patient care	“I think some conditions can be managed by the staff as well, don’t have to send every patient with condition to the hospital.” – B2 “If there are situations whereby, we need to refer but most of the times, we will refer to our doctor. Our focus is usually the patient.” – B5