

Table Three

Table 3: Framework for Presenting Thematic Analysis Findings to Clinicians								
<i>Theme:</i>	Patient Age	Barriers (later renamed as 'Access to Information' & combined with 'Communication')	Communication with patients, family members and other clinicians	Understanding of palliative care	Role uncertainty	Complex systems and process	Time constraints	Limited training and education
<i>Issue:</i>								
What is the issue?	Clinicians aim to treat patients equally but complex needs of older people can prevent clinicians from 'opening a can of worms'	Vital information is absent or difficult to access.	Communications between services can be poor. Attempts to contact other specialties can be challenging particularly for face-to-face assessments.	Perspectives, opinions and understanding about what palliative care is vary considerably.	Roles in palliative care provision are not clearly defined and clinicians have different views and experiences of who should be involved.	Systems and processes are often not established for palliative care or are complicated and disjointed between services.	Time is a key factor influencing care provision in the ED and how needs are prioritized.	Palliative care training and education is inconsistent, often sought through individual interest and motivation.
Why is it an issue?	The ED is designed to respond to 'quick fix' problems not complex long-term issues	Patients attend the ED with little or no documentation regarding goals of care. Clinicians are often unable to locate information in a timely fashion.	The role of the ED in palliative care is not well understood or established.	Training, experiences and personal beliefs influence how much attention Emergency clinicians will give to palliative care provision.	Different experiences, understanding and expectations of roles and specialties can lead to confusion and variations in practice	Palliative care patients often have longer histories and established goals of care preferences which Emergency clinicians may not be able to access, or know where, how and who to contact.	Policy, funding, bed spaces, resource limitations all contribute to increased pressure on clinicians and caseload management.	Palliative care has not been viewed as a priority for the ED and some clinicians are uncomfortable with the topic and therefore avoid it
Why does it matter?	Older palliative patients will have unmet needs. Clinicians express distress and frustration at being unable to address these needs.	Clinicians report challenging encounters with patients-families, needlessly complex decision-making, occasions of inappropriate care.	Patients may be unnecessarily admitted. Emergency clinicians report feeling disconnected from other services	Variations in understanding result in inconsistent care practices.	These variations and expectations can lead to uncertainty for clinicians, and poor outcomes caused by confusion in care delivery.	Lack of awareness or limited access to support and resources by clinicians can lead to negative experiences and poor quality care provision.	Time pressures are often incompatible with complex needs of older, palliative patients leaving clinicians frustrated and with limited options for care delivery.	The role of the ED in palliative care is changing due to increased use by palliative patients Lack of training prevents clinicians providing appropriate care.