SQUIRE-checklist

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| 1. Title | Title indicates an initiative to improve healthcare (Page1 Lines 1-5) |
| 2. Abstract | Abstract summarizes all key information according to journal guidelines (Page 2) |
| 3. Problem Description | The problem is described in the Introduction section (Page 3 Lines 2-26) |
| 4. Available knowledge | Available knowledged is described in the iintroduction section (Page 3, lines 13-26) as well as throughout the Discussion |
| 5. Rationale | The rationale of the study is described in the Introduction (Page 3, Lines 28-47) |
| 6. Specific aims | The aims of the study are explained in the Introduction (Page 4, lines 4-9) |
| 7. Context | Contextual elements and setting are brought up in Materials and Methods (Page 5, Lines 19-28) |
| 8. Intervention(s) | The intervention is described in the Materials and Methods (Page 4 Line 21 to Page 5 Line 7) |
| 9. Study of the Intervention(s) | The approach chosen is described in the Materials and Methods (Page 5 Line 19 to Page 7 Line 14) |
| 10. Measures | Measures to ensure the validity and reliability is explained in the interview study described in Materials and Methods (Page 7, Line 43 to Page 8, Line 14) as well as national comparisons (Figure 3). |
| 11. Analysis  | The analysis from the qualitative approach with patient interviews are described in the Results section (Page 8, Lines 2-17) and the rest of the Results section is a quantitative summary of the patient flow. |
| 12. Ethical Considerations | The study was approved by the local ethics board and since this was a new approach in finding patients eligible for treatment we performed the interview study to assess the patients view on the approach. This is described in the Materials and Methods section (Page 7, Line 43 to Page 8, Line 14) |
| 13. Results | The entire Results section together with the tables and figures contain the relevant results. |
| 14. Summary | A summary of the key findings are found in the Discussion (Page 9, Lines 24-26) as well as in the Abstract |
| 15. Interpretation | Interpretation of the data is discussed in length in the entire Discussion section |
| 16. Limitations | Limitations are described in the Limitations section (Page 11, Lines 3-31) |
| 17. Conclusions | Conclusions are described on Page 11, Lines 39-48 |
| 18. Funding | Sources of funding are described on Page 13, Lines 32-34 |
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