**Supplemental Table S1.**

*Points for improvement of medication reviews in usual care as experienced by physicians and Responsible Licensed Practical Nurses before the intervention (baseline data of intervention and control group)*

|  |  |  |  |
| --- | --- | --- | --- |
| Physicians (N=14)\* | n | LRPNs (N=14) | n |
| Involve nursing staff more (structural)\*\* | **4** | **Evaluate medication more frequently or more thoroughly with the physician** | **5** |
| Follow guidelines | **4** | More time to conduct reviews | 2 |
| Perform reviews more frequently and/or in a more structured manner | **3** | More closely in line with each other | 2 |
| Regular appointments with pharmacist | **2** | **Pharmacist presence: more awareness regarding medication** | **1** |
| Participation of knowledgeable pharmacist | **2** | **Enhanced reports of observation** | **1** |
| Topic-driven review instead of medication list driven | 2 | More frequent discussions about residents | 1 |
| Acquire more pharmaceutical knowledge | **1** |  |  |
| Take the time to examine resident-specific information during the review | 1 |  |  |
| Train nursing staff to identify risks, side effects or medication interactions | 1 |  |  |

\* Data of the fourteen physicians and fourteen Responsible Licensed Practical Nurses (RLPNs) who reported having been involved in reviews in usual care. Of those, one physician and five RLPNs mentioned no possible improvements.

\*\* Improvement points taken into account by the PROPER intervention are shown in bold font.