

#### Appendix 4: description of interventions included in systematic review

Intervention	Description
Paramedic practitioner (PP) / emergency care practitioner (ECP) interventions	PPs/ECPs can be trained to 'assess and treat' or to refer patients with a range of conditions, as part of pre-hospital care. These roles were created in order to provide a more appropriate response to patients needs in emergency and urgent care settings. Their main purpose is to improve the pathway of care and patient experience, particularly by discharging patients at the scene or by referring on to the most appropriate care practitioner, reducing unnecessary emergency department (ED) attendance and avoidable admissions.
Community hospital (CH) interventions	The role of CHs varies between country and health systems but, essentially, their main role is to provide non-urgent i.e. routine or rehabilitative care. However, their role can be extended to provide an alternative to acute hospital (AH) admission for appropriate cases.
Emergency department (ED) interventions	These involve initial assessment in the ED, followed by an extended stay for tests and observation. This extended stay is in a bed closely associated with the ED, if not part of it.
Hospital-at-home (HaH) interventions	HaH services provide acute or sub-acute treatment in a patient's residence for a condition that would normally require admission to hospital. It is also known as 'hospital in the home' and 'home hospitalisation'.
Hospital in nursing/care home (HNCH) interventions	HNCH is as a model of admission avoidance to treat patients living in nursing and residential care homes, working on the same principles as HaH for community-dwelling residents.