Supplemental Table 2. Study eligibility criteria

Study Characteristic	Inclusion Criteria	Exclusion Criteria
Population	Adults aged ≥65 who present to an emergency department (ED) for acute, urgent, or emergency care	• Studies enrolling mixed samples with <70% of participants aged ≥65 • Studies enrolling condition-specific subgroups of older adults (*eg,* with a single presenting condition such as "falls" or "dementia")
Interventions	4 intervention strategies (including those that use 1 or more strategies or are "multi-strategy") • Discharge planning • Case management/transition of care • Medication safety/medication review • Strategies designed or guided by the 2014 Geriatric Emergency Department Guidelines[a,b,c]	• Interventions focused exclusively on risk or functional assessment instruments; otherwise-eligible interventions may utilize risk or functional assessment instruments to identify patients • Transition planning for patients who reside in nursing homes or involving transfers to other hospitals or hospital settings • Interventions focused on a single condition (*eg,* dementia) instead of general care of older adults in ED • Interventions focused on shared decision-making, including related to medication selection and management • Interventions performed after the final decision to admit the older adult to hospital or after discharge had been made
Comparator	Usual or enhanced ED care (*eg*, information or educational control)	No comparator
Outcomes	• **Clinical outcomes:** Overall functional status (or subdomains of physical or mental functioning), health-related quality of life, mortality[d] • **Patient satisfaction/experience:** Any validated measure of patient satisfaction/experience • **Care utilization:** ED readmission; hospitalization related to index ED visit; hospital admission rates (following ED discharge)	• Laboratory parameters (*eg*, A1c, cholesterol levels) • Disease-specific symptoms (*eg*, depressive symptoms, shortness of breath) • Guideline adherence • Prescribing behaviors • Patient/caregiver knowledge
Timing	• Time points that are logically affected by the intervention and are clinically relevant, prioritizing short (*eg*, 30 days) and longer (*eg*, 90 days) time points • For patient satisfaction, within 30 days of admission/discharge	None
Setting	Emergency departments	
Study design	• Randomized controlled trials • Quasi-experimental studies (prospective controlled designs:	• Retrospective studies • Cross-sectional designed studies • Cost-effectiveness analyses

Study Characteristic	Inclusion Criteria	Exclusion Criteria
	controlled nonrandomized trial, before-after cohort study, case-matched controlled; interrupted time-series designs) • All studies must include an eligible comparator per EPOC criteria[e]	• Program descriptions
Publication type	• English-language publications • 1990 to current date • OECD countries (North America, Australia, New Zealand, Japan, South Korea, Israel, Chile, Turkey, and Europe)	• Non-English language • Not a full publication in a peer-reviewed journal • Meeting abstracts, letters, editorials, and dissertations. • Pilot studies or sample sizes <20

[a] Carpenter CR, Bromley M, Caterino JM, Chun A, Gerson LW, Greenspan J, et al. Optimal older adult emergency care: introducing multidisciplinary geriatric emergency department guidelines from the American College of Emergency Physicians, American Geriatrics Society, Emergency Nurses Association, and Society for Academic Emergency Medicine. Acad Emerg Med. 2014;21(7):806-9.

[b] Carpenter CR, Bromley M, Caterino JM, Chun A, Gerson LW, Greenspan J, et al. Optimal older adult emergency care: introducing multidisciplinary geriatric emergency department guidelines from the American College of Emergency Physicians, American Geriatrics Society, Emergency Nurses Association, and Society for Academic Emergency Medicine. Journal of the American Geriatrics Society. 2014;62(7):1360-3.

[c] Carpenter CR, Bromley M, Caterino JM, Chun A, Gerson LW, Greenspan J, et al. Optimal older adult emergency care: Introducing multidisciplinary geriatric emergency department guidelines from the American College of Emergency Physicians, American Geriatrics Society, Emergency Nurses Association, and Society for Academic Emergency Medicine. Ann Emerg Med. 2014;63(5):e1-3.

[d] Given the potential array of conditions, disease-specific measures of severity and symptoms are not particularly practical or helpful to decision making; therefore we chose concepts that cut across conditions.

[e] EPOC. Effective Practice and Organisation of Care (EPOC). EPOC Resources for review authors. Oslo: Norwegian Knowledge Centre for the Health Services; 2015. Available at: http://epoc.cochrane.org/resources/epoc-resources-review-authors. Accessed November 3, 2017.

Abbreviations: A1c=glycosylated hemoglobin; ED=emergency department; EPOC=Effective Practice and Organisation of Care; OECD=Organisation for Economic Co-operation and Development