

Supplemental Table 6. Intervention characteristics of randomized studies

Patient-focused intervention components include comprehensive assessment and/or risk screening, patient and/or caregiver education and/or support, intervention (medication, rehabilitation). Provider or systems-focused intervention components include planned follow-up communication or visit, referral to provider, specialist or community resource, continuity of care/care coordination, and changes to ED environment and/or procedures.

Study	Intervention Setting/Timing Intervention Target	# of Providers Type of Provider(s) Geriatrics Trained?	Patient-focused Intervention Components ^a	Provider- or System- focused Intervention Components ^a	Key Intervention Components Present	Mode of Delivery # Planned Contacts
Single-Strategy Interventions						
<i>Case Management/Transition of Care</i>						
Basic, 2005 ¹	Pre-ED discharge Patient	Single provider RN Yes	<ul style="list-style-type: none"> • Comprehensive assessment • Caregiver support • <i>No medication review or rehabilitation intervention</i> 	<ul style="list-style-type: none"> • Referral to specialists • Communication between providers • <i>No follow-up</i> 	<ul style="list-style-type: none"> • Assessment 	In-person 1
Caplan, 2004 ²	Before and after ED discharge (Bridge) ^b Patient	Multiple providers MD, RN, PT Yes	<ul style="list-style-type: none"> • Semi-structured assessment of function & cognition • <i>No education/support</i> • <i>No medication review or rehabilitation intervention</i> 	<ul style="list-style-type: none"> • Follow-up communication • Referrals to specialists, community services • Interdisciplinary team meeting 	<ul style="list-style-type: none"> • Assessment • Referral plus follow-up • Bridge design 	In-person 1
Gagnon, 1999 ³	Post-ED Patient	Single provider RN Yes	<ul style="list-style-type: none"> • Comprehensive assessment • <i>No education/support</i> • <i>No medication review or rehabilitation intervention</i> 	<ul style="list-style-type: none"> • Follow-up visit scheduled • Interdisciplinary team meeting • <i>No referrals to specialist</i> 	<ul style="list-style-type: none"> • Assessment 	In-person NR
Runciman, 1996 ⁴	Post-ED Patient	Multiple providers PT NR	<ul style="list-style-type: none"> • Comprehensive in-home assessment • <i>No education/support</i> 	<ul style="list-style-type: none"> • Referrals to community services • <i>No follow-up</i> • <i>No continuity of care</i> 	<ul style="list-style-type: none"> • Assessment 	In-person NR

Study	Intervention Setting/Timing Intervention Target	# of Providers Type of Provider(s) Geriatrics Trained?	Patient-focused Intervention Components ^a	Provider- or System-focused Intervention Components ^a	Key Intervention Components Present	Mode of Delivery # Planned Contacts
			<ul style="list-style-type: none"> No medication review or rehabilitation intervention 			
Multi-Strategy Interventions						
<i>Discharge Planning PLUS Case Management/Transition of Care</i>						
Eklund, 2013 ⁵	Before and after ED discharge (Bridge) ^b Patient	Multiple providers RN Yes	<ul style="list-style-type: none"> Frailty screening & geriatric assessment No education/support No medication review or rehabilitation intervention 	<ul style="list-style-type: none"> Follow-up visit scheduled Interdisciplinary team meeting No referrals 	<ul style="list-style-type: none"> Assessment Referral plus follow-up Bridge design 	In-person, telephone NR
McCusker, 2001 ⁶	Before and after ED discharge (Bridge) ^b Patient	Multiple providers MD, RN, SW Yes	<ul style="list-style-type: none"> Brief standardized geriatric nursing assessment No education/support No medication review or rehabilitation intervention 	<ul style="list-style-type: none"> Follow-up communication Referral to primary care provider, specialists No continuity of care 	<ul style="list-style-type: none"> Assessment Referral plus follow-up Bridge design 	In-person, telephone NR
Mion, 2003 ⁷	Before and after ED discharge (Bridge) ^b Patient, caregiver	Multiple providers RN, SW Yes	<ul style="list-style-type: none"> Comprehensive geriatric assessment Caregiver support No medication review or rehabilitation intervention 	<ul style="list-style-type: none"> Follow-up communication Referrals to community services Communication between providers 	<ul style="list-style-type: none"> Assessment Referral plus follow-up Bridge design 	In-person, telephone NR
<i>Case Management/Transition of Care PLUS Medication Management</i>						
Biese, 2014 ⁸	Post-ED Patient	Single provider RN NR	<ul style="list-style-type: none"> Medication review No assessment/screening No education/support No rehabilitation intervention 	<ul style="list-style-type: none"> Follow-up visits scheduled Referrals to community services No continuity of care 	<ul style="list-style-type: none"> Referral plus follow-up 	Telephone NR
Biese, 2017 ⁹	Post-ED Patient	Single provider RN NR	<ul style="list-style-type: none"> Medication review No assessment screening No education/support 	<ul style="list-style-type: none"> Referrals to community services No follow-up No continuity of care 	<ul style="list-style-type: none"> Referral plus follow-up 	Telephone 1

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			<ul style="list-style-type: none"> <li data-bbox="800 321 1041 378">• <i>No rehabilitation intervention</i> 			

^a Bolded text indicates intervention components that were present in the study. Italicized text indicates intervention components were not present in the study.

^b Bridge setting refers to interventions conducted both before ED discharge and after ED discharge.

Abbreviations: ED=emergency department; NR=not reported; MD=physician; RN=nurse; SW=social worker; PT=physical therapist; OT=occupational therapist.

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