Supplementary Appendix

Customised QUADAS-2 tool for telephone triage in chest pain systematic review

Domain 1: Patient selection

A. Risk of bias

a. Was a consecutive or random sample of patients enrolled? Yes / No / Unclear

b. Did the study avoid inappropriate exclusions? Yes / No / Unclear

Could the selection of patients have introduced bias? Low / High / Unclear

B. Concerns regarding applicability

Is there concern that included patients do not match the review question? Low / High / Unclear

OVERALL:

LOW: Patients who call 999, 911, 112, 108 or another number for emergency medical attention with a primary complaint of chest pain

HIGH: Selection of a specific high- or low-risk population; setting is not an emergency telephone consultation; convenience sampling with clear potential for systematic selection bias

UNCLEAR: Insufficient information to determine the risk of bias.

Domain 2: Telephone triage intervention

A. Risk of bias

a. Was the outcome of telephone triage interpreted without knowledge of the outcome? Yes / No / Unclear

b. Is it unlikely that the telephone triage introduced biased risk group allocation? Yes / No / Unclear

Could the scoring or interpretation of the telephone triage have introduced bias? Low / High / Unclear

B. Concerns regarding applicability

Is there concern that the telephone triage, its conduct, or interpretation differ from the review question? Low / High / Unclear

OVERALL:

LOW: Telephone triage outcome calculated prospectively by treating clinicians, blinded to patient outcome.

HIGH: Telephone triage outcome calculated without blinding to outcome. Retrospective calculation of telephone triage outcome.

UNCLEAR: Insufficient information.

Domain 3: AMI/serious adverse event allocation

A. Risk of bias

a. Was the universal definition of AMI used to define the reference standard? Yes / No / Unclear
b. Was the reference standard adjudicated without knowledge of the telephone triage? Yes / No / Unclear

Could the reference standard, its conduct, or its interpretation have introduced bias? Low / High / Unclear

B. Concerns regarding applicability

Is there concern that the target condition as defined by the reference standard does not match the review question? Low / High / Unclear

OVERALL:

LOW: All patients underwent reference standard investigations for AMI including troponin sampling. The diagnosis of AMI was adjudicated by at least two investigators who were blinded to the telephone triage outcome. Serious adverse events include death (all cause), aortic dissection, pulmonary embolism and tension pneumothorax

HIGH: Outdated definition for AMI or definition inconsistent with the universal definition. The definition of serious adverse events does not include one of the core components specified above. Follow up procedure raises significant concerns about the possibility of missed events (e.g. chart review at a single centre without some assurance that this method would capture all relevant events).

UNCLEAR: Insufficient information.

Domain 4: Flow and timing

A. Risk of bias

a. Did all included patients receive an appropriate reference standard? Yes / No / Unclear
b. Did patients receive the same reference standard? Yes / No / Unclear
c. Follow-up procedure was sufficiently long to not miss relevant adverse events? Yes / No / Unclear
d. Did no significant loss to follow up/exclusion due to incomplete records occur? Yes / No / Unclear

Could the patient flow have introduced bias? Low / High / Unclear

LOW: All patients underwent reference standard investigations for AMI including troponin sampling. Patients were followed up through their subsequent inpatient course or for at least 7 days.

HIGH: Not all patients were subjected to appropriate reference standard investigations including troponin sampling.

UNCLEAR: Insufficient information. This option includes lack of detail about troponin testing and the follow up procedure.

Table 1: QUADAS-2 assessment of included studies (✓Low Risk, green, ✗High Risk, red, ? Unclear Risk, amber)

Study	RISK OF BIAS				APPLICABILITY CONCERNS			OVERALL		
	PATIENT SELECTION	TELEPHONE TRIAGE	AMI /SAE ALLOCATION	FLOW AND TIMING	PATIENT SELECTION	TELEPHONE TRIAGE	AMI /SAE ALLOCATION	PATIENT SELECTION	TELEPHONE TRIAGE	AMI /SAE ALLOCATION
1										
2										
3										
4										
5										
6										
7										