

**Additional File 4** – Article classification according to study population, describing framework elements, themes, and facilitators and barriers.

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
Abitağaoğlu (2019)[1]	Adult	Follow-up	Outcome	Safe	Adverse events, readmission, and mortality following discharge; Continuity of patient care;	(B) Patient demographic and clinical characteristics;	(None)	(F) Use of best practices;	(None)
Academia (2020)[2]	Adult	Execution	Process	Efficient; Safe	Adverse events, readmission, and mortality following discharge; Medication reconciliation;	(B) Patient demographic and clinical characteristics;	(B) Lack of knowledge/ experience of provider;	(F) Use of best practices; (B) Hospital characteristics;	(None)
Agard (2019)[3]	Adult	Execution	Process	Effective; Patient centered	Patient and family needs and experiences during discharge; Availability of complete and accurate discharge information;	(F) Family engagement/ support; (F&B) (Lack of) Provider-patient communication; (B) Feelings of anxiety or embarrassment; Expectations;	(F) Critical care transition program; Knowledge/ experience of provider;	(F) Follow-up clinic or program; (B) Impact of current discharge practices; Hospital characteristics; Infrastructure;	(None)
Alberto (2014)[4]	Adult	Execution	Process	Efficient; Patient centered	Planning for discharge; Standardizing the discharge process; Critical care transition program (nurse liaison, outreach team);	(F) Discharge education; Family engagement/ support;	(F) Critical care transition program;	(F) Guidelines or policies; Education/ training of providers;	(None)
Allum (2017)[5]	Adult	Follow-up	Outcome	Effective; Patient centered	Patient and family needs and experiences during discharge; Anxiety associated with discharge; Continuity of patient care;	(F) Provider-patient communication; Discharge education; Family engagement/ support; Written communication; (F&B)	(F) Provider-provider communication; Critical care transition program;	(F) Follow-up clinic or program;	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
						Expectations; (B) Feelings of anxiety or embarrassment;			
Amass (2020)[6]	Adult	Follow-up	Outcome	Effective; Safe; Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Adverse events, readmission, and mortality following discharge;	(F) Provider-patient communication; Family engagement/support; Written communication; Patient/ family treated as a member of healthcare team; (B) Feelings of anxiety or embarrassment;	(F) Written documentation;	(F) Impact of current discharge practices;	(None)
Anthes (2013)[7]	Adult	Execution	Process	Safe	Availability of complete and accurate discharge information; Adverse events, readmission, and mortality following discharge; Medication reconciliation;	(None)	(F) Written documentation;	(F) Use of best practices; Tools to facilitate discharge;	(None)
Azevedo (2015)[8]	Adult	Execution	Structure; Outcome	Safe	Planning for discharge; Adverse events, readmission, and mortality following discharge; Timeliness of discharge (time of day, delay);	(B) Patient demographic and clinical characteristics;	(None)	(F&B) Admission location before ICU; (B) Time of discharge;	(None)
Bagshaw (2020)[9]	Adult	Execution	Process; Structure; Outcome	Efficient; Safe; Timely	Adverse events, readmission, and mortality following discharge; Timeliness of discharge (time of	(None)	(None)	(F) Discharge location; (B) Limited ICU and ward resources; Impact of	(None)

*Patient Discharge from the ICU*

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					day, delay); Resource use during discharge;			current discharge practices; Costs of healthcare provided; Delay in discharge; Hospital or ICU capacity;	
Baldwin (2013)[10]	Adult	Follow-up	Outcome	Safe	Adverse events, readmission, and mortality following discharge;	(F&B) Patient demographic and clinical characteristics; (B) Physical and psychological effects of illness; ICU or hospital length of stay;	(B) Lack of knowledge/ experience of provider;	(None)	(None)
Balshi (2020)[11]	Adult	Execution; Follow-up	Outcome	Safe	Adverse events, readmission, and mortality following discharge;	(B) Patient demographic and clinical characteristics;	(None)	(None)	(None)
Basmaji (2019)[12]	Adult	Execution; Follow-up	Process; Outcome	Safe	Adverse events, readmission, and mortality following discharge;	(F&B) Patient demographic and clinical characteristics;	(None)	(F&B) Discharge location;	(None)
Bench (2013)[13]	Adult	Planning; Execution; Follow-up	Process; Outcome	Safe; Patient centered	Patient and family needs and experiences during discharge; Availability of complete and accurate discharge information; Discharge education for patients and families; Planning for discharge; Standardizing the discharge process;	(F) Discharge education; Written communication; (B) Feelings of anxiety or embarrassment;	(None)	(None)	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
					Anxiety associated with discharge;				
Bench (2014)[14]	Adult	Execution; Follow-up	Process; Structure	Effective; Patient centered	Patient and family needs and experiences during discharge; Availability of complete and accurate discharge information; Planning for discharge; Anxiety associated with discharge; Continuity of patient care;	(F) Provider-patient communication; Discharge education; Family engagement/support; (B) Feelings of anxiety or embarrassment; Expectations; Physical and psychological effects of illness;	(F) Provider-provider communication; Knowledge/experience of provider; Clear roles and responsibilities;	(B) Lack of education/training of providers;	Discharge letter
Bench (2015)[15]	Adult	Execution	Process; Structure	Patient centered	Patient and family needs and experiences during discharge; Availability of complete and accurate discharge information; Discharge education for patients and families;	(F) Provider-patient communication; Discharge education; Written communication;	(F) Collaboration between ICU and ward; (B) Workload;	(None)	Transfer brochure
Bench (2016)[16]	Adult	Execution	Process; Structure	Efficient	Patient and family needs and experiences during discharge; Discharge education for patients and families; Resource use during discharge;	(F) Provider-patient communication; Discharge education; Family engagement/support;	(None)	(F) Impact of current discharge practices;	(None)
Bloom (2019)[17]	Adult	Execution; Follow-up	Process; Outcome	Effective; Safe	Adverse events, readmission, and mortality following discharge; Critical care transition program (nurse liaison, outreach team);	(F) Discharge education;	(F) Critical care transition program;	(F&B) Discharge location;	(None)

*Patient Discharge from the ICU*

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Bose (2019)[18]	Adult	Execution; Follow-up	Outcome	Efficient; Patient centered ; Timely	Adverse events, readmission, and mortality following discharge; Timeliness of discharge (time of day, delay);	(None)	(F) Provider-provider communication;	(F) Impact of current discharge practices; (B) Limited ICU and ward resources; Delay in discharge; Hospital or ICU capacity;	(None)
Bosma (2018)[19]	Adult	Execution	Process	Efficient; Safe	Planning for discharge; Resource use during discharge; Medication reconciliation;	(None)	(F) Provider-provider communication; Collaboration between ICU and ward;	(F) Use of best practices; Impact of current discharge practices; (B) Costs of healthcare provided;	(None)
Bosma (2019)[20]	Adult	Follow-up	Process; Outcome	Efficient; Safe; Patient centered	Availability of complete and accurate discharge information; Adverse events, readmission, and mortality following discharge; Continuity of patient care; Medication reconciliation;	(None)	(F) Clear roles and responsibilities;	(F&B) Impact of current discharge practices;	(None)
Boyd (2018)[21]	Adult	Execution	Structure	Effective; Efficient; Patient centered	Patient and family needs and experiences during discharge; Availability of complete and accurate discharge information; Standardizing the discharge process;	(F) Provider-patient communication; Family engagement/support; Written communication;	(F) Provider-provider communication; Collaboration between ICU and ward; Written documentation;	(F) Tools to facilitate discharge;	(None)

*Patient Discharge from the ICU*

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					Medication reconciliation;				
Brown (2013)[22]	Adult	Follow-up	Outcome	Safe	Adverse events, readmission, and mortality following discharge; Timeliness of discharge (time of day, delay);	(F&B) Patient demographic and clinical characteristics;	(None)	(B) Time of discharge; Impact of current discharge practices;	(None)
Brown (2018)[23]	Adult	Execution	Process	Patient centered	Availability of complete and accurate discharge information; Evaluating patient readiness for discharge; Continuity of patient care;	(F&B) (Lack of) Provider-patient communication;	(F) Provider-provider communication; (B) Lack of knowledge/experience of provider;	(None)	(None)
Chaboyer (2012)[24]	Adult	Execution	Process	Efficient; Timely	Standardizing the discharge process; Adverse events, readmission, and mortality following discharge; Timeliness of discharge (time of day, delay); Evaluating patient readiness for discharge; Resource use during discharge;	(F) Patient demographic and clinical characteristics;	(F) Provider-provider communication; Collaboration between ICU and ward; Written documentation;	(B) Time of discharge; Delay in discharge;	(None)
Chatterjee (2019)[25]	Adult	Execution	Process; Outcome	Safe; Timely	Adverse events, readmission, and mortality following discharge; Timeliness of discharge (time of day, delay);	(B) Patient demographic and clinical characteristics; Physical and psychological effects of illness;	(B) Workload;	(F&B) Time of discharge; (B) Limited ICU and ward resources; Staffing;	(None)
Choi (2016)[26]	Adult	Follow-up	Outcome	Effective; Efficient	Adverse events, readmission, and mortality following discharge; Critical care transition program	(F&B) Patient demographic and clinical characteristics;	(F) Critical care transition program; Knowledge/	(None)	(None)

*Patient Discharge from the ICU*

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					(nurse liaison, outreach team);		experience of provider;		
Choi (2018)[27]	Adult	Follow-up	Outcome	Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Planning for discharge; Anxiety associated with discharge;	(F) Family engagement/support; (F&B) Expectations; (B) Feelings of anxiety or embarrassment;	(None)	(None)	(None)
Choi (2020)[28]	Adult	Execution	Process	Patient centered	Patient and family needs and experiences during discharge; Anxiety associated with discharge;	(F) Discharge education; Family engagement/support; (B) Patient demographic and clinical characteristics; Feelings of anxiety or embarrassment; Expectations; Physical and psychological effects of illness;	(None)	(None)	(None)
Churpek (2013)[29]	Adult	Execution	Outcome	Effective; Efficient; Timely	Adverse events, readmission, and mortality following discharge; Timeliness of discharge (time of day, delay); Resource use during discharge;	(B) Patient demographic and clinical characteristics;	(None)	(B) Impact of current discharge practices; Delay in discharge;	(None)
Coombs (2015)[30]	Adult	Planning; Execution	Process; Structure	Patient centered	Patient and family needs and experiences during discharge; Planning for discharge; Continuity of patient care; Autonomy;	(F) Provider-patient communication;	(F) Provider-provider communication;	(F) Follow-up clinic or program;	(None)

*Patient Discharge from the ICU*

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Coombs (2017)[31]	Adult	Evaluation	Process	Patient centered	Planning for discharge; Evaluating patient readiness for discharge;	(F) Patient demographic and clinical characteristics;	(None)	(F) Impact of current discharge practices;	(None)
Coon (2015)[32]	Adult	Execution	Process	Efficient	Adverse events, readmission, and mortality following discharge; Continuity of patient care; Medication reconciliation;	(None)	(F) Provider-provider communication; Written documentation; (B) Workload;	(None)	Guideline/ checklist
Correa (2018)[33]	Adult	Planning; Follow-up	Process	Effective	Evaluating patient readiness for discharge;	(F&B) Patient demographic and clinical characteristics;	(F) Clinical judgement or decision making;	(None)	(None)
Coughlin (2018)[34]	Adult	Execution; Follow-up	Process; Outcome	Safe; Timely	Adverse events, readmission, and mortality following discharge; Timeliness of discharge (time of day, delay);	(None)	(None)	(B) Time of discharge; Impact of current discharge practices; Discharge location;	(None)
Corner (2014)[35]	Adult	Follow-up	Outcome	Efficient; Safe	Adverse events, readmission, and mortality following discharge;	(B) Patient demographic and clinical characteristics;	(F) Clear roles and responsibilities;	(None)	(None)
Cypress (2013)[36]	Adult	Execution	Process	Effective	Patient and family needs and experiences during discharge;	(F) Discharge education; Expectations; (B) Patient demographic and clinical characteristics; Feelings of anxiety or embarrassment; Physical and psychological effects of illness;	(F) Collaboration between ICU and ward;	(None)	(None)



*Patient Discharge from the ICU*

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D'Angelo (2019)[37]	Adult	Execution	Process	Efficient; Safe	Standardizing the discharge process; Medication reconciliation;	(B) ICU or hospital length of stay;	(F) Clinical judgement or decision making;	(F) Guidelines or policies;	Guideline/ checklist
Darlington (2015)[38]	Adult	Evaluation; Planning	Process	Effective; Patient centered	Planning for discharge; Autonomy;	(F&B) Patient demographic and clinical characteristics;	(None)	(F) Use of best practices; Tools to facilitate discharge; (B) Impact of current discharge practices;	(None)
de Grood (2018)[39]	Adult	Planning; Execution	Structure	Efficient; Safe; Patient centered	Availability of complete and accurate discharge information; Discharge education for patients and families; Planning for discharge; Timeliness of discharge (time of day, delay); Resource use during discharge; Continuity of patient care;	(F) Provider-patient communication; Discharge education;	(F) Provider-provider communication; Critical care transition program; Collaboration between ICU and ward; Knowledge/ experience of provider; Written documentation; Clear roles and responsibilities; Provider leadership;	(F) Tools to facilitate discharge; (B) Limited ICU and ward resources; Time of discharge; Delay in discharge;	(None)
Detsky (2015)[40]	Adult	Execution	Process; Structure; Outcome	Effective; Safe	Availability of complete and accurate discharge information; Standardizing the discharge process; Adverse events, readmission, and mortality following	(None)	(F) Provider-provider communication; Collaboration between ICU and ward;	(F) Tools to facilitate discharge; (B) Impact of current discharge practices;	(None)

*Patient Discharge from the ICU*

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					discharge; Resource use during discharge; Continuity of patient care;				
Ebrahimian (2018)[41]	Adult	Evaluation	Process; Outcome	Effective; Safe	Planning for discharge; Standardizing the discharge process; Adverse events, readmission, and mortality following discharge; Evaluating patient readiness for discharge;	(F&B) Patient demographic and clinical characteristics;	(F) Clinical judgement or decision making;	(F) Tools to facilitate discharge;	(None)
Edenharter (2019)[42]	Adult	Execution	Process; Structure	Efficient; Timely	Timeliness of discharge (time of day, delay); Resource use during discharge;	(None)	(None)	(B) Limited ICU and ward resources; Impact of current discharge practices; Costs of healthcare provided; Delay in discharge; Hospital characteristics; Hospital or ICU capacity;	(None)
El Hadidi (2020)[43]	Adult	Execution	Process	Safe	Medication reconciliation;	(F) Patient demographic and clinical characteristics;	(F) Multidisciplinary team;	(F) Guidelines or policies; Use of best practices; (B) Impact of current discharge practices;	(None)
Enger (2018)[44]	Adult	Execution; Follow-up	Process; Structure; Outcome	Effective; Safe	Availability of complete and accurate discharge	(B) Feelings of anxiety or embarrassment;	(F) Provider-provider communication;	(B) Limited ICU and ward resources; (B)	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
					information; Planning for discharge; Anxiety associated with discharge; Continuity of patient care;		Collaboration between ICU and ward; Knowledge/experience of provider; (B) Workload; Provider anxiety;	Impact of current discharge practices;	
Fabes (2017)[45]	Adult	Planning; Execution; Follow-up	Structure; Outcome	Efficient; Safe	Planning for discharge; Standardizing the discharge process; Adverse events, readmission, and mortality following discharge; Evaluating patient readiness for discharge;	(B) Patient demographic and clinical characteristics;	(None)	(F) Guidelines or policies; Tools to facilitate discharge; (B) Impact of current discharge practices;	Discharge assessment
Fergusson (2020)[46]	Adult	Execution; Follow-up	Structure; Outcome	Effective; Safe	Availability of complete and accurate discharge information; Adverse events, readmission, and mortality following discharge;	(None)	(B) Workload;	(F&B) Time of discharge; (B) Hospital or ICU capacity;	(None)
Forster (2020)[47]	Adult	Follow-up	Outcome	Safe; Timely	Availability of complete and accurate discharge information; Adverse events, readmission, and mortality following discharge; Timeliness of discharge (time of day, delay);	(None)	(None)	(B) Time of discharge; Delay in discharge; Hospital characteristics; Hospital or ICU capacity;	(None)
Gantner (2014)[48]	Adult	Execution; Follow-up	Structure; Outcome	Safe; Timely	Adverse events, readmission, and mortality following discharge; Timeliness	(B) Patient demographic and clinical characteristics;	(None)	(F) Impact of current discharge practices; (F&B)	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
					of discharge (time of day, delay);			Time of discharge; (B) Costs of healthcare provided; Delay in discharge;	
Garland and Connors (2013)[49]	Adult	Follow-up	Outcome	Safe; Timely	Adverse events, readmission, and mortality following discharge; Timeliness of discharge (time of day, delay);	(B) Patient demographic and clinical characteristics;	(None)	(B) Delay in discharge; Discharge location; Hospital characteristics;	(None)
Gilbert (2017)[50]	Adult	Execution; Follow-up	Outcome	Safe	Continuity of patient care; Medication reconciliation;	(None)	(None)	(None)	(None)
Gimpel (2019)[51]	Adult	Execution; Follow-up	Outcome	Effective; Safe; Timely	Availability of complete and accurate discharge information; Planning for discharge; Timeliness of discharge (time of day, delay);	(None)	(F) Collaboration between ICU and ward; Clinical judgement or decision making;	(B) Delay in discharge;	(None)
Goldstein (2017)[52]	Adult	Planning; Execution	Structure	Efficient; Safe	Availability of complete and accurate discharge information; Planning for discharge; Resource use during discharge;	(None)	(F&B) (Lack of) Provider-provider communication;	(None)	Discharge assessment
Gotur (2018)[53]	Adult	Evaluation; Follow-up	Outcome	Efficient; Timely	Adverse events, readmission, and mortality following discharge; Evaluating patient readiness for discharge;	(B) Patient demographic and clinical characteristics;	(None)	(None)	(None)
Häggström (2014)[54]	Adult	Execution	Process	Patient centered	Patient and family needs and experiences during	(F) Provider-patient communication;	(F) Provider-provider communication;	(None)	(None)

Patient Discharge from the ICU

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					discharge; Availability of complete and accurate discharge information; Discharge education for patients and families;	Discharge education; Family engagement/support; Written communication; Expectations;	Collaboration between ICU and ward; (B) Workload;		
Hägström (2018)[55]	Adult	Execution	Process; Structure	Effective; Safe; Patient centered	Availability of complete and accurate discharge information; Critical care transition program (nurse liaison, outreach team); Evaluating patient readiness for discharge; Continuity of patient care; Discharge education for providers;	(None)	(F) Provider-provider communication; Critical care transition program; Collaboration between ICU and ward; Written documentation; Clinical judgement or decision making; Clear roles and responsibilities;	(F) Impact of current discharge practices; (B) Limited ICU and ward resources;	(None)
Hajalizadeh (2020)[56]	Adult	Planning; Execution; Follow-up	Process; Structure	Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Autonomy;	(F) Provider-patient communication; Discharge education; Family engagement/support;	(None)	(None)	(None)
Halvorson (2016)[57]	Adult	Execution	Process; Structure	Efficient; Timely	Standardizing the discharge process; Timeliness of discharge (time of day, delay); Resource use during discharge;	(None)	(None)	(F) Guidelines or policies; Tools to facilitate discharge; (B) Impact of current discharge practices; Delay in discharge;	Transfer tool

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Haraldsson (2015)[58]	Adult	Follow-up	Outcome	Patient centered	Anxiety associated with discharge; Continuity of patient care;	(B) Anxiety; (B) Feelings of anxiety or embarrassment; Physical and psychological effects of illness;	(None)	(None)	(None)
Harlan (2020)[59]	Adult	Execution; Follow-up	Outcome	Effective; Safe; Timely	Adverse events, readmission, and mortality following discharge; Evaluating patient readiness for discharge;	(B) Patient demographic and clinical characteristics;	(F) Knowledge/ experience of provider; Clinical judgement or decision making;	(F) Impact of current discharge practices; (B) Hospital or ICU capacity;	(None)
Herling (2019)[60]	Adult	Follow-up	Outcome	Patient centered	Continuity of patient care; Autonomy;	(F) Excited, joyous to be leaving ICU; (B) Feelings of anxiety or embarrassment;	(None)	(None)	(None)
Herve (2020)[61]	Adult	Evaluation; Planning; Execution; Follow-up	Structure; Outcome	Effective; Efficient; Timely	Patient and family needs and experiences during discharge; Availability of complete and accurate discharge information; Planning for discharge; Standardizing the discharge process; Adverse events, readmission, and mortality following discharge; Continuity of patient care; Medication reconciliation;	(F) Family engagement/ support; Written communication;	(F) Provider-provider communication; Written documentation; Multidisciplinary team; (B) Lack of knowledge/ experience of provider;	(F) Guidelines or policies; Use of best practices; Impact of current discharge practices; Tools to facilitate discharge; Follow-up clinic or program; (B) Limited ICU and ward resources; Time of discharge; Delay in discharge; Discharge location; Staffing; Reduction in	(None)

*Patient Discharge from the ICU*

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								technology and monitoring;	
Heselmans (2015)[62]	Adult	Execution	Process; Outcome	Effective; Safe	Adverse events, readmission, and mortality following discharge; Medication reconciliation;	(None)	(F) Clear roles and responsibilities;	(None)	Transfer tool
Hoffman (2017)[63]	Adult	Planning; Execution; Follow-up	Process; Outcome	Effective; Safe	Planning for discharge; Standardizing the discharge process; Adverse events, readmission, and mortality following discharge;	(None)	(F) Provider-provider communication; Collaboration between ICU and ward; Written documentation;	(F) Guidelines or policies; Tools to facilitate discharge;	Transfer tool
Holland (2012)[64]	Adult	Planning	Process	Patient centered	Availability of complete and accurate discharge information; Planning for discharge; Standardizing the discharge process;	(F) Patient demographic and clinical characteristics;	(F) Provider-provider communication; Written documentation;	(None)	(None)
James (2013)[65]	Adult	Evaluation; Execution	Process; Structure	Effective; Efficient	Availability of complete and accurate discharge information; Standardizing the discharge process; Anxiety associated with discharge; Critical care transition program (nurse liaison, outreach team); Discharge education for providers;	(None)	(F) Provider-provider communication; Critical care transition program; Collaboration between ICU and ward; Clinical judgement or decision making; Clear roles and responsibilities; (B) Provider anxiety;	(None)	(None)
Jensen (2019)[66]	Adult	Follow-up	Outcome	Effective; Safe	Adverse events, readmission, and	(None)	(F) Critical care transition	(None)	(None)

*Patient Discharge from the ICU*

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					mortality following discharge; Critical care transition program (nurse liaison, outreach team); Continuity of patient care;		program; Collaboration between ICU and ward; Written documentation; (F&B) (Lack of) Provider-provider communication; (Lack of) Knowledge/experience of provider;		
Jeong (2019)[67]	Adult	Follow-up	Outcome	Effective; Safe	Adverse events, readmission, and mortality following discharge;	(B) Patient demographic and clinical characteristics; ICU or hospital length of stay;	(None)	(B) Time of discharge; Impact of current discharge practices;	(None)
Jolley (2019)[68]	Adult	Execution; Follow-up	Outcome	Effective; Safe	Adverse events, readmission, and mortality following discharge; Continuity of patient care;	(B) Patient demographic and clinical characteristics;	(F) Clinical judgement or decision making;	(F&B) Discharge location;	(None)
Jonasdottir (2015)[69]	Adult	Follow-up	Outcome	Efficient	Critical care transition program (nurse liaison, outreach team); Continuity of patient care;	(None)	(F) Critical care transition program;	(None)	(None)
Jonasdottir (2018)[70]	Adult	Follow-up	Outcome	Effective; Efficient	Adverse events, readmission, and mortality following discharge; Critical care transition program (nurse liaison, outreach team); Continuity of patient care;	(B) Patient demographic and clinical characteristics;	(F) Critical care transition program; Collaboration between ICU and ward; (B) Workload; Provider anxiety;	(None)	(None)



*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
Kastrup (2013)[71]	Adult	Follow-up	Outcome	Safe; Equal	Adverse events, readmission, and mortality following discharge;	(B) Patient demographic and clinical characteristics;	(None)	(F) Admission location before ICU;	(None)
Kheir (2016)[72]	Adult	Follow-up	Process; Outcome	Effective; Safe	Adverse events, readmission, and mortality following discharge; Critical care transition program (nurse liaison, outreach team);	(None)	(F) Critical care transition program;	(None)	(None)
King (2019)[73]	Adult	Planning; Execution; Follow-up	Process; Outcome	Patient centered ; Timely	Patient and family needs and experiences during discharge; Availability of complete and accurate discharge information; Discharge education for patients and families; Planning for discharge; Anxiety associated with discharge; Continuity of patient care;	(F) Discharge education; Family engagement/ support; (B) Feelings of anxiety or embarrassment; Expectations; Physical and psychological effects of illness;	(None)	(F) Impact of current discharge practices; Discharge location;	(None)
Klepstad (2019)[74]	Adult	Follow-up	Outcome	Safe	Adverse events, readmission, and mortality following discharge;	(B) Patient demographic and clinical characteristics;	(None)	(None)	(None)
Kohn (2019)[75]	Adult	Execution; Follow-up	Outcome	Safe; Timely	Timeliness of discharge (time of day, delay); Resource use during discharge; Continuity of patient care;	(None)	(None)	(B) Limited ICU and ward resources; Delay in discharge; Discharge location;	(None)
Kram (2019)[76]	Adult	Planning	Structure; Outcome	Efficient; Safe;	Planning for discharge; Resource use during discharge;	(None)	(F) Written documentation;	(F) Tools to facilitate discharge;	Discharge letter

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
				Patient centered	Continuity of patient care; Medication reconciliation;				
Kram (2015)[77]	Adult	Follow-up	Outcome	Effective; Safe	Adverse events, readmission, and mortality following discharge; Medication reconciliation;	(None)	(F) Clear roles and responsibilities;	(None)	(None)
Kuang-Ming (2020)[78]	Adult	Follow-up	Outcome	Patient centered ; Timely	Adverse events, readmission, and mortality following discharge; Timeliness of discharge (time of day, delay); Continuity of patient care;	(B) Patient demographic and clinical characteristics; Feelings of anxiety or embarrassment;	(None)	(F&B) Hospital characteristics; (B) Time of discharge;	(None)
Küçükosman (2020)[79]	Adult	Follow-up	Outcome	Safe	Adverse events, readmission, and mortality following discharge; Resource use during discharge;	(B) Patient demographic and clinical characteristics;	(None)	(None)	(None)
Lam (2017)[80]	Adult	Follow-up	Outcome	Patient centered	Patient and family needs and experiences during discharge; Adverse events, readmission, and mortality following discharge;	(F) Family engagement/ support; Expectations;	(F) Clinical judgement or decision making;	(F&B) Discharge location;	(None)
Lau (2018)[81]	Adult	Execution	Process; Structure	Efficient; Patient centered	Standardizing the discharge process; Timeliness of discharge (time of day, delay);	(None)	(F) Collaboration between ICU and ward;	(F) Guidelines or policies; (B) Delay in discharge;	(None)
Lau (2018)[82]	Adult	Follow-up	Outcome	Safe	Adverse events, readmission, and mortality following discharge;	(B) Patient demographic and clinical characteristics; ICU or hospital length of stay;	(None)	(B) Discharge location;	(None)

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Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
Lau (2018)[83]	Adult	Follow-up	Structure; Outcome	Safe	Planning for discharge; Adverse events, readmission, and mortality following discharge; Evaluating patient readiness for discharge;	(None)	(F) Critical care transition program;	(F) Follow-up clinic or program; (F&B) Discharge location;	(None)
Lee (2017)[84]	Adult	Planning	Process	Patient centered	Patient and family needs and experiences during discharge; Availability of complete and accurate discharge information; Discharge education for patients and families; Anxiety associated with discharge;	(F) Discharge education; Written communication; (B) Feelings of anxiety or embarrassment;	(None)	(None)	Educational tool
Lekwijit (2020)[85]	Adult	Planning; Follow-up	Outcome	Efficient	Planning for discharge; Adverse events, readmission, and mortality following discharge; Continuity of patient care;	(B) Patient demographic and clinical characteristics;	(None)	(F) Use of best practices; Discharge location;	(None)
Lin (2017)[86]	Adult	Execution	Process; Structure	Effective; Efficient	Planning for discharge;	(F) Patient demographic and clinical characteristics;	(F) Provider-provider communication; Clinical judgement or decision making;	(F) Education/training of providers;	(None)
Lin (2019)[87]	Adult	Follow-up	Outcome	Safe; Timely	Adverse events, readmission, and mortality following discharge; Critical care transition program	(None)	(None)	(F) Tools to facilitate discharge;	(None)

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Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
					(nurse liaison, outreach team);				
Major (2019)[88]	Adult	Follow-up	Process; Outcome	Patient centered	Patient and family needs and experiences during discharge; Availability of complete and accurate discharge information;	(F) Family engagement/ support; (F&B) (Lack of) Provider-patient communication; (B) Feelings of anxiety or embarrassment;	(None)	(B) Discharge location;	(None)
Martin (2020)[89]	Adult	Planning; Follow-up	Process; Outcome	Patient centered	Planning for discharge;	(B) Patient demographic and clinical characteristics;	(None)	(F) Discharge location; Admission location before ICU; (B) Hospital or ICU capacity;	(None)
Martin (2015)[90]	Adult	Execution; Follow-up	Structure; Outcome	Effective; Safe	Adverse events, readmission, and mortality following discharge; Critical care transition program (nurse liaison, outreach team);	(None)	(F) Provider-provider communication; Critical care transition program; Written documentation;	(F) Tools to facilitate discharge; (F&B) Impact of current discharge practices;	Transfer tool
McCairn (2014)[91]	Adult	Execution; Follow-up	Process; Outcome	Safe; Timely	Patient and family needs and experiences during discharge; Anxiety associated with discharge; Timeliness of discharge (time of day, delay);	(B) Feelings of anxiety or embarrassment;	(None)	(B) Time of discharge;	(None)
McWilliams (2019)[92]	Adult	Evaluation; Planning; Follow-up	Process; Outcome	Effective; Safe; Patient centered	Planning for discharge; Adverse events, readmission, and mortality following discharge;	(F&B) Patient demographic and clinical characteristics;	(F) Clinical judgement or decision making;	(F) Tools to facilitate discharge;	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
					Evaluating patient readiness for discharge;				
Milton (2020)[93]	Adult	Execution; Follow-up	Outcome	Patient centered	Adverse events, readmission, and mortality following discharge; Evaluating patient readiness for discharge; Resource use during discharge;	(F&B) Patient demographic and clinical characteristics; Socioeconomic factors;	(F) Clinical judgement or decision making;	(F) Use of best practices; Tools to facilitate discharge;	Prediction tool
Milton (2018)[94]	Adult	Evaluation; Follow-up	Outcome	Patient centered	Adverse events, readmission, and mortality following discharge; Continuity of patient care;	(B) Patient demographic and clinical characteristics; Feelings of anxiety or embarrassment; Physical and psychological effects of illness;	(None)	(F) Tools to facilitate discharge;	Triage model
Mion (2020)[95]	Adult	Follow-up	Process; Outcome	Safe; Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Adverse events, readmission, and mortality following discharge; Continuity of patient care;	(F) Provider-patient communication; Discharge education; (B) Feelings of anxiety or embarrassment; Physical and psychological effects of illness;	(F) Provider-provider communication; Critical care transition program;	(None)	(None)
Moore (2013)[96]	Adult	Follow-up	Outcome	Safe	Adverse events, readmission, and mortality following discharge; Timeliness of discharge (time of day, delay);	(B) Patient demographic and clinical characteristics;	(None)	(F&B) Time of discharge;	(None)
Moreira (2017)[97]	Adult	Execution	Structure	Safe; Timely	Adverse events, readmission, and mortality following	(B) Patient demographic and	(None)	(F&B) Time of discharge;	(None)

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Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
					discharge; Timeliness of discharge (time of day, delay);	clinical characteristics;			
Morris (2016)[98]	Adult	Execution	Process	Timely	Adverse events, readmission, and mortality following discharge; Timeliness of discharge (time of day, delay);	(None)	(None)	(B) Limited ICU and ward resources; Delay in discharge;	(None)
Morton B. (2020)[99]	Adult	Follow-up	Outcome	Safe	Planning for discharge; Adverse events, readmission, and mortality following discharge;	(B) Patient demographic and clinical characteristics;	(None)	(F) Tools to facilitate discharge;	(None)
Murray (2020)[100]	Adult	Evaluation; Planning	Process; Outcome	Efficient; Safe	Planning for discharge; Evaluating patient readiness for discharge; Resource use during discharge;	(B) ICU or hospital length of stay;	(F) Provider-provider communication; Collaboration between ICU and ward; Written documentation;	(F) Tools to facilitate discharge;	Guideline/ checklist
Ng (2018)[101]	Adult	Follow-up	Outcome	Safe; Timely	Adverse events, readmission, and mortality following discharge; Timeliness of discharge (time of day, delay);	(B) Patient demographic and clinical characteristics;	(None)	(B) Admission location before ICU;	(None)
Niven (2014)[102]	Adult	Follow-up	Outcome	Safe	Adverse events, readmission, and mortality following discharge; Critical care transition program (nurse liaison, outreach team);	(None)	(F) Critical care transition program;	(None)	(None)
Ofoma (2014)[103]	Adult	Execution	Outcome	Efficient; Safe	Adverse events, readmission, and mortality following discharge; Resource use during discharge;	(B) Lack of provider-patient communication;	(None)	(B) Impact of current discharge practices;	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
Ofoma (2018)[104]	Adult	Execution	Process; Structure	Effective; Efficient	Evaluating patient readiness for discharge; Resource use during discharge; Continuity of patient care;	(B) Patient demographic and clinical characteristics; Lack of provider-patient communication;	(F) Clinical judgement or decision making; (F&B) (Lack of) Provider-provider communication;	(B) Limited ICU and ward resources; Impact of current discharge practices; Discharge location; Hospital characteristics;	(None)
Ofoma (2020)[105]	Adult	Execution; Follow-up	Process; Outcome	Efficient; Timely	Adverse events, readmission, and mortality following discharge; Timeliness of discharge (time of day, delay);	(None)	(None)	(B) Impact of current discharge practices; Costs of healthcare provided; Delay in discharge;	(None)
Oh (2015)[106]	Adult	Execution	Process	Patient centered	Patient and family needs and experiences during discharge; Anxiety associated with discharge;	(F) Family engagement/ support; (B) Feelings of anxiety or embarrassment;	(None)	(None)	(None)
Ostergaard (2019)[107]	Adult	Execution	Process	Effective	Availability of complete and accurate discharge information; Standardizing the discharge process; Resource use during discharge;	(None)	(B) Workload;	(F) Tools to facilitate discharge; (B) Limited ICU and ward resources;	(None)
Oud & Chan (2018)[108]	Adult	Execution	Structure	Safe	Standardizing the discharge process;	(F&B) Patient demographic and clinical characteristics; (B) Feelings of anxiety or embarrassment; Logistical barriers;	(None)	(B) Impact of current discharge practices; Discharge location;	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
								Hospital characteristics;	
Parentmark (2019)[109]	Adult	Execution	Process; Outcome	Safe	Adverse events, readmission, and mortality following discharge; Timeliness of discharge (time of day, delay);	(None)	(None)	(F&B) Time of discharge;	(None)
Patel (2020)[110]	Adult	Planning; Execution; Follow-up	Process; Outcome	Efficient; Safe; Patient centered	Planning for discharge; Adverse events, readmission, and mortality following discharge; Timeliness of discharge (time of day, delay);	(None)	(F) Provider-provider communication; Collaboration between ICU and ward; (B) Workload;	(F) Discharge location; (B) Delay in discharge;	(None)
Pattison (2015)[111]	Adult	Follow-up	Outcome	Effective; Patient centered	Anxiety associated with discharge;	(B) Feelings of anxiety or embarrassment; Physical and psychological effects of illness;	(None)	(None)	(None)
Peltonen (2015)[112]	Adult	Execution	Process; Structure	Efficient; Timely	Timeliness of discharge (time of day, delay); Resource use during discharge;	(None)	(B) Workload; Lack of provider-provider communication;	(B) Limited ICU and ward resources; Time of discharge; Impact of current discharge practices; Discharge location;	(None)
Peters (2017)[113]	Adult	Execution	Process; Structure	Effective; Efficient	Patient and family needs and experiences during discharge; Continuity of patient care; Medication reconciliation;	(F) Provider-patient communication;	(F) Provider-provider communication; Collaboration between ICU and ward; Written documentation;	(F) Guidelines or policies;	(None)



*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
Powell (2020)[114]	Adult	Execution	Process	Effective; Safe	Availability of complete and accurate discharge information; Standardizing the discharge process; Resource use during discharge; Continuity of patient care;	(None)	(F) Provider-provider communication; Collaboration between ICU and ward; Knowledge/experience of provider; Written documentation; (B) Workload;	(F) Guidelines or policies; Tools to facilitate discharge; (F&B) Impact of current discharge practices; (B) Delay in discharge; Hospital characteristics; Infrastructure;	Guideline/ checklist
Rai (2019)[115]	Adult	Follow-up	Outcome	Safe; Patient centered	Anxiety associated with discharge; Discharge education for providers;	(B) Patient demographic and clinical characteristics; Physical and psychological effects of illness;	(F) Collaboration between ICU and ward; Knowledge/experience of provider;	(F) Education/training of providers; (B) Limited ICU and ward resources; Discharge location;	(None)
Ramos (2014)[116]	Adult	Execution	Process; Outcome	Effective; Safe	Medication reconciliation;	(None)	(None)	(F) Use of best practices; (F&B) Impact of current discharge practices;	(None)
Ramsay (2013)[117]	Adult	Follow-up	Process	Patient centered	Patient and family needs and experiences during discharge; Availability of complete and accurate discharge information; Continuity of patient care; Autonomy;	(F) Provider-patient communication; Self-efficacy; (B) Feelings of anxiety or embarrassment; Expectations; Physical and psychological effects of illness;	(B) Workload;	(F) Follow-up clinic or program;	(None)
Ramsay (2016)[118]	Adult	Execution	Process	Effective	Patient and family needs and	(F) Provider-patient	(None)	(None)	(None)

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Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
					experiences during discharge; Continuity of patient care;	communication; Family engagement/support; Written communication;			
Ranzani (2014)[119]	Adult	Follow-up	Outcome	Safe	Adverse events, readmission, and mortality following discharge; Evaluating patient readiness for discharge;	(F&B) Patient demographic and clinical characteristics;	(None)	(F) Discharge location; Admission location before ICU;	(None)
Rath (2020)[120]	Adult	Execution; Follow-up	Process; Outcome	Patient centered	Patient and family needs and experiences during discharge; Availability of complete and accurate discharge information; Discharge education for patients and families; Continuity of patient care; Medication reconciliation;	(F) Provider-patient communication; Discharge education; Family engagement/support; (B) Patient demographic and clinical characteristics; Feelings of anxiety or embarrassment; Expectations; Physical and psychological effects of illness; ICU or hospital length of stay; Financial obstacles;	(None)	(F&B) Discharge location; (B) Time of discharge; Impact of current discharge practices; Costs of healthcare provided;	(None)
Reineck (2015)[121]	Adult	Follow-up	Outcome	Efficient; Safe	Adverse events, readmission, and mortality following discharge;	(None)	(None)	(F) Impact of current discharge practices; Hospital characteristics;	(None)
Rice (2020)[122]	Adult	Execution	Process; Outcome	Safe; Timely	Availability of complete and	(None)	(F&B) (Lack of) Provider-	(F) Education/training of	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
					accurate discharge information; Standardizing the discharge process; Adverse events, readmission, and mortality following discharge; Discharge education for providers; Medication reconciliation;		provider communication;	providers; (B) Costs of healthcare provided;	
Rizvi (2019)[123]	Adult	Follow-up	Outcome	Safe; Patient centered	Medication reconciliation;	(None)	(F) Clinical judgement or decision making;	(None)	(None)
Rojas (2018)[124]	Adult	Evaluation; Follow-up	Outcome	Safe	Adverse events, readmission, and mortality following discharge;	(F&B) Patient demographic and clinical characteristics;	(None)	(B) Impact of current discharge practices;	(None)
Safavi (2019)[125]	Adult	Execution	Process	Timely	Availability of complete and accurate discharge information; Timeliness of discharge (time of day, delay);	(None)	(F) Clinical judgement or decision making;	(F&B) Impact of current discharge practices; (B) Delay in discharge;	(None)
Sanson (2020)[126]	Adult	Evaluation; Execution; Follow-up	Process; Outcome	Safe	Adverse events, readmission, and mortality following discharge; Evaluating patient readiness for discharge; Continuity of patient care;	(B) Patient demographic and clinical characteristics;	(F) Collaboration between ICU and ward; Written documentation;	(B) Limited ICU and ward resources; Impact of current discharge practices;	(None)
Santamaria (2015)[127]	Adult	Execution	Structure; Outcome	Effective; Safe; Timely	Planning for discharge; Adverse events, readmission, and mortality following discharge; Timeliness of	(B) Patient demographic and clinical characteristics;	(None)	(F&B) Time of discharge;	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
					discharge (time of day, delay);				
Santhosh (2019)[128]	Adult	Execution	Process; Outcome	Effective; Efficient; Safe	Patient and family needs and experiences during discharge; Availability of complete and accurate discharge information; Standardizing the discharge process; Adverse events, readmission, and mortality following discharge; Resource use during discharge; Continuity of patient care;	(F) Written communication;	(F) Collaboration between ICU and ward; Knowledge/ experience of provider; Written documentation; (F&B) (Lack of) Provider-provider communication; (B) Workload;	(F) Guidelines or policies; Education/ training of providers; (F&B) Impact of current discharge practices; (B) Limited ICU and ward resources; Staffing;	(None)
Sauro (2020)[129]	Adult	Execution; Follow-up	Process; Outcome	Safe	Adverse events, readmission, and mortality following discharge; Continuity of patient care;	(None)	(F) Provider-provider communication; (B) Lack of knowledge/ experience of provider;	(B) Impact of current discharge practices; Hospital or ICU capacity;	(None)
Sayde (2020)[130]	Adult	Execution; Follow-up	Process; Outcome	Effective; Patient centered	Patient and family needs and experiences during discharge; Availability of complete and accurate discharge information; Adverse events, readmission, and mortality following discharge; Anxiety associated with discharge;	(F) Provider-patient communication; Family engagement/ support; (B) Patient demographic and clinical characteristics; Feelings of anxiety or embarrassment; Physical and	(None)	(F) Education/ training of providers; Use of best practices;	(None)

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
						psychological effects of illness;			
Sevin (2018)[131]	Adult	Follow-up	Process; Structure; Outcome	Effective; Patient centered	Discharge education for patients and families; Adverse events, readmission, and mortality following discharge; Critical care transition program (nurse liaison, outreach team); Continuity of patient care;	(F) Discharge education; (F&B) Patient demographic and clinical characteristics; (B) Physical and psychological effects of illness;	(F) Critical care transition program;	(None)	(None)
Sevin & Jackson (2019)[132]	Adult	Follow-up	Structure	Effective; Efficient; Patient centered	Adverse events, readmission, and mortality following discharge; Continuity of patient care; Discharge education for providers;	(F) Provider-patient communication; (B) Patient demographic and clinical characteristics; Feelings of anxiety or embarrassment; Physical and psychological effects of illness;	(F) Knowledge/experience of provider; (B) Lack of provider-provider communication;	(F) Follow-up clinic or program; (F&B) (Lack of) Education/training of providers; (B) Costs of healthcare provided; Discharge location;	(None)
Shimogai (2019)[133]	Adult	Evaluation; Planning; Follow-up	Process; Outcome	Effective; Safe; Patient centered	Planning for discharge; Evaluating patient readiness for discharge; Autonomy;	(F&B) Patient demographic and clinical characteristics; (B) Physical and psychological effects of illness;	(None)	(F) Follow-up clinic or program;	(None)
Siddiqui (2013)[134]	Adult	Follow-up	Outcome	Safe	Adverse events, readmission, and mortality following discharge;	(B) Patient demographic and clinical characteristics;	(None)	(None)	(None)
Sirvent (2016)[135]	Adult	Planning; Execution	Process	Efficient; Timely	Standardizing the discharge process; Timeliness of	(None)	(None)	(F) Time of discharge; Discharge	(None)

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Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
					discharge (time of day, delay); Resource use during discharge;			location; Hospital characteristics;	
Smith (2018)[136]	Adult	Execution	Outcome	Patient centered	Patient and family needs and experiences during discharge; Continuity of patient care;	(F) Family engagement/ support; Expectations;	(None)	(F) Discharge location;	(None)
Stelfox (2016)[137]	Adult	Follow-up	Outcome	Efficient; Safe	Adverse events, readmission, and mortality following discharge; Critical care transition program (nurse liaison, outreach team);	(B) Patient demographic and clinical characteristics;	(F) Critical care transition program; Multidisciplinary team;	(B) Impact of current discharge practices;	(None)
Stelfox (2017)[138]	Adult	Planning; Execution	Process; Structure	Effective; Efficient; Timely	Patient and family needs and experiences during discharge; Availability of complete and accurate discharge information; Standardizing the discharge process; Timeliness of discharge (time of day, delay); Continuity of patient care;	(F) Provider-patient communication; Written communication; Patient/ family treated as a member of healthcare team;	(F) Provider-provider communication; Collaboration between ICU and ward; Written documentation;	(B) Impact of current discharge practices; Costs of healthcare provided; Delay in discharge;	(None)
Stelfox (2018)[139]	Adult	Evaluation; Follow-up	Outcome	Efficient; Safe; Timely	Adverse events, readmission, and mortality following discharge;	(F) Patient demographic and clinical characteristics;	(None)	(F&B) Admission location before ICU; Discharge location;	(None)
Szubski (2014)[140]	Adult	Evaluation	Process	Efficient; Patient centered	Planning for discharge;	(F&B) Patient demographic and clinical characteristics;	(F) Clinical judgement or decision making;	(F) Discharge location;	Prediction tool

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Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
Taniguchi (2019)[141]	Adult	Evaluation; Follow-up	Process; Outcome	Effective; Safe	Adverse events, readmission, and mortality following discharge; Evaluating patient readiness for discharge;	(B) Patient demographic and clinical characteristics;	(F) Clinical judgement or decision making;	(F) Education/ training of providers; Tools to facilitate discharge; (B) Impact of current discharge practices;	(None)
Tully (2019)[142]	Adult	Execution	Process; Outcome	Safe; Patient centered	Availability of complete and accurate discharge information; Adverse events, readmission, and mortality following discharge; Medication reconciliation;	(None)	(F) Provider-provider communication;	(F) Use of best practices;	(None)
Uppanisakorn (2018)[143]	Adult	Follow-up	Outcome	Safe	Adverse events, readmission, and mortality following discharge;	(B) Patient demographic and clinical characteristics;	(None)	(None)	(None)
van Mol (2017)[144]	Adult	Planning; Execution	Process	Effective; Safe; Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Planning for discharge; Standardizing the discharge process; Anxiety associated with discharge; Critical care transition program (nurse liaison, outreach team);	(F) Provider-patient communication; Discharge education; Family engagement/ support; Written communication; (B) Feelings of anxiety or embarrassment; Physical and psychological effects of illness;	(F) Provider-provider communication; Critical care transition program; Collaboration between ICU and ward; (B) Workload;	(B) Limited ICU and ward resources;	(None)

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Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
van Mol (2018)[145]	Adult	Follow-up	Structure; Outcome	Safe; Patient centered	Patient and family needs and experiences during discharge; Critical care transition program (nurse liaison, outreach team); Discharge education for providers;	(F) Provider-patient communication; Discharge education;	(F) Critical care transition program;	(F) Guidelines or policies;	(None)
van Sluisveld (2017)[146]	Adult	Execution; Follow-up	Process; Outcome	Safe	Standardizing the discharge process; Adverse events, readmission, and mortality following discharge;	(None)	(F) Provider-provider communication;	(F) Use of best practices;	(None)
Vollam (2018)[147]	Adult	Execution; Follow-up	Structure; Outcome	Safe	Adverse events, readmission, and mortality following discharge; Timeliness of discharge (time of day, delay);	(None)	(None)	(F&B) Time of discharge;	(None)
Vollam (2020)[148]	Adult	Follow-up	Outcome	Effective; Safe	Adverse events, readmission, and mortality following discharge;	(None)	(None)	(F) Use of best practices; Discharge location;	(None)
Wagner (2013)[149]	Adult	Execution; Follow-up	Structure; Outcome	Safe; Timely	Adverse events, readmission, and mortality following discharge; Timeliness of discharge (time of day, delay); Resource use during discharge;	(F&B) Patient demographic and clinical characteristics;	(None)	(F&B) Impact of current discharge practices; Admission location before ICU; (B) Limited ICU and ward resources; Hospital or ICU capacity;	(None)
White (2019)[150]	Adult	Planning; Execution	Process; Structure	Safe; Patient centered	Patient and family needs and experiences during	(F) Provider-patient communication;	(F) Knowledge/experience of provider; Clinical	(F) Impact of current	(None)



*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
					discharge; Planning for discharge;	(F&B) Expectations;	judgement or decision making; Multidisciplinary team;	discharge practices;	
Won and Son (2020) [151]	Adult	Follow-up	Outcome	Patient centered	Patient and family needs and experiences during discharge; Anxiety associated with discharge;	(F) Expectations; (B) Feelings of anxiety or embarrassment;	(None)	(None)	(None)
Wood (2014)[152]	Adult	Execution	Structure	Timely	Timeliness of discharge (time of day, delay);	(None)	(None)	(F) Time of discharge;	(None)
Xing (2019)[153]	Adult	Follow-up	Process; Outcome	Efficient; Safe	Adverse events, readmission, and mortality following discharge; Timeliness of discharge (time of day, delay);	(F&B) Patient demographic and clinical characteristics;	(None)	(F) Discharge location;	(None)
Yang (2016)[154]	Adult	Execution; Follow-up	Outcome	Safe; Timely	Adverse events, readmission, and mortality following discharge; Timeliness of discharge (time of day, delay);	(None)	(None)	(B) Time of discharge; Delay in discharge;	(None)
Yun (2017)[155]	Adult	Evaluation; Planning; Execution	Process; Structure	Effective	Patient and family needs and experiences during discharge; Planning for discharge; Critical care transition program (nurse liaison, outreach team); Evaluating patient readiness for discharge;	(F) Patient demographic and clinical characteristics; Family engagement/ support; (B) Feelings of anxiety or embarrassment;	(F) Critical care transition program;	(None)	Guideline/ checklist
Zaidi (2019)[156]	Adult	Evaluation; Follow-up	Outcome	Safe	Standardizing the discharge process; Evaluating patient	(F) Patient demographic and	(None)	(F) Discharge location;	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
					readiness for discharge;	clinical characteristics;			
Zilahi & O'Connor (2019)[157]	Adult	Execution; Follow-up	Process	Effective; Patient centered	Continuity of patient care;	(B) Feelings of anxiety or embarrassment;	(F) Written documentation; Clear roles and responsibilities; Multidisciplinary team; (F&B) (Lack of) Provider-provider communication;	(F) Hospital characteristics; (B) Impact of current discharge practices;	(None)
Tiruvoipati (2017)[158]	Adult; Pediatric	Execution	Structure	Timely	Timeliness of discharge (time of day, delay);	(B) Patient demographic and clinical characteristics;	(None)	(B) Time of discharge; Impact of current discharge practices;	(None)
van Sluisveld (2015)[159]	Adult; Pediatric	Planning; Execution; Follow-up	Process; Outcome	Effective; Efficient; Safe; Timely	Availability of complete and accurate discharge information; Planning for discharge; Standardizing the discharge process; Adverse events, readmission, and mortality following discharge; Critical care transition program (nurse liaison, outreach team); Continuity of patient care;	(None)	(F) Critical care transition program; Written documentation; (B) Lack of provider-provider communication;	(F) Tools to facilitate discharge;	(None)
van Sluisveld (2017)[160]	Adult; Pediatric	Planning; Execution	Process; Structure	Effective; Efficient; Patient centered	Patient and family needs and experiences during discharge; Availability of complete and	(F) Provider-patient communication;	(F) Provider-provider communication; Collaboration between ICU and	(F) Guidelines or policies; Tools to facilitate discharge; (B)	(None)

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
					accurate discharge information; Planning for discharge; Standardizing the discharge process; Resource use during discharge; Medication reconciliation;		ward; Written documentation; (B) Workload; Lack of knowledge/ experience of provider;	Limited ICU and ward resources; Impact of current discharge practices; Costs of healthcare provided; Hospital characteristics; Infrastructure; Lack of education/ training of providers;	
Herbst (2018)[161]	Adult; Pediatric; Neonatal	Planning; Execution; Follow-up	Process; Structure	Effective; Efficient; Safe; Patient centered ; Timely	Patient and family needs and experiences during discharge; Discharge education for patients and families; Standardizing the discharge process; Adverse events, readmission, and mortality following discharge; Timeliness of discharge (time of day, delay); Critical care transition program (nurse liaison, outreach team); Evaluating patient readiness for discharge; Resource use during discharge; Continuity of patient care; Medication reconciliation;	(F) Patient demographic and clinical characteristics; Provider-patient communication; Discharge education; Family engagement/ support; Written communication;	(F) Provider-provider communication; Critical care transition program; Collaboration between ICU and ward; Knowledge/ experience of provider; Clinical judgement or decision making;	(F) Guidelines or policies; Use of best practices; Tools to facilitate discharge; (B) Delay in discharge; Discharge location;	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
Li (2015)[162]	Adult; Pediatric; Neonatal	Execution	Process; Structure	Effective; Efficient	Availability of complete and accurate discharge information; Timeliness of discharge (time of day, delay); Continuity of patient care;	(F) Provider-patient communication; Family engagement/support; Written communication;	(F) Provider-provider communication; Collaboration between ICU and ward;	(None)	(None)
Alali (2019)[163]	Pediatric	Planning; Execution; Follow-up	Process; Structure; Outcome	Efficient; Safe; Timely	Planning for discharge; Standardizing the discharge process; Timeliness of discharge (time of day, delay); Evaluating patient readiness for discharge;	(None)	(F) Provider-provider communication; Collaboration between ICU and ward; Written documentation;	(F) Guidelines or policies; Education/training of providers; Tools to facilitate discharge; (F&B) Impact of current discharge practices; (B) Delay in discharge;	(None)
Baker (2016)[164]	Pediatric	Evaluation; Planning; Execution	Process	Efficient; Patient centered	Discharge education for patients and families; Standardizing the discharge process; Evaluating patient readiness for discharge; Discharge education for providers;	(F) Discharge education; (B) Patient demographic and clinical characteristics;	(None)	(F) Guidelines or policies; Use of best practices; Tools to facilitate discharge;	Educational tool
Bedford & Bench (2018)[165]	Pediatric	Execution	Process; Outcome	Effective; Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Adverse events, readmission, and mortality following discharge;	(F) Provider-patient communication; Discharge education; Family engagement/support; (B) Patient demographic and	(None)	(None)	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
					Anxiety associated with discharge; Continuity of patient care;	clinical characteristics; Feelings of anxiety or embarrassment; Physical and psychological effects of illness;			
Berube (2014)[166]	Pediatric	Execution	Process; Structure	Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Anxiety associated with discharge; Evaluating patient readiness for discharge;	(F) Provider-patient communication; Discharge education; Family engagement/support; (B) Feelings of anxiety or embarrassment;	(None)	(None)	(None)
Crowe (2020)[167]	Pediatric	Execution; Follow-up	Structure; Outcome	Safe; Patient centered	Patient and family needs and experiences during discharge; Anxiety associated with discharge; Autonomy;	(F) Discharge education; Family engagement/support; Patient/family treated as a member of healthcare team; (B) Feelings of anxiety or embarrassment; Expectations; Logistical barriers;	(None)	(B) Impact of current discharge practices;	(None)
De la Oliva (2018)[168]	Pediatric	Evaluation; Execution	Structure	Efficient; Safe; Timely	Planning for discharge; Standardizing the discharge process; Timeliness of discharge (time of day, delay); Evaluating patient readiness for discharge; Resource use during discharge;	(F&B) Patient demographic and clinical characteristics;	(F) Provider-provider communication;	(F) Guidelines or policies; (B) Delay in discharge;	Guideline/ checklist

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
Ertugrul (2017)[169]	Pediatric	Execution; Follow-up	Structure; Outcome	Safe	Adverse events, readmission, and mortality following discharge;	(None)	(F) Clinical judgement or decision making;	(F) Impact of current discharge practices; Discharge location;	(None)
Foster (2019)[170]	Pediatric	Follow-up	Process	Patient centered	Patient and family needs and experiences during discharge; Anxiety associated with discharge; Continuity of patient care;	(F) Family engagement/ support;	(F) Critical care transition program;	(F) Tools to facilitate discharge;	(None)
Frankel (2019)[171]	Pediatric	Evaluation; Follow-up	Structure	Effective; Efficient; Safe	Availability of complete and accurate discharge information; Planning for discharge; Standardizing the discharge process; Resource use during discharge;	(F) Provider-patient communication; Family engagement/ support;	(F) Provider-provider communication; Collaboration between ICU and ward; Written documentation;	(F) Guidelines or policies; Education/ training of providers; Use of best practices; Impact of current discharge practices; Follow-up clinic or program;	(None)
Garcia (2020)[172]	Pediatric	Planning	Outcome	Patient centered	Patient and family needs and experiences during discharge; Planning for discharge; Evaluating patient readiness for discharge;	(F) Provider-patient communication;	(F) Provider-provider communication; Critical care transition program; Multidisciplinary team;	(F) Guidelines or policies; Use of best practices; Discharge location;	(None)
Goldstein (2019)[173]	Pediatric	Planning; Execution; Follow-up	Process	Effective; Safe; Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients	(F) Discharge education; Expectations;	(F) Knowledge/ experience of provider;	(None)	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
					and families; Planning for discharge;				
Graham (2019)[174]	Pediatric	Execution	Structure	Effective; Patient centered	Patient and family needs and experiences during discharge; Availability of complete and accurate discharge information; Discharge education for patients and families; Anxiety associated with discharge; Critical care transition program (nurse liaison, outreach team); Discharge education for providers;	(F) Provider-patient communication; Discharge education; Family engagement/support; (B) Feelings of anxiety or embarrassment;	(F) Critical care transition program;	(F) Discharge location;	(None)
Kennedy & Numa (2020)[175]	Pediatric	Evaluation; Execution	Process	Efficient; Safe; Timely	Timeliness of discharge (time of day, delay); Evaluating patient readiness for discharge;	(None)	(None)	(F&B) Time of discharge; Discharge location; (B) Limited ICU and ward resources; Delay in discharge; Admission location before ICU;	(None)
Kroeger (2017)[176]	Pediatric	Planning; Follow-up	Outcome	Effective; Safe	Planning for discharge; Adverse events, readmission, and mortality following discharge; Evaluating patient readiness for discharge;	(B) Patient demographic and clinical characteristics; ICU or hospital length of stay;	(None)	(B) Hospital characteristics; Hospital or ICU capacity;	(None)

Patient Discharge from the ICU

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
Kulesa (2020)[177]	Pediatric	Evaluation; Planning; Execution	Process	Efficient; Patient centered	Planning for discharge; Standardizing the discharge process; Evaluating patient readiness for discharge; Resource use during discharge; Continuity of patient care;	(None)	(F) Provider-provider communication; Collaboration between ICU and ward; Written documentation; Clinical judgement or decision making;	(F) Tools to facilitate discharge; (B) Impact of current discharge practices;	Guideline/ checklist
Leyenaar (2016)[178]	Pediatric	Follow-up	Outcome	Effective; Safe	Adverse events, readmission, and mortality following discharge; Timeliness of discharge (time of day, delay); Resource use during discharge;	(None)	(F) Provider-provider communication; Collaboration between ICU and ward; Written documentation;	(F&B) Impact of current discharge practices; (B) Delay in discharge;	(None)
Lobos (2015)[179]	Pediatric	Execution; Follow-up	Process; Outcome	Effective; Efficient	Critical care transition program (nurse liaison, outreach team); Continuity of patient care;	(F) Patient demographic and clinical characteristics;	(F) Critical care transition program;	(F) Impact of current discharge practices;	(None)
Manente (2017)[180]	Pediatric	Planning	Structure	Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Planning for discharge;	(F) Discharge education; Written communication; (B) Feelings of anxiety or embarrassment;	(None)	(F) Tools to facilitate discharge;	Transfer brochure
Moore (2015)[181]	Pediatric	Execution	Process	Effective; Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Continuity of patient care; Autonomy;	(F) Provider-patient communication; Discharge education;	(F) Provider-provider communication;	(F) Use of best practices;	(None)



*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
Neupane (2015)[182]	Pediatric	Planning; Follow-up	Process; Structure	Effective; Patient centered	Planning for discharge; Adverse events, readmission, and mortality following discharge; Evaluating patient readiness for discharge; Continuity of patient care;	(F) Patient demographic and clinical characteristics; Provider-patient communication; Family engagement/support;	(F) Provider-provider communication; Critical care transition program; Clear roles and responsibilities;	(F) Discharge location;	Guideline/checklist
Noje (2015)[183]	Pediatric	Execution	Process; Structure	Effective; Safe; Patient centered	Patient and family needs and experiences during discharge;	(F) Family engagement/support;	(F) Empathy;	(F&B) Discharge location;	(None)
Obas (2016)[184]	Pediatric	Execution	Process	Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Planning for discharge; Continuity of patient care;	(F) Provider-patient communication; Discharge education; (F&B) Expectations; (B) Feelings of anxiety or embarrassment;	(F) Collaboration between ICU and ward;	(None)	(None)
Orenstein (2019)[185]	Pediatric	Planning; Execution	Structure	Effective; Safe; Patient centered	Availability of complete and accurate discharge information; Planning for discharge; Standardizing the discharge process; Timeliness of discharge (time of day, delay); Evaluating patient readiness for discharge; Resource use during discharge; Discharge education for providers;	(None)	(F) Provider-provider communication; Knowledge/experience of provider; Written documentation;	(F) Education/training of providers; Tools to facilitate discharge; (B) Impact of current discharge practices;	(None)
Sheth (2016)[186]	Pediatric	Execution	Process; Structure	Efficient; Safe	Standardizing the discharge process;	(None)	(F) Provider-provider	(F) Guidelines or policies;	Transfer tool

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
							communication; Collaboration between ICU and ward;	Education/training of providers; (B) Impact of current discharge practices;	
Smith (2018)[187]	Pediatric	Follow-up	Outcome	Safe	Adverse events, readmission, and mortality following discharge;	(F&B) Patient demographic and clinical characteristics;	(None)	(None)	(None)
Sobotka (2020)[188]	Pediatric	Execution	Structure	Effective; Safe	Continuity of patient care; Discharge education for providers;	(None)	(F) Provider-provider communication; (F&B) (Lack of) Knowledge/experience of provider;	(F) Education/training of providers; (B) Impact of current discharge practices;	(None)
Vollmer (2013)[189]	Pediatric	Planning; Execution	Process	Efficient; Timely	Availability of complete and accurate discharge information; Standardizing the discharge process; Continuity of patient care;	(None)	(F) Written documentation; (F&B) (Lack of) Provider-provider communication;	(F) Guidelines or policies;	(None)
Warrick (2015)[190]	Pediatric	Execution	Process	Effective; Safe	Standardizing the discharge process; Discharge education for providers;	(None)	(F) Provider-provider communication; Written documentation; Clear roles and responsibilities;	(F) Education/training of providers; Impact of current discharge practices;	(None)
Barone (2020)[191]	Pediatric; Neonatal	Follow-up	Process; Outcome	Patient centered	Patient and family needs and experiences during discharge; Anxiety associated with	(F) Provider-patient communication; Discharge education; Family engagement/	(None)	(F) Education/training of providers; Follow-up clinic or program;	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
					discharge; Continuity of patient care;	support; (B) Patient demographic and clinical characteristics; Feelings of anxiety or embarrassment;			
Morton K. (2019)[192]	Pediatric; Neonatal	Planning; Execution	Process; Structure	Patient centered	Patient and family needs and experiences during discharge; Autonomy;	(B) Expectations; Lack of provider-patient communication;	(B) Provider anxiety;	(F) Follow-up clinic or program; (B) Discharge location;	(None)
Amirani (2018)[193]	Neonatal	Planning	Process	Patient centered	Discharge education for patients and families; Planning for discharge;	(F) Discharge education; Self-efficacy;	(None)	(None)	(None)
Aydon (2017)[194]	Neonatal	Planning; Execution	Process	Patient centered	Patient and family needs and experiences during discharge; Availability of complete and accurate discharge information; Discharge education for patients and families; Planning for discharge; Anxiety associated with discharge; Autonomy;	(F) Provider-patient communication; Discharge education; Family engagement/support; Patient/family treated as a member of healthcare team; Self-efficacy; (B) Feelings of anxiety or embarrassment;	(None)	(None)	(None)
Bapat (2016)[195]	Neonatal	Execution; Follow-up	Process; Outcome	Effective; Safe; Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Planning for discharge; Adverse events, readmission, and mortality following discharge;	(F) Discharge education; (F&B) Patient demographic and clinical characteristics; (B) ICU or hospital length of stay; Financial obstacles;	(None)	(None)	Guideline/ checklist

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
Barkemeyer (2015)[196]	Neonatal	Evaluation; Planning; Execution; Follow-up	Process; Outcome	Safe	Planning for discharge; Evaluating patient readiness for discharge; Continuity of patient care;	(F) Provider-patient communication; (B) Patient demographic and clinical characteristics;	(None)	(F) Use of best practices;	(None)
Bathie (2013)[197]	Neonatal	Execution	Process	Effective; Patient centered	Critical care transition program (nurse liaison, outreach team); Evaluating patient readiness for discharge; Continuity of patient care;	(F) Discharge education; Family engagement/support;	(F) Critical care transition program;	(None)	Guideline/ checklist
Berman (2019)[198]	Neonatal	Evaluation; Planning; Follow-up	Process; Outcome	Effective; Safe; Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Planning for discharge; Anxiety associated with discharge; Evaluating patient readiness for discharge; Continuity of patient care;	(F) Provider-patient communication; Discharge education; Family engagement/support; (F&B) Expectations; (B) Feelings of anxiety or embarrassment;	(F) Provider-provider communication;	(None)	(None)
Bos (2018)[199]	Neonatal	Planning; Follow-up	Process; Outcome	Effective; Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Planning for discharge; Anxiety associated with discharge;	(F) Discharge education; Family engagement/support;	(None)	(None)	(None)
Boss & Hobbs (2013)[200]	Neonatal	Execution; Follow-up	Process; Outcome	Effective; Safe; Patient centered	Adverse events, readmission, and mortality following	(F) Patient demographic and clinical characteristics;	(None)	(B) Costs of healthcare provided;	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
					discharge; Continuity of patient care;	Family engagement/support;			
Bowles (2016)[201]	Neonatal	Evaluation; Planning	Process	Efficient; Safe; Patient centered	Discharge education for patients and families; Planning for discharge; Continuity of patient care;	(F) Provider-patient communication; Discharge education; Family engagement/support;	(None)	(F) Tools to facilitate discharge;	Guideline/checklist
Boykova (2016)[202]	Neonatal	Planning; Follow-up	Outcome	Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families;	(F) Discharge education; (B) Expectations;	(None)	(B) Costs of healthcare provided;	(None)
Brodsgaard (2015)[203]	Neonatal	Planning; Execution; Follow-up	Process; Structure	Effective; Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Planning for discharge; Standardizing the discharge process; Anxiety associated with discharge;	(F) Family engagement/support; Written communication; Expectations;	(F) Provider-provider communication; Clear roles and responsibilities;	(F) Tools to facilitate discharge;	Guideline/checklist
Buck (2020)[204]	Neonatal	Evaluation	Process	Patient centered	Patient and family needs and experiences during discharge; Evaluating patient readiness for discharge;	(F) Discharge education; Family engagement/support; (F&B) Patient demographic and clinical characteristics; (B) Feelings of anxiety or embarrassment; Expectations;	(None)	(F) Tools to facilitate discharge;	Discharge assessment

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
Burgoa-Larrañaga (2015)[205]	Neonatal	Execution; Follow-up	Process; Outcome	Effective; Safe	Adverse events, readmission, and mortality following discharge;	(F) Provider-patient communication;	(None)	(F) Impact of current discharge practices;	(None)
Burnham (2013)[206]	Neonatal	Planning	Process	Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Anxiety associated with discharge;	(F) Discharge education; (B) Feelings of anxiety or embarrassment;	(None)	(None)	(None)
Carlos (2015)[207]	Neonatal	Execution	Process	Patient centered	Standardizing the discharge process; Continuity of patient care;	(F&B) Patient demographic and clinical characteristics;	(None)	(F) Hospital characteristics;	(None)
Carty (2018)[208]	Neonatal	Planning	Structure	Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families;	(F) Provider-patient communication; Discharge education;	(None)	(None)	Peer support program
Chen (2016)[209]	Neonatal	Planning	Structure	Patient centered	Discharge education for patients and families;	(F) Discharge education;	(None)	(None)	Educational tool
Coughlin (2020)[210]	Neonatal	Execution	Process	Effective	Standardizing the discharge process;	(None)	(None)	(F) Use of best practices; Impact of current discharge practices;	(None)
Cresi (2020)[211]	Neonatal	Evaluation; Execution	Process; Outcome	Effective; Safe	Adverse events, readmission, and mortality following discharge; Evaluating patient readiness for discharge;	(F) Patient demographic and clinical characteristics;	(None)	(F) Tools to facilitate discharge;	Discharge assessment

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
Daicampi (2019)[212]	Neonatal	Evaluation; Execution	Process	Effective; Safe	Evaluating patient readiness for discharge;	(F&B) Patient demographic and clinical characteristics; (B) ICU or hospital length of stay;	(None)	(F) Use of best practices; Time of discharge; Impact of current discharge practices; Tools to facilitate discharge; (B) Delay in discharge;	(None)
Driscoll (2014)[213]	Neonatal	Execution	Structure	Efficient; Timely	Availability of complete and accurate discharge information;	(None)	(F) Provider-provider communication; Written documentation;	(None)	(None)
Enlow (2014)[214]	Neonatal	Planning; Execution; Follow-up	Process; Outcome	Patient centered	Patient and family needs and experiences during discharge;	(F) Provider-patient communication; (B) Patient demographic and clinical characteristics;	(None)	(None)	(None)
Enlow (2017)[215]	Neonatal	Execution; Follow-up	Process	Patient centered ; Equal	Patient and family needs and experiences during discharge; Anxiety associated with discharge;	(F) Family engagement/ support; (B) Feelings of anxiety or embarrassment; Expectations;	(None)	(F) Education/ training of providers;	(None)
Enlow (2019)[216]	Neonatal	Planning	Process	Patient centered	Discharge education for patients and families;	(F) Discharge education; (B) Feelings of anxiety or embarrassment;	(None)	(None)	(None)
Ermarth (2019)[217]	Neonatal	Follow-up	Outcome	Effective; Safe	Adverse events, readmission, and mortality following discharge; Evaluating patient readiness for discharge;	(F) Patient demographic and clinical characteristics;	(None)	(F) Discharge location;	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
Feehan (2020)[218]	Neonatal	Execution	Process	Effective	Patient and family needs and experiences during discharge; Critical care transition program (nurse liaison, outreach team); Continuity of patient care;	(F) Discharge education; Family engagement/support;	(F) Critical care transition program; Multidisciplinary team;	(F) Tools to facilitate discharge;	Transfer tool
Fleming (2017)[219]	Neonatal	Planning	Process	Efficient; Patient centered	Planning for discharge; Evaluating patient readiness for discharge;	(None)	(None)	(F) Guidelines or policies;	Guideline/ checklist
Gad (2017)[220]	Neonatal	Follow-up	Process	Efficient; Patient centered ; Timely	Availability of complete and accurate discharge information; Standardizing the discharge process; Discharge education for providers;	(F) Patient demographic and clinical characteristics; Family engagement/support;	(F) Provider-provider communication; Knowledge/experience of provider; Written documentation; Clinical judgement or decision making;	(F) Tools to facilitate discharge;	(None)
Garfield (2014)[221]	Neonatal	Planning; Execution; Follow-up	Process; Outcome	Safe	Patient and family needs and experiences during discharge; Planning for discharge; Anxiety associated with discharge; Autonomy;	(F) Provider-patient communication; Coping mechanisms; (B) Patient demographic and clinical characteristics; Feelings of anxiety or embarrassment; Expectations;	(F) Provider-provider communication;	(None)	(None)
Giúdice (2018)[222]	Neonatal	Evaluation; Planning; Execution	Process	Safe; Patient centered	Patient and family needs and experiences during	(F) Discharge education; (B)	(F) Provider-provider communication;	(F) Guidelines or policies;	Guideline/ checklist



*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
					discharge; Planning for discharge; Evaluating patient readiness for discharge; Continuity of patient care;	Feelings of anxiety or embarrassment;	Written documentation;		
Goldin (2020)[223]	Neonatal	Evaluation	Structure	Effective; Efficient	Availability of complete and accurate discharge information; Standardizing the discharge process; Timeliness of discharge (time of day, delay); Evaluating patient readiness for discharge; Resource use during discharge;	(None)	(F) Knowledge/ experience of provider; Clinical judgement or decision making;	(F) Guidelines or policies; Education/ training of providers; Use of best practices; (B) Costs of healthcare provided;	(None)
Granero-Molina (2019)[224]	Neonatal	Execution; Follow-up	Process; Outcome	Patient centered	Patient and family needs and experiences during discharge; Anxiety associated with discharge;	(F) Expectations; (B) Patient demographic and clinical characteristics; Feelings of anxiety or embarrassment; Logistical barriers;	(F) Critical care transition program;	(None)	(None)
Gupta (2019)[225]	Neonatal	Evaluation; Planning	Process; Structure	Effective; Patient centered	Patient and family needs and experiences during discharge; Planning for discharge; Anxiety associated with discharge; Evaluating patient readiness for discharge;	(F) Provider-patient communication; Discharge education; Family engagement/ support; (B) Feelings of anxiety or embarrassment;	(None)	(None)	(None)
Hobbs (2017)[226]	Neonatal	Follow-up	Outcome	Effective; Safe; Patient centered	Patient and family needs and experiences during discharge; Availability	(F) Provider-patient communication; Written	(None)	(F) Education/ training of providers;	(None)

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
					of complete and accurate discharge information; Discharge education for patients and families; Anxiety associated with discharge; Continuity of patient care;	communication; Coping mechanisms; (B) Feelings of anxiety or embarrassment; Expectations;			
Ingram (2016)[227]	Neonatal	Planning	Process	Patient centered	Discharge education for patients and families; Planning for discharge; Evaluating patient readiness for discharge;	(F) Provider-patient communication; Discharge education; Expectations;	(None)	(None)	Discharge assessment
Jefferies (2014)[228]	Neonatal	Evaluation; Planning	Process	Effective; Safe; Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Planning for discharge; Evaluating patient readiness for discharge;	(F) Provider-patient communication; Discharge education; Family engagement/support; Written communication; (B) Patient demographic and clinical characteristics; Socioeconomic factors;	(F) Provider-provider communication; Written documentation;	(F) Follow-up clinic or program;	(None)
Kim (2017)[229]	Neonatal	Follow-up	Outcome	Effective; Safe	Adverse events, readmission, and mortality following discharge; Resource use during discharge;	(F) Patient demographic and clinical characteristics;	(None)	(F) Impact of current discharge practices;	(None)
Lakshmanan (2019)[230]	Neonatal	Execution	Structure	Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients	(F) Provider-patient communication; Discharge education; Family	(None)	(F) Discharge location;	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
					and families; Anxiety associated with discharge; Autonomy;	engagement/ support; (B) Patient demographic and clinical characteristics; Feelings of anxiety or embarrassment; Financial obstacles;			
Lau (2019)[231]	Neonatal	Execution	Structure	Safe; Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Anxiety associated with discharge;	(F) Provider-patient communication; Discharge education; (B) Feelings of anxiety or embarrassment; Financial obstacles; Logistical barriers;	(None)	(None)	(None)
Lee (2019)[232]	Neonatal	Follow-up	Outcome	Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Adverse events, readmission, and mortality following discharge; Autonomy;	(F) Family engagement/ support; (B) Feelings of anxiety or embarrassment;	(None)	(B) Discharge location;	(None)
Litt (2018)[233]	Neonatal	Follow-up	Process	Effective; Patient centered	Standardizing the discharge process; Adverse events, readmission, and mortality following discharge; Anxiety associated with discharge; Resource use during discharge;	(F) Provider-patient communication;	(F) Critical care transition program;	(None)	(None)
Lovejoy-Bluem (2014)[234]	Neonatal	Planning	Process	Patient centered	Patient and family needs and	(F) Discharge education; Family	(F) Critical care transition	(B) Infrastructure;	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
					experiences during discharge; Discharge education for patients and families; Planning for discharge; Evaluating patient readiness for discharge;	engagement/ support;	program; Knowledge/ experience of provider;		
Lundberg (2016)[235]	Neonatal	Evaluation; Follow-up	Process; Outcome	Safe; Patient centered	Adverse events, readmission, and mortality following discharge; Evaluating patient readiness for discharge;	(B) Patient demographic and clinical characteristics; Feelings of anxiety or embarrassment;	(F) Knowledge/ experience of provider;	(None)	(None)
McGowan (2017)[236]	Neonatal	Evaluation; Follow-up	Process; Outcome	Patient centered ; Equal	Patient and family needs and experiences during discharge; Discharge education for patients and families; Anxiety associated with discharge; Critical care transition program (nurse liaison, outreach team); Evaluating patient readiness for discharge;	(F) Discharge education; (F&B) Patient demographic and clinical characteristics; (B) Feelings of anxiety or embarrassment; Expectations; Lack of familial support;	(F) Critical care transition program;	(F) Tools to facilitate discharge;	(None)
McGowan (2019)[237]	Neonatal	Planning	Process	Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Planning for discharge; Anxiety associated with discharge; Evaluating patient readiness for discharge;	(F) Provider-patient communication; Family engagement/ support; (B) Patient demographic and clinical characteristics;	(None)	(None)	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
						Feelings of anxiety or embarrassment;			
Moyer (2014)[238]	Neonatal	Planning; Execution; Follow-up	Process; Structure; Outcome	Safe; Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Planning for discharge; Adverse events, readmission, and mortality following discharge; Critical care transition program (nurse liaison, outreach team);	(F) Provider-patient communication; Discharge education; Written communication;	(None)	(None)	(None)
Murphy & Ehrhitz (2020)[239]	Neonatal	Execution	Process; Structure	Safe; Patient centered	Patient and family needs and experiences during discharge; Continuity of patient care; Discharge education for providers;	(F) Discharge education;	(F) Provider-provider communication; Collaboration between ICU and ward;	(None)	(None)
Murray (2016)[240]	Neonatal	Execution	Process	Safe; Patient centered	Discharge education for patients and families; Adverse events, readmission, and mortality following discharge; Continuity of patient care; Autonomy;	(F) Provider-patient communication; Discharge education;	(None)	(F) Education/training of providers;	(None)
Noble (2018)[241]	Neonatal	Evaluation; Execution	Process	Effective	Patient and family needs and experiences during discharge; Planning for discharge; Evaluating patient readiness for discharge;	(F) Patient demographic and clinical characteristics; Family engagement/support;	(None)	(F) Use of best practices; Tools to facilitate discharge;	Guideline/checklist

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
Osorio (2017)[242]	Neonatal	Execution	Process	Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Anxiety associated with discharge;	(F) Provider-patient communication; Discharge education; Family engagement/support; Written communication; Excited, joyous to be leaving ICU; (F&B) Patient demographic and clinical characteristics; (B) Feelings of anxiety or embarrassment; Expectations; Logistical barriers;	(F) Provider-provider communication;	(None)	(None)
Peacock (2014)[243]	Neonatal	Execution	Process	Efficient; Patient centered	Planning for discharge; Standardizing the discharge process;	(None)	(F) Provider-provider communication; Written documentation;	(F) Guidelines or policies;	(None)
Peyrovi (2016)[244]	Neonatal	Planning	Process; Outcome	Effective; Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Planning for discharge; Evaluating patient readiness for discharge; Resource use during discharge; Autonomy;	(F) Provider-patient communication; Discharge education; Family engagement/support; Written communication;	(None)	(None)	(None)
Pineda (2020)[245]	Neonatal	Follow-up	Structure; Outcome	Effective; Efficient	Critical care transition program (nurse liaison, outreach)	(None)	(F) Critical care transition program;	(F) Follow-up clinic or program; (B) Costs of	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
					team); Resource use during discharge;			healthcare provided;	
Purdy (2015)[246]	Neonatal	Planning; Follow-up	Process	Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Planning for discharge; Resource use during discharge;	(F) Provider-patient communication; Discharge education; Family engagement/ support;	(None)	(None)	(None)
Quinn (2017)[247]	Neonatal	Planning	Process	Safe; Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Standardizing the discharge process;	(F) Discharge education; Family engagement/ support; Expectations;	(None)	(F) Guidelines or policies;	(None)
Raffray (2014)[248]	Neonatal	Planning; Execution	Process; Structure	Patient centered ; Equal	Patient and family needs and experiences during discharge; Discharge education for patients and families; Planning for discharge; Continuity of patient care;	(F) Provider-patient communication; Discharge education; (B) Patient demographic and clinical characteristics; Socioeconomic factors;	(F) Knowledge/ experience of provider;	(F) Education/ training of providers; Follow-up clinic or program;	(None)
Raines (2013)[249]	Neonatal	Execution	Process	Patient centered	Patient and family needs and experiences during discharge; Anxiety associated with discharge;	(F) Provider-patient communication; Family engagement/ support; (B) Feelings of anxiety or embarrassment;	(None)	(None)	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
Raines (2013)[250]	Neonatal	Follow-up	Outcome	Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Planning for discharge;	(F) Provider-patient communication; Discharge education; Family engagement/support; Expectations; (B) Feelings of anxiety or embarrassment;	(None)	(None)	(None)
Raines (2017)[251]	Neonatal	Planning	Process	Safe; Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Planning for discharge; Anxiety associated with discharge;	(F) Discharge education; Family engagement/support; Expectations;	(None)	(F) Tools to facilitate discharge;	Educational tool
Reichert (2014)[252]	Neonatal	Planning	Process; Structure	Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Planning for discharge;	(F) Provider-patient communication; Discharge education; Family engagement/support; Expectations;	(F) Written documentation;	(F) Tools to facilitate discharge;	Guideline/checklist
Sabzevari (2019)[253]	Neonatal	Planning	Structure	Safe; Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Planning for discharge; Autonomy;	(F) Discharge education; Family engagement/support; Expectations;	(None)	(None)	(None)
Schell (2016)[254]	Neonatal	Follow-up	Outcome	Safe	Adverse events, readmission, and mortality following discharge;	(B) Patient demographic and clinical characteristics;	(None)	(None)	(None)



*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
						Socioeconomic factors;			
Serlachius (2018)[255]	Neonatal	Planning; Execution	Process	Patient centered	Patient and family needs and experiences during discharge; Availability of complete and accurate discharge information; Planning for discharge; Anxiety associated with discharge; Autonomy;	(F) Provider-patient communication; Written communication; (B) Expectations; Lack of provider-patient communication; Feelings of lack of control;	(None)	(None)	(None)
Setiawan (2019)[256]	Neonatal	Planning; Execution; Follow-up	Process; Outcome	Effective; Patient centered	Patient and family needs and experiences during discharge; Availability of complete and accurate discharge information; Discharge education for patients and families; Planning for discharge; Anxiety associated with discharge; Critical care transition program (nurse liaison, outreach team); Continuity of patient care;	(F) Provider-patient communication; Discharge education; Family engagement/support; Written communication; (B) Patient demographic and clinical characteristics; Feelings of anxiety or embarrassment;	(None)	(None)	(None)
Syedfarajollah (2018)[257]	Neonatal	Planning; Execution	Process; Structure	Effective; Efficient	Discharge education for patients and families; Planning for discharge; Standardizing the discharge process; Evaluating patient	(F) Discharge education;	(F) Written documentation;	(F) Tools to facilitate discharge;	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
					readiness for discharge;				
Smith (2020)[258]	Neonatal	Evaluation; Planning; Execution	Process; Structure	Effective	Patient and family needs and experiences during discharge; Availability of complete and accurate discharge information; Discharge education for patients and families; Planning for discharge; Standardizing the discharge process; Anxiety associated with discharge; Evaluating patient readiness for discharge; Discharge education for providers;	(F) Provider-patient communication; Discharge education; Family engagement/support; Written communication; (B) Feelings of anxiety or embarrassment;	(F) Provider-provider communication;	(F) Education/training of providers; Tools to facilitate discharge;	(None)
Snelling (2014)[259]	Neonatal	Evaluation; Execution; Follow-up	Process; Outcome	Safe; Patient centered	Patient and family needs and experiences during discharge; Critical care transition program (nurse liaison, outreach team); Continuity of patient care;	(F) Family engagement/support; (B) Patient demographic and clinical characteristics; Feelings of anxiety or embarrassment;	(F) Critical care transition program;	(None)	(None)
Sommer (2015)[260]	Neonatal	Follow-up	Process	Patient centered	Patient and family needs and experiences during discharge; Anxiety associated with discharge;	(B) Feelings of anxiety or embarrassment; Lack of provider-patient communication;	(None)	(None)	(None)
Stanojevic (2018)[261]	Neonatal	Evaluation; Planning;	Process	Effective; Safe;	Patient and family needs and	(F) Discharge education; Family	(None)	(None)	(None)

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
		Execution; Follow-up		Patient centered	experiences during discharge; Discharge education for patients and families; Planning for discharge; Evaluating patient readiness for discharge;	engagement/ support; (F&B) Patient demographic and clinical characteristics; (B) Feelings of anxiety or embarrassment;			
Temple (2015)[262]	Neonatal	Evaluation	Process	Efficient; Timely	Planning for discharge; Evaluating patient readiness for discharge;	(F) Patient demographic and clinical characteristics;	(None)	(F) Impact of current discharge practices; Tools to facilitate discharge;	(None)
Toly (2019)[263]	Neonatal	Planning; Execution; Follow-up	Process; Outcome	Effective; Safe; Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Planning for discharge; Adverse events, readmission, and mortality following discharge; Anxiety associated with discharge;	(F) Discharge education; Family engagement/ support; Coping mechanisms; (F&B) (Lack of) Provider-patient communication; (B) Feelings of anxiety or embarrassment; Expectations; Financial obstacles; Lack of familial support; Feelings of lack of control;	(F) Knowledge/ experience of provider;	(F) Education/ training of providers; Impact of current discharge practices;	(None)
Toral-Lopez (2016)[264]	Neonatal	Follow-up	Process; Structure	Patient centered	Patient and family needs and experiences during discharge; Anxiety associated with discharge; Critical care transition program (nurse liaison, outreach team);	(F) Provider-patient communication; Family engagement/ support;	(F) Critical care transition program; Clear roles and responsibilities;	(None)	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
					Continuity of patient care;				
Toral-Lopez (2017)[265]	Neonatal	Planning; Follow-up	Process; Structure	Safe; Patient centered	Discharge education for patients and families; Planning for discharge;	(F) Discharge education; Family engagement/support;	(None)	(B) Costs of healthcare provided; Delay in discharge;	(None)
Turner (2013)[266]	Neonatal	Planning; Follow-up	Process; Outcome	Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Anxiety associated with discharge; Autonomy;	(F) Discharge education; Family engagement/support; Expectations;	(None)	(None)	(None)
Van Kampen (2019)[267]	Neonatal	Execution	Outcome	Safe	Discharge education for patients and families; Standardizing the discharge process;	(F) Discharge education; (B) Patient demographic and clinical characteristics;	(F) Critical care transition program;	(F) Discharge location; (B) Costs of healthcare provided;	(None)
Veronez (2017)[268]	Neonatal	Execution; Follow-up	Process	Patient centered	Patient and family needs and experiences during discharge; Anxiety associated with discharge;	(F) Family engagement/support; Expectations; (B) Feelings of anxiety or embarrassment;	(None)	(None)	(None)
Vohr (2018)[269]	Neonatal	Follow-up	Outcome	Safe	Adverse events, readmission, and mortality following discharge; Critical care transition program (nurse liaison, outreach team); Continuity of patient care;	(F) Patient demographic and clinical characteristics; Discharge education; Family engagement/support; Written communication; (B) Socioeconomic factors;	(F) Critical care transition program;	(None)	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
Voie (2018)[270]	Neonatal	Execution	Process	Safe; Patient centered	Continuity of patient care;	(None)	(F&B) (Lack of) Provider-provider communication;	(None)	(None)
Vonderheid (2016)[271]	Neonatal	Planning; Follow-up	Process; Structure; Outcome	Effective; Efficient; Patient centered	Patient and family needs and experiences during discharge; Anxiety associated with discharge; Critical care transition program (nurse liaison, outreach team); Continuity of patient care;	(F) Discharge education; (F&B) Patient demographic and clinical characteristics; (Lack of) Provider-patient communication;	(F) Critical care transition program;	(None)	(None)
Walter (2019)[272]	Neonatal	Planning	Process	Patient centered	Patient and family needs and experiences during discharge; Discharge education for providers;	(F) Family engagement/ support;	(F) Knowledge/ experience of provider;	(F) Education/ training of providers;	Educational tool
Waruingi (2015)[273]	Neonatal	Planning; Follow-up	Process; Outcome	Efficient; Safe	Adverse events, readmission, and mortality following discharge; Continuity of patient care;	(None)	(F) Critical care transition program;	(None)	(None)
Weiqing (2013)[274]	Neonatal	Planning; Execution	Process; Structure	Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families;	(F) Provider-patient communication; Discharge education; Family engagement/ support;	(None)	(F) Discharge location;	(None)
Wellington (2016)[275]	Neonatal	Planning; Execution	Process	Effective; Safe	Planning for discharge; Standardizing the discharge process; Resource use during discharge;	(None)	(F) Clinical judgement or decision making;	(F) Guidelines or policies; Use of best practices;	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
White (2019)[276]	Neonatal	Follow-up	Outcome	Efficient; Safe	Patient and family needs and experiences during discharge; Adverse events, readmission, and mortality following discharge; Critical care transition program (nurse liaison, outreach team);	(F) Provider-patient communication; Discharge education; Family engagement/support;	(F) Critical care transition program;	(F) Impact of current discharge practices;	(None)
Willard (2018)[277]	Neonatal	Follow-up	Process; Outcome	Effective; Efficient; Patient centered	Patient and family needs and experiences during discharge; Critical care transition program (nurse liaison, outreach team); Continuity of patient care;	(F) Provider-patient communication; Discharge education;	(F) Critical care transition program; Knowledge/experience of provider;	(None)	(None)
Williams (2018)[278]	Neonatal	Planning; Execution; Follow-up	Structure; Outcome	Effective; Efficient; Safe; Timely	Planning for discharge;	(None)	(F) Critical care transition program; Clinical judgement or decision making;	(F) Use of best practices; Impact of current discharge practices; (B) Costs of healthcare provided;	(None)
Xiu-Xiang (2013)[279]	Neonatal	Planning; Execution	Process	Safe; Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Anxiety associated with discharge; Continuity of patient care;	(F) Discharge education; (B) Feelings of anxiety or embarrassment;	(None)	(None)	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
Zahn (2020)[280]	Neonatal	Execution	Structure	Effective; Efficient; Safe	Standardizing the discharge process; Adverse events, readmission, and mortality following discharge; Medication reconciliation;	(None)	(F) Knowledge/ experience of provider;	(F) Education/ training of providers; (B) Impact of current discharge practices; Infrastructure;	(None)
Zamanzadeh (2013)[281]	Neonatal	Execution	Process	Effective; Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; St'	(F) Provider-patient communication; Discharge education; Family engagement/ support;	(F) Clinical judgement or decision making;	(F) Guidelines or policies; (B) Impact of current discharge practices; Delay in discharge;	(None)
Zamanzadeh (2013)[282]	Neonatal	Planning	Process	Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Planning for discharge; Anxiety associated with discharge;	(F) Discharge education; Family engagement/ support; Expectations; (B) Feelings of anxiety or embarrassment;	(None)	(F) Impact of current discharge practices;	(None)
Zimmerman (2017)[283]	Neonatal	Planning; Execution; Follow-up	Process; Outcome	Safe; Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients and families; Planning for discharge; Continuity of patient care; Autonomy;	(F) Provider-patient communication; Discharge education; Family engagement/ support; Written communication; Self-efficacy; Excited, joyous to be leaving ICU; (B) Patient demographic and clinical characteristics;	(None)	(F) Education/ training of providers; (B) Restricted visitation;	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
						Feelings of anxiety or embarrassment; Expectations;			
Attfled (2018)[284]	Not reported	Execution	Structure	Efficient; Patient centered	Availability of complete and accurate discharge information; Standardizing the discharge process; Evaluating patient readiness for discharge; Medication reconciliation;	(None)	(F) Provider-provider communication; Clear roles and responsibilities;	(None)	Guideline/ checklist
Busico (2019)[285]	Not reported	Execution; Follow-up	Process	Effective; Efficient	Patient and family needs and experiences during discharge; Critical care transition program (nurse liaison, outreach team); Evaluating patient readiness for discharge; Continuity of patient care;	(F&B) Patient demographic and clinical characteristics; (B) Physical and psychological effects of illness;	(F) Critical care transition program;	(F) Follow-up clinic or program;	Guideline/ checklist
Cognet (2014)[286]	Not reported	Execution	Process; Structure	Patient centered	Standardizing the discharge process;	(B) Expectations;	(B) Lack of provider-provider communication;	(None)	(None)
Coombs (2015)[287]	Not reported	Planning; Execution; Follow-up	Process; Structure; Outcome	Effective; Patient centered	Patient and family needs and experiences during discharge; Planning for discharge; Autonomy;	(F) Family engagement/ support; Expectations;	(F) Provider-provider communication; Clinical judgement or decision making;	(F) Guidelines or policies; Use of best practices;	(None)
Cullinane (2013)[288]	Not reported	Execution	Process	Safe; Patient centered	Patient and family needs and experiences during discharge; Discharge education for patients	(F) Provider-patient communication; (B) Feelings of	(None)	(None)	(None)



Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
					and families; Planning for discharge; Anxiety associated with discharge;	anxiety or embarrassment;			
de Grood (2019)[289]	Not reported	Execution	Process	Efficient; Patient centered	Availability of complete and accurate discharge information; Standardizing the discharge process;	(None)	(F) Clinical judgement or decision making; Clear roles and responsibilities;	(None)	(None)
Elliott (2013)[290]	Not reported	Follow-up	Outcome	Efficient; Safe	Adverse events, readmission, and mortality following discharge; Critical care transition program (nurse liaison, outreach team);	(None)	(F) Critical care transition program; (B) Workload; Lack of provider-provider communication; Lack of knowledge/experience of provider;	(B) Limited ICU and ward resources; Impact of current discharge practices; Discharge location; Staffing;	(None)
Frølund (2013)[291]	Not reported	Execution	Process; Structure	Efficient; Safe; Patient centered	Patient and family needs and experiences during discharge; Planning for discharge; Continuity of patient care;	(F) Provider-patient communication;	(F) Provider-provider communication; Critical care transition program; (F&B) (Lack of) Knowledge/experience of provider; (B) Provider anxiety;	(F) Education/training of providers;	(None)
Guest (2017)[292]	Not reported	Execution	Process; Structure	Safe; Patient centered	Timeliness of discharge (time of day, delay); Critical care transition program (nurse liaison, outreach team);	(B) Feelings of anxiety or embarrassment; Physical and psychological effects of illness;	(F) Provider-provider communication; Critical care transition program;	(F) Education/training of providers; (B) Limited ICU and ward resources; Time of discharge;	Guideline/checklist

Patient Discharge from the ICU

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
							Written documentation;		
Häggström (2013)[293]	Not reported	Planning; Execution	Process	Effective; Efficient; Safe	Planning for discharge; Standardizing the discharge process; Resource use during discharge; Continuity of patient care;	(B) Feelings of anxiety or embarrassment;	(F) Critical care transition program; Clinical judgement or decision making;	(F) Use of best practices; Tools to facilitate discharge; (B) Impact of current discharge practices; Reduction in technology and monitoring;	(None)
Häggström & Bäckström (2014)[294]	Not reported	Evaluation; Planning; Execution; Follow-up	Process	Effective; Safe; Patient centered ; Timely	Discharge education for patients and families; Planning for discharge; Anxiety associated with discharge; Timeliness of discharge (time of day, delay); Critical care transition program (nurse liaison, outreach team); Evaluating patient readiness for discharge; Continuity of patient care;	(F) Provider-patient communication; Discharge education; (B) Feelings of anxiety or embarrassment;	(F) Provider-provider communication; Critical care transition program; Collaboration between ICU and ward; Knowledge/ experience of provider; Clear roles and responsibilities;	(B) Delay in discharge;	(None)
Hall (2015)[295]	Not reported	Execution; Follow-up	Process; Outcome	Effective; Safe; Patient centered	Availability of complete and accurate discharge information; Planning for discharge; Standardizing the discharge process;	(None)	(F) Written documentation; (F&B) (Lack of) Provider-provider communication;	(F) Tools to facilitate discharge;	Guideline/ checklist
Johnson (2013)[296]	Not reported	Execution	Process	Efficient; Timely	Timeliness of discharge (time of day, delay);	(None)	(None)	(B) Time of discharge; Costs of healthcare	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
								provided; Discharge location;	
Kauppi (2018)[297]	Not reported	Execution	Process; Structure	Effective; Efficient	Resource use during discharge;	(None)	(B) Workload; Provider anxiety; Lack of knowledge/ experience of provider;	(B) Limited ICU and ward resources; Impact of current discharge practices; Hospital characteristics;	(None)
Kowitlawakul (2015)[298]	Not reported	Execution	Process; Structure	Patient centered	Availability of complete and accurate discharge information; Standardizing the discharge process;	(None)	(F) Provider-provider communication; Collaboration between ICU and ward; (B) Workload;	(F&B) Time of discharge;	(None)
Kraus (2016)[299]	Not reported	Execution	Structure	Effective	Availability of complete and accurate discharge information; Standardizing the discharge process; Continuity of patient care;	(None)	(F) Provider-provider communication; Collaboration between ICU and ward; Written documentation;	(None)	Discharge letter
Kumar (2015)[300]	Not reported	Execution; Follow-up	Process; Outcome	Efficient; Safe; Timely	Adverse events, readmission, and mortality following discharge; Timeliness of discharge (time of day, delay); Discharge education for providers;	(None)	(F) Collaboration between ICU and ward; (F&B) (Lack of) Provider-provider communication;	(F) Education/ training of providers;	(None)
Kwon (2014)[301]	Not reported	Planning; Follow-up	Process	Patient centered	Patient and family needs and experiences during discharge; Planning	(F) Provider-patient communication; Family	(None)	(None)	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
					for discharge; Anxiety associated with discharge;	engagement/support; (F&B) Expectations; (B) Feelings of anxiety or embarrassment;			
Lin (2013)[302]	Not reported	Planning; Execution	Process; Structure	Efficient; Safe; Timely	Planning for discharge; Critical care transition program (nurse liaison, outreach team);	(None)	(F) Critical care transition program; Collaboration between ICU and ward; Written documentation; (B) Workload; Lack of provider-provider communication;	(F&B) Impact of current discharge practices; (B) Delay in discharge;	(None)
Lin (2013)[303]	Not reported	Evaluation; Planning; Execution	Process	Effective; Efficient; Timely	Discharge education for patients and families; Planning for discharge; Timeliness of discharge (time of day, delay); Resource use during discharge;	(None)	(F) Critical care transition program; Collaboration between ICU and ward; Clear roles and responsibilities; (B) Workload; Lack of provider-provider communication;	(B) Delay in discharge; Lack of education/training of providers;	(None)
Ludin (2014)[304]	Not reported	Execution	Process	Effective	Discharge education for providers;	(None)	(F) Knowledge/experience of provider;	(F) Education/training of providers;	(None)
McNett (2019)[305]	Not reported	Execution	Process; Structure; Outcome	Effective; Safe; Timely	Planning for discharge; Adverse events, readmission, and mortality following discharge; Timeliness of discharge (time of day, delay);	(F) Patient demographic and clinical characteristics;	(F) Provider-provider communication; Collaboration between ICU and ward;	(F) Impact of current discharge practices;	(None)

Patient Discharge from the ICU

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
Messing (2015)[306]	Not reported	Execution	Structure	Efficient	Availability of complete and accurate discharge information; Standardizing the discharge process;	(None)	(F) Provider-provider communication; Written documentation;	(F) Tools to facilitate discharge;	Transfer tool
Morgan (2018)[307]	Not reported	Execution	Process; Outcome	Safe; Timely	Adverse events, readmission, and mortality following discharge; Timeliness of discharge (time of day, delay);	(None)	(None)	(F&B) Time of discharge;	(None)
Nates (2016)[308]	Not reported	Planning; Execution	Process; Structure	Efficient; Safe; Timely	Standardizing the discharge process; Timeliness of discharge (time of day, delay);	(F) Patient demographic and clinical characteristics;	(None)	(F) Guidelines or policies; Use of best practices; Time of discharge; Discharge location; Admission location before ICU;	Guideline/ checklist
Reader (2018)[309]	Not reported	Evaluation	Process; Outcome	Safe; Equal; Timely	Evaluating patient readiness for discharge;	(None)	(F) Knowledge/ experience of provider;	(B) Limited ICU and ward resources; Costs of healthcare provided; Hospital characteristics;	(None)
Teixeira (2018)[310]	Not reported	Follow-up	Process; Structure; Outcome	Safe; Patient centered	Patient and family needs and experiences during discharge; Standardizing the discharge process; Critical care transition program (nurse liaison, outreach	(F) Family engagement/ support; (B) Physical and psychological effects of illness;	(F) Critical care transition program; Collaboration between ICU and ward; (B) Workload;	(F) Tools to facilitate discharge; (B) Costs of healthcare provided;	(None)

*Patient Discharge from the ICU*

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
					team); Resource use during discharge; Medication reconciliation;				
Turnbull (2016)[311]	Not reported	Follow-up	Outcome	Patient centered	Availability of complete and accurate discharge information; Anxiety associated with discharge; Continuity of patient care;	(F) Provider-patient communication; Expectations;	(F) Critical care transition program; Knowledge/ experience of provider; Clinical judgement or decision making; (B) Lack of provider-provider communication;	(None)	(None)
Vijayaraghavan (2018)[312]	Not reported	Follow-up	Structure	Effective; Safe	Adverse events, readmission, and mortality following discharge; Continuity of patient care;	(B) Patient demographic and clinical characteristics;	(F) Provider-provider communication; Collaboration between ICU and ward; Multidisciplinary team;	(F) Use of best practices; Tools to facilitate discharge;	(None)
Wong (2013)[313]	Not reported	Execution	Process	Effective	Availability of complete and accurate discharge information; Continuity of patient care;	(B) Lack of provider-patient communication;	(F) Critical care transition program; Written documentation; (F&B) (Lack of) Provider-provider communication;	(F) Tools to facilitate discharge;	(None)
Yuan (2021)[314]	Not reported	Follow-up	Outcome	Effective; Safe	Adverse events, readmission, and mortality following discharge; Continuity of patient care;	(F) Family engagement/ support; (B) Patient demographic and clinical	(F) Knowledge/ experience of provider;	(F) Guidelines or policies; (B) Impact of current discharge practices;	(None)

Author (Year)	Study Population	Phase(s) of Care	Donabedian <sup>a</sup>	IoM <sup>b</sup>	Themes	Patient & Family Facilitators (F) & Barriers (B)	Provider Facilitators (F) & Barriers (B)	Organizational Facilitators (F) & Barriers (B)	Tool
						characteristics; Physical and psychological effects of illness;			

a. Donabedian framework elements include the process, structure, and outcome of discharge.

b. IoM = Institute of Medicine. This framework identifies the six domains of health care quality: Efficient, effective, safe, patient centered, timely, and equitable.

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