# Supplementary Online Content

Birtwell K, Planner C, Hodkinson A, et al. Transitional care interventions for older residents of long-term care facilities: a systematic review and meta-analysis. *JAMA Netw Open*. 2022;5(5):e2210192. doi:10.1001/jamanetworkopen.2022.10192



This supplementary material has been provided by the authors to give readers additional information about their work.

## eMethods 1. Search Strategy, Eligibility Criteria, and Patient and Public Involvement

The search strategy uses three concept blocks:

Block A = Setting
Block B= Intervention
Block C= Study design

The search carried out was A + B + C. The strategy was developed for Medline (OVID) and then translated to Embase, PsycINFO, Cochrane Central Register of Controlled Trials (CENTRAL), and CINAHL. The Medline search terms can be found in eTable 1.

Process evaluations and qualitative studies associated with the included intervention trials were identified by employing the following elements of the CLUSTER methodology[1]: i) emailing first authors; ii) searching reference lists of included studies; iii) using the "cited by" and "related articles" features of Google Scholar; and iv) searching PubMed for other articles published by first and last authors of included studies. The full CLUSTER methodology was not employed as we were only searching for articles specifically associated with the included trials and not the wider contextual literature.

## Eligibility criteria for quantitative studies in this review:

**Population.** People aged 65 and over living in LTCFs for older people, including facilities employing nurses or medical staff (e.g. nursing homes), and those providing assistance with personal care (e.g. residential care homes). Participants were not excluded on the basis of psychiatric or physical comorbidity.
**Intervention.** We included the following: i) Transitional interventions from an inpatient hospital unit/emergency department to a LTCF (e.g., individualized discharge plan, individualized transition record, post-discharge telephone follow-up, home visits, patient- and family-tailored discharge information, transition need assessment, reconciliation of medications at transition, a plan for follow-up, and patient education about self-management.). ii) LTCF-based interventions to prevent or prepare for re-admission to hospital. iii) Interventions delivered at the point of transition.
**Comparators.** Treatment as usual, enhanced usual care, or an active treatment comparator.
**Outcomes.** Patient outcomes included: 30-, 60- and 90-day readmission rates to hospital or emergency departments, or a combination (primary outcome), functional status, health-related quality of life, knowledge of care plan, medication adherence, adherence to follow-up, patient/carer satisfaction, person centred care, symptom management, discharge readiness, length of stay/day until discharge. Staff outcomes included: job satisfaction, quality of inter-professional communication/teamwork, well-being (e.g. burnout).
**Design.** Controlled intervention designs including randomized controlled trials (cluster, parallel, stepped wedge, factorial and crossover RCTs), non-randomized trials, controlled before-after studies, retrospective studies with historical controls and interrupted time series. We included associated process evaluation and qualitative studies associated to the main trial reports.
**Setting.** Any healthcare setting worldwide.
**Exclusion criteria.** Studies not written in English; conference abstracts and grey literature; interventions not specifically targeting healthcare transitions.

## Patient and Public Involvement

Three Public Contributors (two male, one female) were involved at various stages of the review. Two of the Public Contributors had family members residing in care homes and the other was a carer for a community-dwelling family member. One Public Contributor was involved in six discussions during the development of the review protocol and made suggestions for types of studies that might be of interest. Three Public Contributors attended a meeting to discuss the included studies, intervention characteristics, outcomes and implications. In addition, one Public Contributor will be invited to co-write a lay summary of the findings. In line with the UK Standards for Public Involvement[189] and the Cochrane Statement of Principles[190], flexible opportunities for involvement were created and contributors were remunerated for their time. Following good practice recommendations, summary information was provided to contributors in advance of meetings where required[191,192].

## eTable 1. MEDLINE Search Terms

| Search terms | Search block | Source |
|---|---|---|
| 1 Nursing Homes/ or nursing home*.mp.<br>2 Homes for the Aged/ or home* for the aged.mp.<br>3 Residential Facilities/ or Assisted Living Facilities/ or Group Homes/ or Halfway houses/<br>4 care home*.mp.<br>5 (aged adj2 (care or nursing or healthcare or residential) adj2 (facility or facilities or home*)).ti,ab.<br>6 ((geriatric or elderly) adj2 (facility or facilities or care home*)).ti,ab.<br>7 Hospitals, Veterans/<br>8 1 or 2 or 3 or 4 or 5 or 6 or 7<br>9 ((care or convalescent) adj (home* or center* or centre* or facility or facilities)).ti,ab.<br>10 ((skilled or intermediate) adj (nursing facility or nursing facilities)).ti,ab.<br>11 (resident* adj2 (care or facility or facilities)).ti,ab.<br>12 ((nursing or group or residential) adj home*).ti,ab.<br>13 ((longterm or long term) adj3 (care or facility or facilities)).ti,ab.<br>14 (healthcare adj2 (facility or facilities)).ti,ab.<br>15 assisted living.ti,ab.<br>16 group home.ti,ab.<br>17 halfway house.ti,ab.<br>18 sheltered accommodation.ti,ab.<br>19 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18<br>20 exp aged/<br>21 geriatrics/<br>22 Veterans/<br>23 aged/ or "aged, 80 and over"/ or frail elderly/<br>24 (gerontol* or ageing or aging or elder* or geriatric* or seniors or old age or older or late* life).ti,ab.<br>25 (older adj (person* or people or adult* or patient* or inpatient* or outpatient*)).ti,ab.<br>26 veteran*.ti,ab.<br>27 20 or 21 or 22 or 23 or 24 or 25 or 26<br>28 19 and 27<br>29 8 or 28 | Care homes / older adults | Adapted from Alldred (2016)[2] |
| 30 Continuity of Patient Care/<br>31 Transitional Care/<br>32 transition*.ti,ab.<br>33 (transfer* or transferred or transferral or transferring).ti,ab.<br>34 (transition* adj10 (care or service* or center* or centre* or clinic* or facility or facilities or unit* or department* or patient*)).ti,ab.<br>35 ((transfer* or transferred or transferral or transferring) adj10 (care or service* or center* or centre* or clinic* or facility or facilities or unit* or department* or patient*)).ti,ab.<br>36 30 or 31 or 32 or 33 or 34 or 35 | Care transitions | Adapted from Campbell (2016)[3] and Murray (2019)[4] |

| | | |
|---|---|---|
| 37 Patient Discharge/<br>38 Patient Transfer/<br>39 Patient Care Planning/ or case management/<br>40 "Delivery of Health Care, Integrated"/<br>41 Decision support systems, clinical/<br>42 Patient education/<br>43 Geriatric assessment/<br>44 Medication Reconciliation/<br>45 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44<br>46 (continuity adj3 (care or health care or healthcare or treatment* or therapy or therapies or patient* or doctor* or nurse*)).ti,ab.<br>47 shared care.ti,ab.<br>48 shared service*.ti,ab.<br>49 ((healthcare or care or service*) adj3 integrat*).ti,ab.<br>50 (discharge and (plan* or service* or program* or intervention*)).ti,ab.<br>51 (patient* adj2 discharge*).ti,ab.<br>52 (hospital adj2 discharge*).ti,ab.<br>53 (discharge adj2 plan*).ti,ab.<br>54 (discharge adj service*).ti,ab.<br>55 (discharge adj program*).ti,ab.<br>56 (discharge adj procedure*).ti,ab.<br>57 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56<br>58 "Length of Stay"/<br>59 Patient Admission/ (<br>60 Patient Readmission/<br>61 (readmission or readmitted or re-admission or re-admitted).ti,ab.<br>62 (rehospitali*ation* or re-hospitali*ation* or rehospitali*ed or re-hospitali*ed).ti,ab.<br>63 length of stay.ti,ab.<br>64 length of hospital stay.ti,ab.<br>65 patient admission.ti,ab.<br>66 ((hospital or hospitali*ed or bed) adj2 days).ti,ab.<br>67 58 or 59 or 60 or 61 or 62 or 63 or 64 or 65 or 66<br>68 36 or 45 or 57 or 67 | | |
| 69 randomized controlled trial.pt.<br>70 controlled clinical trial.pt.<br>71 randomized.ab.<br>72 Clinical Trial/<br>73 randomly.ab.<br>74 trial.ti.<br>75 intervention.ti.<br>76 69 or 70 or 71 or 72 or 73 or 74 or 75<br>77 (pre post or "pre test*" or pretest* or posttest* or "post test*" or (pre adj5 post)).ti,ab.<br>78 ("quasi experiment*" or quasiexperiment* or "quasi random*" or quasirandom* or "quasi control*" or quasicontrol* or ((quasi* or experimental) adj3 (method* or study or trial or design*))).ti,ab.<br>79 ("time series" adj2 interrupt*).ti,ab.<br>80 (multicentre or multicenter or multi centre or multi center).ti,ab.<br>81 (random* or controlled).ti,ab. | Study design | Cochrane sensitivity and precision maximising version (2011)[5] |

| | | | |
|---|---|---|---|
| 82 | 77 or 78 or 79 or 80 or 81 | | |
| 83 | 76 or 82 | | |
| 84 | 29 and 68 and 83 | | |

## eTable 2. Excluded Studies

| Study | Reason for exclusion |
|---|---|
| Ackermann et al.,[6] 1998 | Wrong outcomes |
| Adrion et al.,[7] 2020 | Wrong patient population |
| Aizen et al.,[8] 2001 | Wrong intervention |
| Aizen et al.,[9] 2014 | Wrong language |
| Akinjogbin et al.,[10] 2020 | Wrong publication type |
| Allen et al.,[11] 2011 | Study protocol |
| Almehlisi et al.,[12] 2019 | Wrong patient population |
| Altfeld et al.,[13] 2012 | Wrong setting |
| Arendts et al.,[14] 2018 | Wrong outcomes |
| Arendts,[15] 2019 | Wrong outcomes |
| Arendts,[15] 2019 | Duplicate record |
| Armagan et al.[16], 2004 | Wrong patient population |
| Bader,[17] 2014 | Wrong setting |
| Barasa et al.,[18] 2014 | Wrong publication type |
| Barrett et al.,[19] 2016 | Wrong publication type |
| Bath,[20] 2001 | No full text |
| Baxter,[21] 2019 | Wrong setting |
| Beghe,[22] 2000 | Wrong publication type |
| Belfrage et al.,[23] 2009 | Wrong outcomes |
| Bellantonio et al.,[24] 2008 | Wrong patient population |
| Bellantonio et al.,[24] 2008 | Duplicate record |
| Berggren et al.,[25] 2019 | Duplicate record |
| Berggren et al.,[25] 2019 | Duplicate record |
| Blackburn et al.,[26] 2020 | Wrong study design |
| Bleijenberg et al.,[27] 2017 | Wrong setting |
| Boockvar et al.,[28] 2005 | Wrong study design |
| Bourke et al.,[29] 2019 | Wrong study design |
| Burke et al.,[30] 2019 | Wrong intervention |
| Cateau et al.,[31] 2021 | Study protocol |
| Cavalieri et al.,[32] 1993 | Wrong outcomes |
| Cebeci et al.,[33] 2008 | Wrong patient population |
| Chan Carusone,[34] 2007 | Wrong intervention |
| Charles et al.,[35] 2016 | Wrong setting |
| Chen et al.,[36] 2010 | Wrong intervention |
| Chi et al.,[37] 2004 | Wrong setting |
| Chi et al.,[38] 2010 | Wrong intervention |
| Choi et al.,[39] 2020 | Study protocol |
| Clarkson et al.,[40] 2011 | Wrong setting |
| Codde et al.,[41] 2010 | Wrong outcomes |
| Colprim et al.,[42] 2017 | Wrong language |
| Connolly et al.,[43] 2005 | Wrong publication type |
| Connolly et al.,[44] 2014 | Wrong outcomes |
| Connolly et al.,[45] 2015 | Wrong outcomes |

| | |
|---|---|
| Connolly et al.,[46] 2016 | Wrong study design |
| Connolly,[47] 2014 | Wrong intervention |
| Conway et al.,[48] 2015 | Wrong outcomes |
| Correard et al.,[49] 2020 | Study protocol |
| Counsell,[50] 2005 | Wrong setting |
| Craswell et al.,[51] 2020 | Wrong outcomes |
| Crilly et al.,[52] 2005 | Wrong study design |
| Crotty et al.,[53] 2004 | Duplicate record |
| Crotty,[54] 2005 | Duplicate record |
| Curtin et al.,[55] 2019 | Wrong publication type |
| Curtin et al.,[55] 2019 | Duplicate record |
| Curtin et al.,[55] 2019 | Duplicate record |
| Curtin et al.,[56] 2020 | Wrong intervention |
| Davey,[57] 2020 | Ongoing study |
| Diaz-Gegundez et al.,[58] 2011 | Wrong language |
| Dicks,[59] 2015 | Wrong intervention |
| Dolansky et al.,[60] 2011 | Wrong patient population |
| Donzé,[61] 2018 | Wrong patient population |
| Dowling et al.,[62] 2019 | Wrong publication type |
| Dowling et al.,[62] 2019 | Duplicate record |
| Dutcher,[63] 2015 | Wrong study design |
| Edmans et al.,[64] 2013 | Wrong patient population |
| Edmans et al.,[64] 2013 | Wrong patient population |
| Emborg et al.,[65] 2020 | Wrong publication type |
| Epperson et al.,[66] 2020 | Wrong publication type |
| Feast et al.,[67] 2020 | Wrong outcomes |
| Fisher et al.,[68] 2020 | Wrong patient population |
| Flyer et al.[69] 1988 | Wrong patient population |
| Forbat et al.,[70] 2020 | Wrong intervention |
| Foster et al.,[71] 2012 | Ongoing study |
| Franks,[72] 2016 | Wrong intervention |
| Galvin,[73] 2018 | Wrong setting |
| Garcia-Gollarte et al.,[74] 2014 | Wrong intervention |
| Genkin,[75] 2006 | Wrong publication type |
| Germain et al.,[76] 1995 | Wrong patient population |
| Gilissen et al.,[77] 2020 | Study protocol |
| Gladman,[78] 2004 | Wrong setting |
| Grando et al.,[79] 2009 | Wrong study design |
| Gregersen et al.,[80] 2010 | Wrong study design |
| Griffiths,[81] 2006 | Wrong publication type |
| Griggs et al.,[82] 2020 | Wrong publication type |
| Gudmundsdottir et al.,[83] 2013 | Wrong publication type |
| Haines et al.,[84] 2020 | Wrong outcomes |
| Heijnen et al.,[85] 2010 | Wrong patient population |
| Heijnen,[86] 2010 | Wrong outcomes |
| Heim et al.,[87] 2016 | Wrong patient population |

| | |
|---|---|
| Heinrich et al.,[88] 2013 | Wrong intervention |
| Hempenius et al.,[89] 2013 | Wrong setting |
| Henning et al.,[90] 2017 | Wrong patient population |
| Holdhus et al.,[91] 2018 | Wrong setting |
| Holdhus et al.,[91] 2019 | Wrong patient population |
| Hongsoo,[92] 2015 | Study protocol |
| Joe,[93] 2010 | Wrong language |
| Jones et al.,[94] 1986 | Wrong setting |
| Kane et al.,[95] 1991 | No full text |
| Kane et al.,[96] 2004 | Wrong patient population |
| Kapoor et al.,[97] 2020 | Wrong patient population |
| Karlsson et al.,[98] 2020 | Wrong patient population |
| Kay et al.,[99] 2021 | Wrong publication type |
| Kennelly et al.,[100] 2012 | Wrong publication type |
| Kentish-Barnes,[101] 2019 | Wrong patient population |
| Kerstenetzky et al.,[102] 2018 | Wrong study design |
| Kim et al.,[103] 2016 | Wrong setting |
| Kim et al.,[104] 2020 | Wrong intervention |
| Kind et al.,[105] 2013 | Wrong publication type |
| Kleinpell,[106] 2004 | Wrong patient population |
| Koehler et al.,[107] 2009 | Wrong patient population |
| Kotynia-English et al.,[108] 2005 | Wrong intervention |
| Kuch,[109] 2021 | Wrong intervention |
| Lapane et al.,[110] 2011 | Wrong intervention |
| Lenssen et al.,[111] 2018 | Wrong setting |
| Li et al.,[112] 2014 | Wrong patient population |
| Lilja et al.,[113] 2000 | Wrong setting |
| Lindegaard-Pedersen et al.,[114] 2016 | Wrong patient population |
| Lindegaard-Pedersen et al.,[114] 2016 | Wrong patient population |
| Lindpaintner et al.,[115] 2013 | Wrong patient population |
| Loomer et al.,[116] 2020 | Wrong setting |
| Malik et al.,[117] 2020 | Wrong publication type |
| Marsden et al.,[118] 2019 | Wrong study design |
| Marsden et al.,[118] 2020 | Wrong study design |
| Martin et al.,[119] 2019 | Wrong intervention |
| McDonald et al.,[120] 2018 | Wrong patient population |
| Menon et al.,[121] 2015 | Wrong publication type |
| Mercer et al.,[122] 2008 | Wrong intervention |
| Mercer et al.,[123] 2015 | Wrong patient population |
| Mestres Gonzalvo et al.,[124] 2017 | Study protocol |
| Miller,[125] 2019 | Ongoing study |
| Mitchell et al.,[126] 2020 | Wrong outcomes |
| Mitchell,[127] 2013 | Wrong setting |
| Mor et al.,[128] 2017 | Study protocol |
| Moreau,[129] 2018 | Wrong patient population |
| Mrak et al.,[130] 2016 | Wrong intervention |

| | |
|---|---|
| Mueser,[131] 2015 | Wrong setting |
| Natividad et al.,[132] 2020 | Wrong publication type |
| Nelles,[133] 2019 | Wrong publication type |
| Newcomer et al.,[134] 2006 | Wrong patient population |
| Newcomer et al.,[134] 2006 | Duplicate record |
| Nicholson,[135] 2019 | Wrong publication type |
| Nouvenne et al.,[136] 2020 | Wrong intervention |
| Olson et al.,[137] 1995 | Wrong outcomes |
| O'Mahony,[138] 2018 | Duplicate record |
| O'Reilly,[139] 2014 | Wrong setting |
| Ouslander,[140] 2014 | Duplicate record |
| Palmer et al.,[141] 2018 | Wrong publication type |
| Palmer et al.,[141] 2018 | Duplicate record |
| Pannill,[142] 2016 | Wrong setting |
| Park et al.,[143] 2013 | Wrong setting |
| Parker,[144] 2018 | Wrong setting |
| Parry et al.,[145] 2003 | Wrong publication type |
| Parry et al.,[146] 2009 | Wrong patient population |
| Parry et al.,[146] 2009 | Duplicate record |
| Paskulin,[147] 2016 | Wrong setting |
| Patel et al.,[148] 2018 | Wrong patient population |
| Pedersen,[149] 2011 | Wrong setting |
| Pilgram et al.,[150] 2012 | Wrong publication type |
| Piotrowski et al.,[151] 2020 | Wrong intervention |
| Popejoy et al.,[152] 2020 | Wrong setting |
| Provencher,[153] 2019 | Wrong patient population |
| Ravn-Nielsen et al.,[154] 2018 | Wrong publication type |
| Riley et al.,[155] 2020 | Wrong patient population |
| Rojido et al.,[156] 2014 | Wrong publication type |
| Rolland et al.,[157] 2020 | Wrong study design |
| Ross,[158] 2008 | Wrong setting |
| Sankaran et al.,[159] 2010 | Wrong study design |
| Singh et al.,[160] 2021 | Wrong publication type |
| Sorkin et al.,[161] 2016 | Study protocol |
| Stansfield,[162] 2012 | Wrong publication type |
| Storm et al.,[163] 2018 | Wrong study design |
| Stranges et al.,[164] 2013 | Wrong patient population |
| Straus et al.,[165] 2018 | Wrong publication type |
| Sullivan,[166] 2017 | Wrong intervention |
| Sullivan,[167] 2018 | Wrong intervention |
| Sunner et al.,[168] 2020 | Study protocol |
| Sunner,[169] 2019 | Ongoing study |
| Swift,[170] 2006 | Wrong publication type |
| Tappen et al.,[171] 2014 | Wrong study design |
| Tappen et al.,[172] 2018 | Wrong outcomes |
| Tappen et al.,[173] 2020 | Wrong outcomes |

| | |
|---|---|
| Tappen,[174] 2015 | Duplicate record |
| Tchalla,[175] 2019 | Ongoing study |
| Testa et al.,[176] 2021 | Wrong intervention |
| Tew Jr,[177] 2012 | Wrong publication type |
| Toles et al.,[178] 2017 | Wrong setting |
| Toles et al.,[179] 2018 | Wrong setting |
| Trappes-Lomax et al.,[180] 2006 | Wrong setting |
| Turner et al.,[181] 2001 | Wrong patient population |
| Vangimalla et al.,[182] 2010 | Wrong study design |
| Vogelsmeier et al.,[183] 2020 | Wrong intervention |
| Voigt-Radloff,[184] 2018 | Ongoing study |
| Whitehead et al.,[185] 2006 | Wrong publication type |
| Wysocki et al.,[186] 2014 | Wrong patient population |
| Yu et al.,[187] 2019 | Wrong publication type |
| Zamora et al.,[188] 2011 | Wrong publication type |

## eTable 3. Risk of Bias Results

The overall risk of bias judgement was classified as follows: 'low'- when the study was judged to be at low risk of bias for all domains; 'Some concerns'- when the study was judged to raise some concerns in at least one domain, but not to be at high risk of bias for any domain; 'High' – when the study was judged to be at high risk of bias in at least one domain or to have some concerns for multiple domains in a way that substantially lowered confidence in the result[193].

| | Design | Risk of Bias tool | Sequence generation | Allocation concealment | Blinding a) | Blinding b) | Blinding c) | Intention-to-treat | Attritional | Selection reporting bias | Other sources of bias |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Cordato et al.[194] 2018 | RCT | Cochrane RoB 2.0 | Low | Unclear | Low | Low | Unclear | High | Low | Low | Low |
| Crilly et al.[195] 2011 | Non-RCT | ROBINS-I | High | Unclear | High | Unclear | Unclear | High | Unclear | Unclear | Low |
| Crotty et al.[53] 2004 | RCT | Cochrane RoB 2.0 | Low | Low | Unclear | Low | Unclear | Low | High | Low | Low |
| Crotty et al.[54] 2005 | RCT | Cochrane RoB 2.0 | Low | Low | Unclear | Low | Unclear | Low | Low | Low | Low |
| Elliott et al.[196] 2012 (pre-post study) | Prospective Pre-Post | ROBINS-I | Unclear | Unclear | Unclear | High | Unclear | Unclear | Low | Low | High |
| Harvey et al.[197] 2014 | RCT | Cochrane RoB 2.0 | Low | Low | Unclear | Unclear | Unclear | Low | High | Low | Low |
| Hullick et al.[198] 2016 (pre-post study) | Controlled Prepost design | ROBINS-I | Unclear | Unclear | Unclear | High | Unclear | Unclear | Unclear | Low | Low |
| Kane et al.[199] 2017 | Cluster RCT | Cochrane RoB 2.0 | Low | Unclear | Unclear | Unclear | Unclear | Low | Low | Low | Low |
| Layton[200] 2020 | Quasi experimental two group design | ROBINS-I | Unclear | Unclear | Low | Unclear | Unclear | High | High | Low | High |
| Lee et al.[201] 2002 | Matched Randomised case-control | ROBINS-I | High | Unclear | Unclear | Unclear | Unclear | High | Low | Low | Low |
| Mudge et al.[202] 2012 | Controlled Trial | ROBINS-I | High | Unclear | Unclear | Unclear | Unclear | High | Unclear | Low | High |

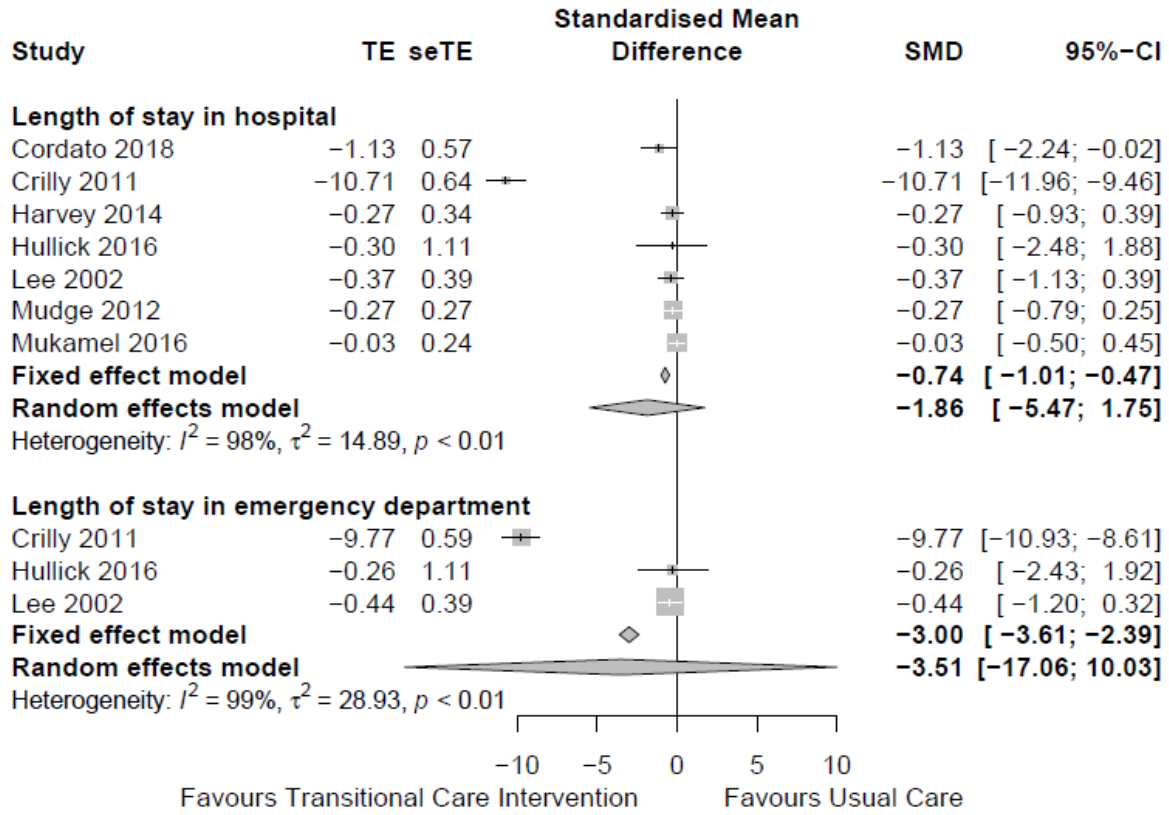
| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Mukamel et al.[203] 2016 | RCT | Cochrane RoB 2.0 | Unclear | Unclear | Unclear | Unclear | Unclear | Low | Low | Low | Low |
| Pedersen et al.[204] 2018 | Quasi randomised | ROBINS-I | Low | High | Unclear | Unclear | Unclear | Low | Low | Low | Low |
| Shrapnel et al.[205] 2019 | Pre/Post study | ROBINS-I | Unclear | Unclear | Unclear | Unclear | Unclear | Unclear | Unclear | Low | Low |
| Street et al.[206] 2015 | Pre/Post study | ROBINS-I | Unclear | Unclear | Unclear | Unclear | High | Unclear | Unclear | Low | Low |
| **Totals n, %:** | | | | | | | | | | | |
| **High** | | | **3 (20%)** | **1 (7%)** | **1 (7%)** | **2 (13%)** | **1 (7%)** | **5 (33%)** | **3 (20%)** | **0 (0%)** | **3 (20%)** |
| **Low** | | | **6 (40%)** | **3 (20%)** | **2 (13%)** | **3 (20%)** | **0 (0%)** | **6 (40%)** | **7 (47%)** | **14 (93%)** | **12 (80%)** |
| **Unclear** | | | **6 (40%)** | **11 (73%)** | **12 (80%)** | **10 (67%)** | **14 (93%)** | **4 (27%)** | **5 (33%)** | **1 (7%)** | **0 (0%)** |

## eTable 4. CASP Scores for Qualitative Studies and Process Evaluations

| | Study | | | |
|---|---|---|---|---|
| CASP Item [All Items Scored Yes (Y), No (N) or can't tell (CT)] | **Taylor et al.** (2007)[207] **QUAL** (NB - Conference Slides) | **Stokoe et al.** (2016)[208] **QUAL** | **Crilly et al.** (2012)[209] **PROCESS** | **Tappen et al.** (2017)[210] **PROCESS** (Note this was a questionnaire – hybrid methods) |
| 1 | Y | Y | Y | Y |
| 2 | Y | Y | Y | Y |
| 3 | Y | Y | Y | Y |
| 4 | CT | CT | Y | N |
| 5 | CT | CT | Y | Y |
| 6 | CT | Y | N | CT |
| 7 | Y | Y | Y | Y |
| 8 | CT | N | Y | Y |
| 9 | Y | Y | Y | Y |
| 10 | Y | Y | Y | Y |
| Total CASP items met: | 6 | 7 | 9 | 8 |

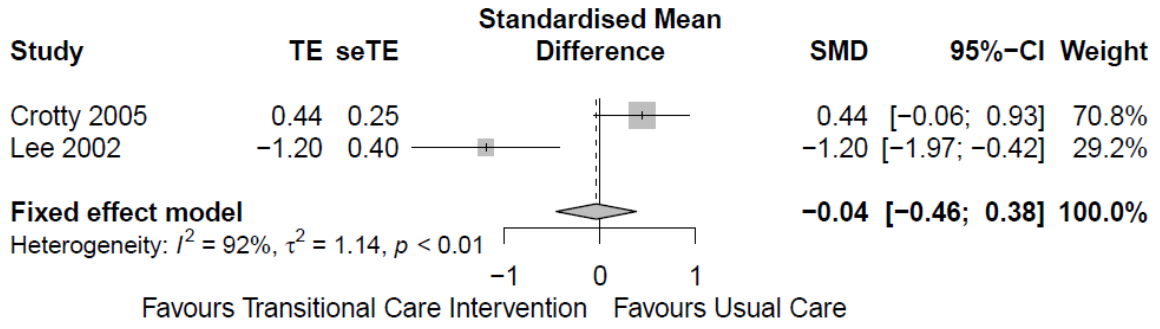
Based on Kanavaki et al. 2016,[211] studies that meet 5-7 items can be considered medium quality, and studies that meet 8 or more items can be considered high quality.

## eFigure 1. Hospital and ED Length of Stay

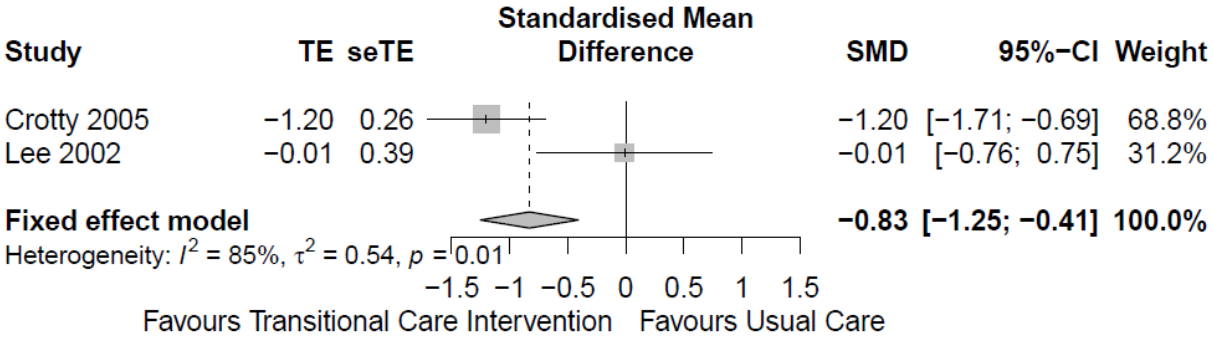



**Footnote:** TE=log odds ratio; seTE=standard error of the log odds ratio

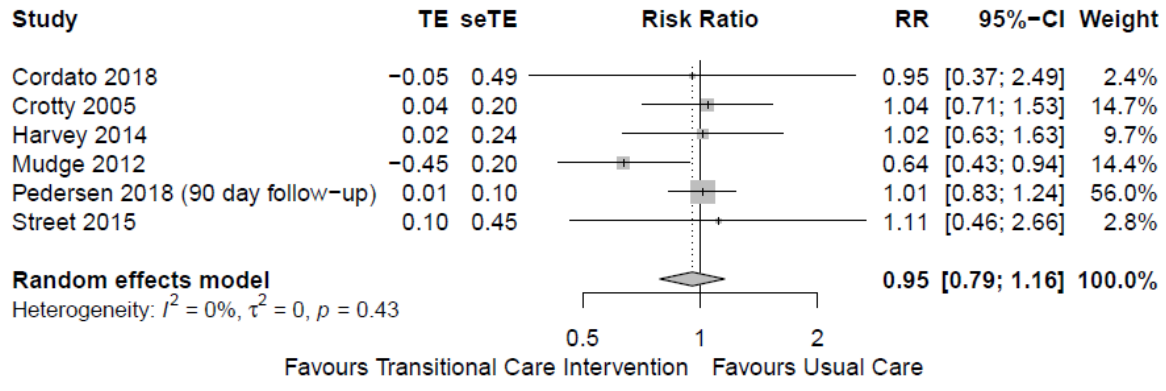
**eFigure 2. Quality of Life**



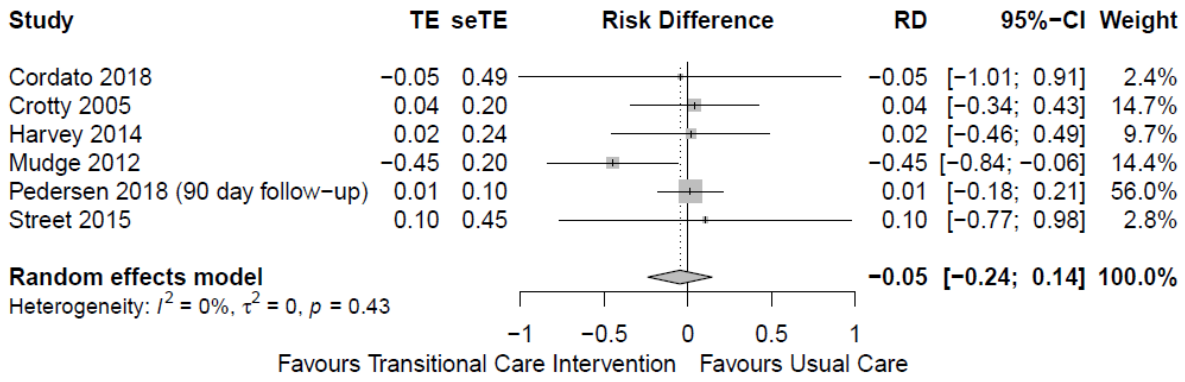

**eFigure 3. Barthel Score**



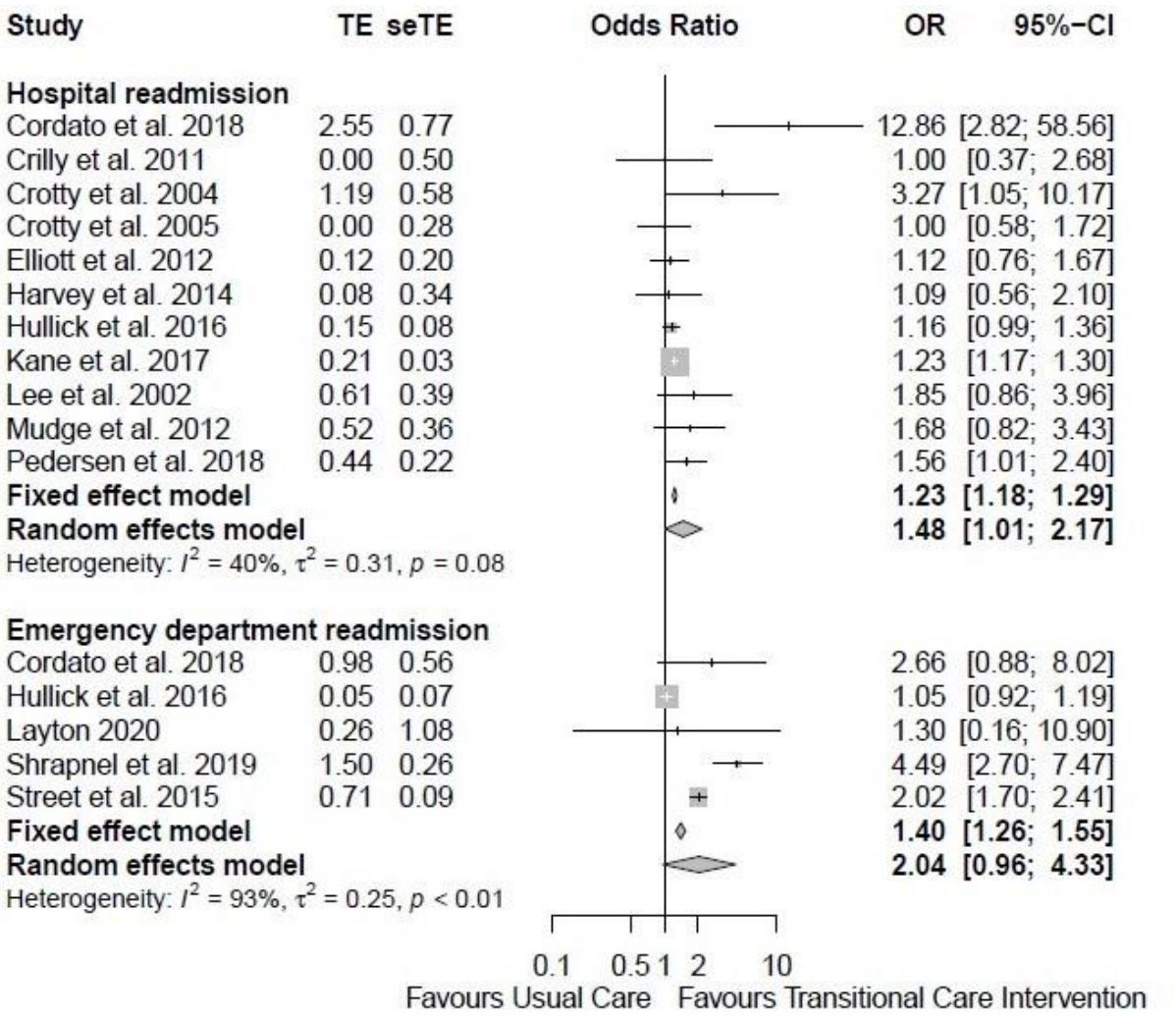

**eFigure 4. Mortality Risk Ratio**



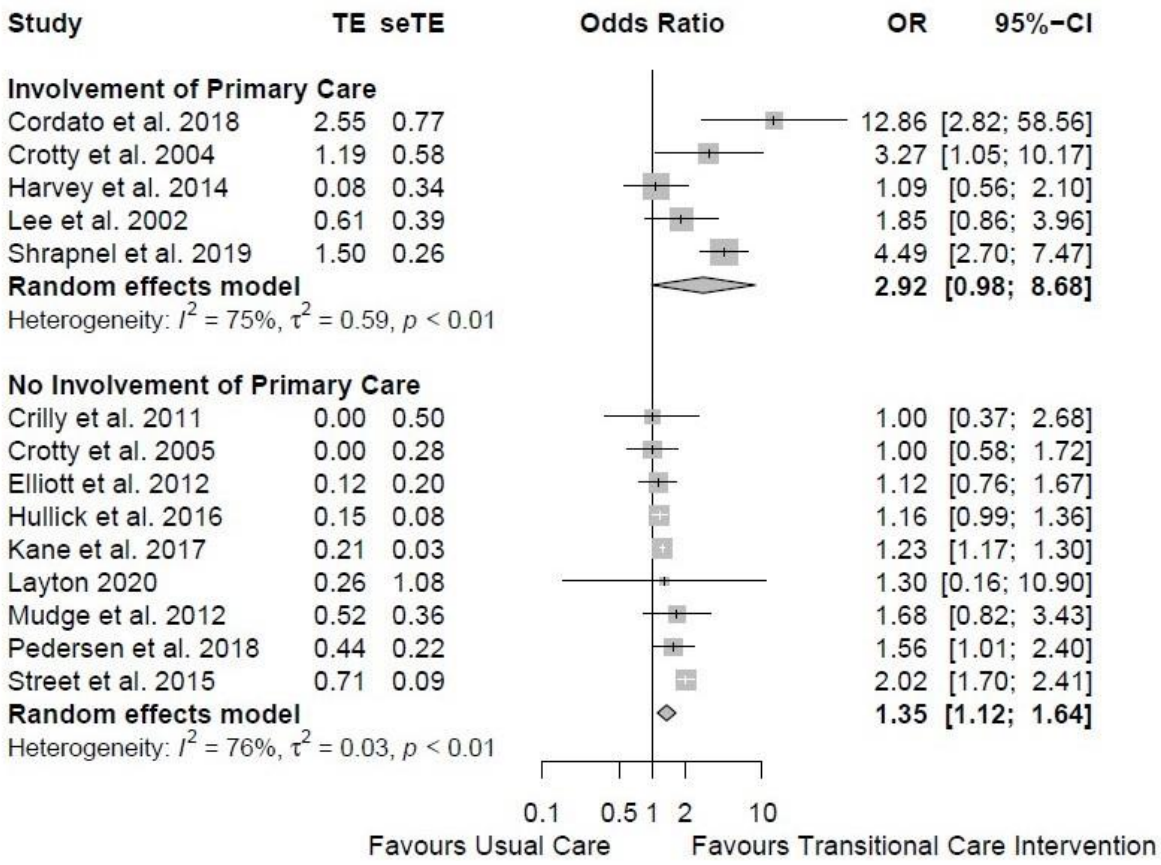
## eFigure 5. Mortality Risk Difference



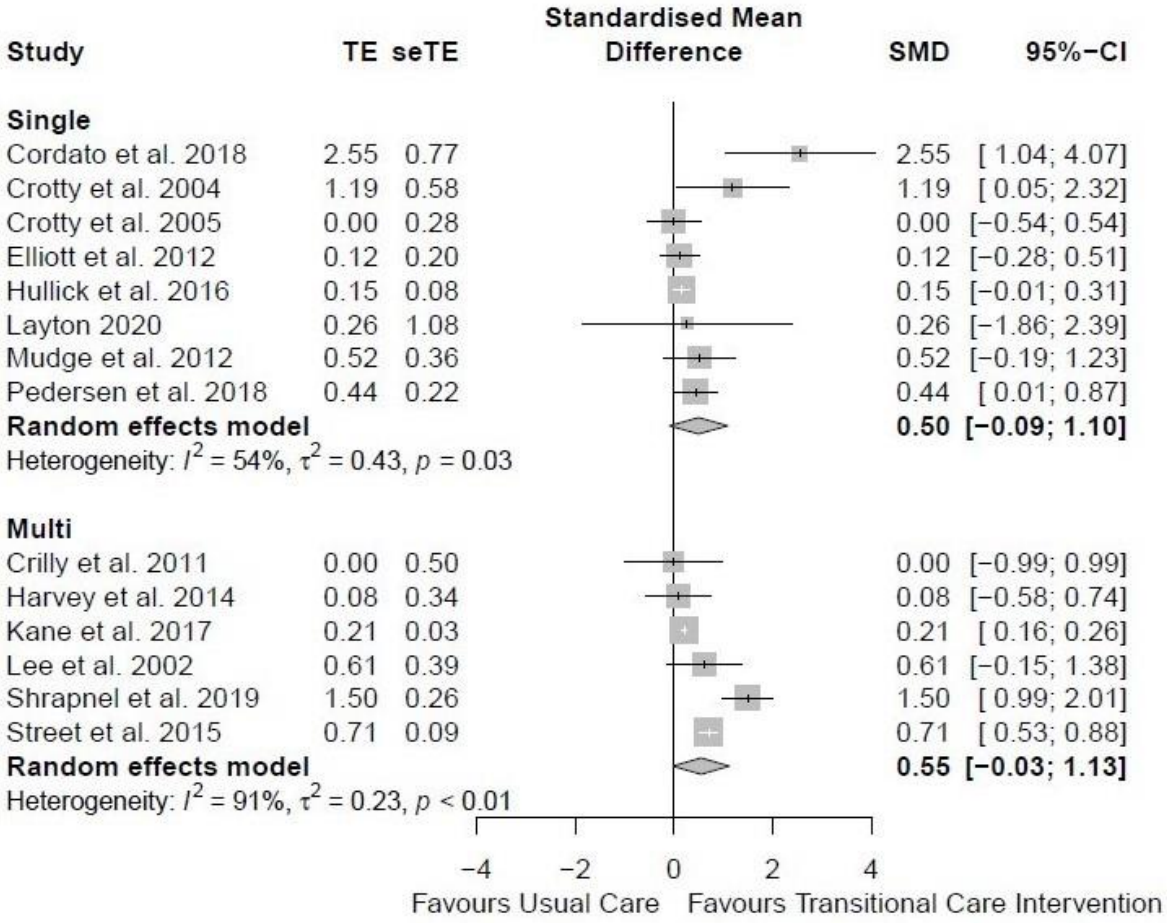

## eFigure 6. Subgroup Analysis of Hospital vs ED Readmissions



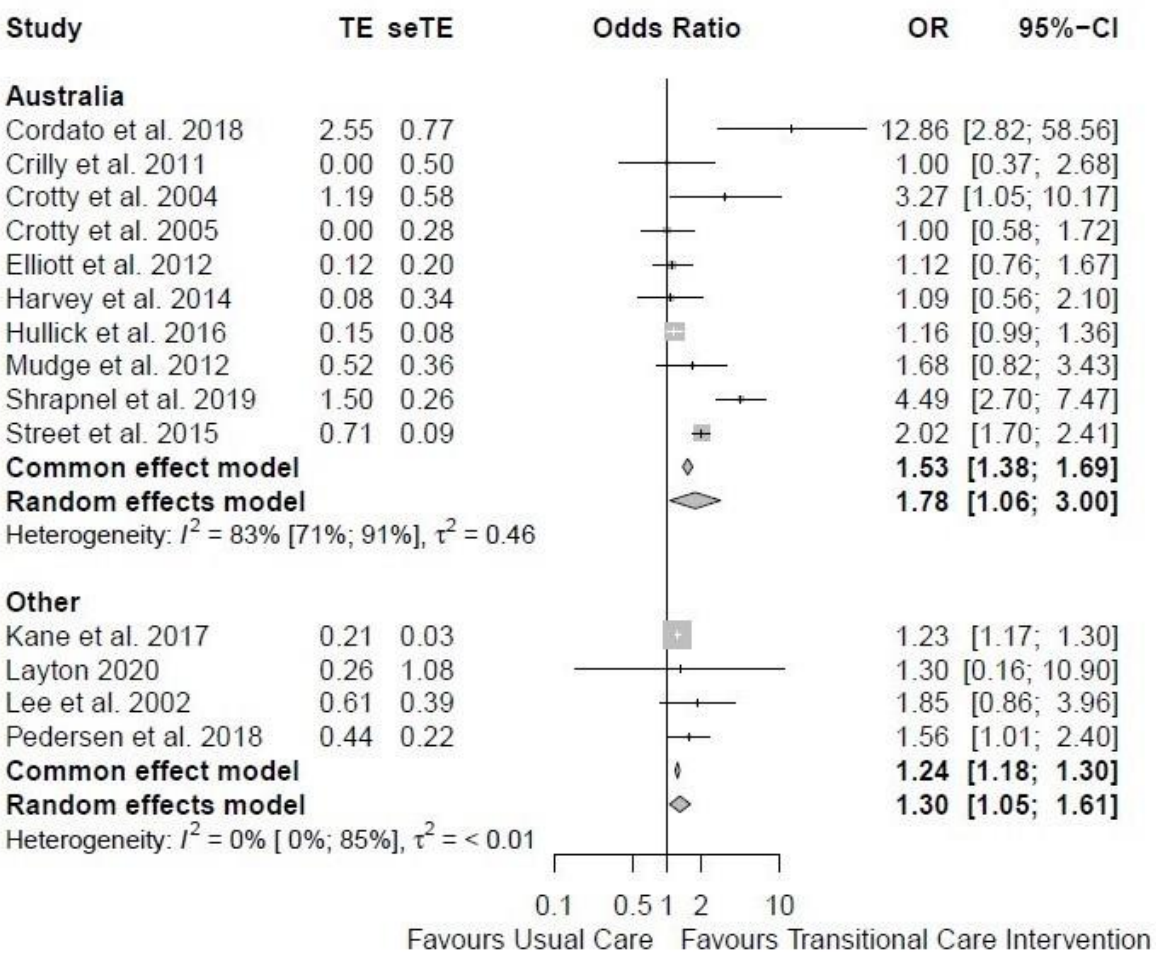
**eFigure 7. Subgroup Analysis of Readmission by Involvement of Primary Care**



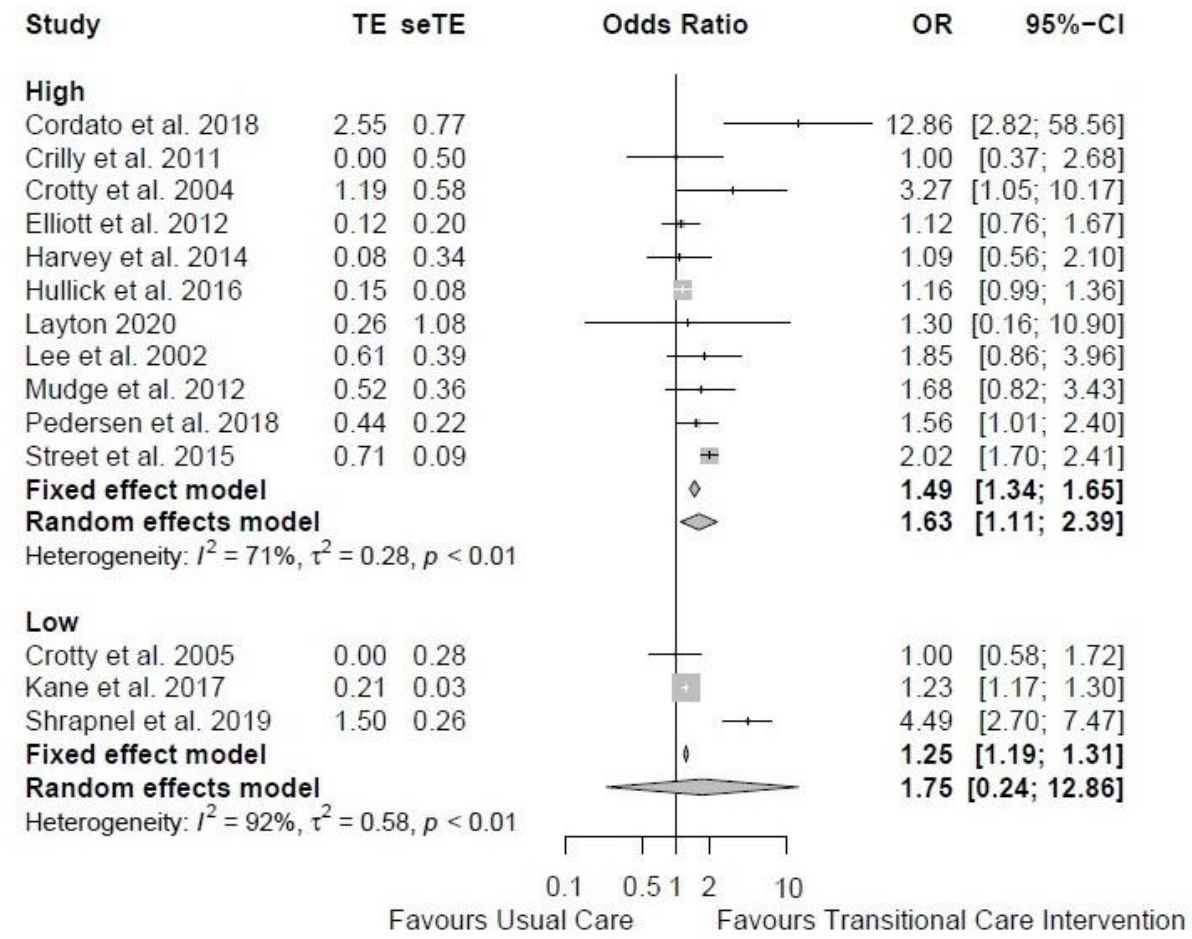
**eFigure 8. Subgroup Analysis by Focus of Intervention**



**eFigure 9. Subgroup Analysis by Country**



**eFigure 10. Sensitivity Analysis: Readmission by Risk of Bias**



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