**Appendix 1**

**Inclusion/Exclusion criteria**

<table>
<thead>
<tr>
<th>PICOS element</th>
<th>RESEARCH QUESTION: What are effective Quality Improvement strategies for transitioning patients admitted to the hospital for Heart Failure (HF) back into the community for reducing hospital admissions and mortality?</th>
<th>Exclusion criteria</th>
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</thead>
</table>
| Population    | Adults (patients 18 ≥ years of age) who are newly admitted to the hospital or Emergency Department with a diagnosis of heart failure (i.e., HF, CHF). If we will assume that unless otherwise stated, newly admitted patients were living independently in the community (vs. in a long-term care facility – please exclude if this is stated in the study). Also include those who were enrolled during hospital stay or a discharge. | If patients are selected or enrolled in:  
   - Outpatient clinics;  
   - Heart Failure clinics  
   - Primary care practice  
   - In the community (without hospitalization)  
   - Enrolled from administrative databases |
| Intervention  | Quality improvement (QI) strategies – intervention aimed at reducing the quality gap (the difference between healthcare processes or outcomes observed in practice and those potentially obtainable based on current professional knowledge) for a group of patients representative of those encountered in routine practice. Care coordination – is a QI strategy involving the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient’s care to facilitate the appropriate delivery of health care services. Quality improvement (QI) targeting health systems:  
   - Case management (targeting health systems); Team changes; Electronic patient registry; Facilitated relay of information to clinicians; Continuous QI; QI targeting health care providers  
   - Audit and feedback; Education; Reminders; Financial incentives; Tele-monitoring  
   - QI targeting patients: Patient education; Promotion of self-management; Reminder systems | Targeting health care providers  
   - Education: Exclude teaching how to educate patients, counseling skills, motivational interviewing, self-directed learning, and skills related to the intervention (e.g., teaching how to use the website for the randomized controlled trial).  
   - Reminders: Ad-hoc clinician reminders are excluded  
   - Targeting patients:  
   - Education: Include interventions with education of patients only if they also include at least one other strategy related to clinician or organisational change.  
   - Self-management: Include interventions promoting self-management only if they also include at least one other strategy related to clinician or organisational change.  
   - Reminders: Include interventions with reminders only if they also include at least one other strategy related to clinician or organisational change. An example is: reminders to monitor glucose. If the intervention included case management, reminders to patients need to be explicit and an extra task to the normal case management. |
| Comparator     | Usual care; Control | None |
| Outcome        | Hospital or ED readmission; Hospitalization (Primary)  
   - Mortality (Primary)  
   - Hospital length of stay  
   - Clinician visits  
   - Appropriate use of HF medications (compliance, adherence)  
   - Cost-effectiveness | Adherence or compliance to the intervention or to guidelines rather than HF medications |
| Study design   | Randomized controlled trials (RCTs); Cluster RCTs; An experiment in which groups of patients/participants are randomly assigned/allocated to two or more interventions or a control intervention or placebo  
   - Systematic review: A review of a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise relevant research; and collect and analyse data from the studies that are included in the review. May or may not use meta-analysis to analyse and summarise the results | Quasi RCTs (non-randomized methods of assignment); Controlled before-after studies; Interrupted time series; Observational studies (prospective / retrospective cohort studies; Cross-sectional studies; Case-control studies); Case reports; Editorials or letters; Narrative reviews (Non-systematic reviews typically written by one author that represents their opinion on a particular topic); Basic science or animal studies |