

Appendix 1

Inclusion/Exclusion criteria

PICOS element	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?	
	Inclusion criteria	Exclusion criteria
Population	<ul style="list-style-type: none"> 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) 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). <ul style="list-style-type: none"> Also include those who were enrolled during hospital stay or a discharge. 	<ul style="list-style-type: none"> If patients are selected or enrolled in: <ul style="list-style-type: none"> Outpatient clinics; Heart Failure clinics Primary care practice In the community (without hospitalization) Enrolled from administrative databases
Intervention	<p>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.</p> <p><u>Care coordination</u> – 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</p> <p><u>QI targeting health systems</u></p> <ul style="list-style-type: none"> Case management (targeting health systems); Team changes; Electronic patient registry; Facilitated relay of information to clinicians; Continuous QI <p><u>QI targeting health care providers</u></p> <ul style="list-style-type: none"> Audit and feedback; Education; Reminders; Financial incentives; Tele-monitoring <p><u>QI targeting patients:</u></p> <p>Patient education; Promotion of self-management; Reminder systems</p>	<p><u>Targeting health care providers</u></p> <ul style="list-style-type: none"> 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 <p><u>Targeting patients:</u></p> <ul style="list-style-type: none"> 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 organizational 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	<ul style="list-style-type: none"> Usual care; Control 	None
Outcome	<ul style="list-style-type: none"> Hospital or ED readmission; Hospitalization (Primary) Mortality (Primary) Hospital length of stay Clinician visits Appropriate use of HF medications (compliance, adherence) Cost-effectiveness 	<ul style="list-style-type: none"> Adherence or compliance to the intervention or to guidelines rather than HF medications
Study design	<ul style="list-style-type: none"> 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 <u>Systematic review</u>: 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 	<ul style="list-style-type: none"> <u>Quasi RCTs</u> (non-randomized methods of assignment); <u>Controlled before-after studies</u>; <u>Interrupted time series</u>; <u>Observational studies</u> (prospective / retrospective cohort studies; Cross-sectional studies; Case-control studies); <u>Case reports</u>; <u>Editorials or letters</u>; <u>Narrative reviews</u> (Non-systematic reviews typically written by one author that represents their opinion on a particular topic), <u>Basic science or animal studies</u>