

Effectiveness of preventive home visits and home-based primary care in reducing hospital admissions for the elderly

Rapid HTA

Maggy Wassef, M.Sc.
Marc-Olivier Trépanier, Ph.D.
Julie Mayrand, M.S.I.
Sylvie Beauchamp, Ph.D.

Health and Social Care Technology and Interventions Assessment Unit

Academic Affairs, Teaching and Research Directorate
Centre intégré universitaire de santé et de services sociaux de l'Ouest-de-l'Île-de-Montréal

22 décembre 2018

A tool to support decision-making from the HSCTIAU

 The connection we share

*Centre intégré
universitaire de santé
et de services sociaux
de l'Ouest-de-
l'Île-de-Montréal*

Québec 

EXECUTIVE SUMMARY

In the context of meeting ministerial targets set for user length of stay on stretcher, the Health and Social Care Technology and Interventions Assessment Unit, of the Centre intégré universitaire en santé et services sociaux de l'Ouest de l'île de Montréal (CIUSSS-ODIM), set out to answer the decisional question elaborated on June 1st 2016 :

Which interventions should be implemented in order to prevent the emergency department visits and hospital admissions/readmissions of the vulnerable older adults?

The present report aims to summarize the scientific and contextual and experiential evidence concerning the effectiveness of preventive home visits and home-based primary care for the elderly population to reduce hospital services use. The results presented here involve multiple directorates including the Support for Elderly Autonomy Program Directorate, the Nursing Directorate, and the Professional Services Directorate.

A review of the scientific literature showed that there is no evidence that **preventive home visits** are effective at reducing hospital admissions for the elderly. On the other hand, there is limited but promising evidence that suggests that **home-based primary care** reduces hospital admissions. This evidence is in line with the CIUSSS-ODIM's commitment to increase the availability of medical services at home for unstable users, including the elderly.

SOMMAIRE

Le Centre intégré universitaire de santé et de services sociaux de l'Ouest-de-l'île-de-Montréal (CIUSSS ODIM) a inclus parmi ses priorités l'atteinte de la cible ministérielle visant à réduire la durée moyenne de séjour sur civière dans les salles d'urgence. Dans ce contexte, l'Unité d'évaluation des technologies et des modes d'intervention en santé et en services sociaux a été sollicitée afin de répondre à la question décisionnelle suivante :

Quelles sont les approches à mettre en place pour éviter ou prévenir le recours aux urgences et les admissions/réadmissions à l'hôpital parmi les aînés vulnérables ?

Ce document vise à résumer les données scientifiques, contextuelles et expérientielles concernant l'efficacité des visites préventives à domiciles ainsi que des soins primaires à domiciles visant à réduire l'utilisation des services hospitaliers par les personnes aînées vulnérables. Les résultats présentés dans ce document impliquent plusieurs directions, notamment la direction de soutien à l'autonomie des personnes âgées, la direction des soins infirmiers et la direction des services professionnels.

Une revue de la littérature scientifique a révélé qu'il n'y a pas assez de preuves pour établir une efficacité des visites préventives à domicile afin de réduire le taux d'hospitalisation des aînés. Toutefois, l'analyse des données évaluant les soins primaires à domicile a démontré une efficacité prometteuse quant à la diminution du taux d'hospitalisations des aînés. Ces résultats s'alignent avec l'engagement du CIUSSS-ODIM d'augmenter l'offre des soins primaires à domicile aux usagers vulnérables, incluant les aînés.

© CIUSSS de l'Ouest-de-l'Île-de-Montréal

The reproduction of this document in whole or in part, for non-commercial or personal use, is permitted on the condition that the source is cited.

To cite this document :

Wassef, Maggy; Trépanier, Marc-Olivier; Mayrand, Julie; Beauchamp, Sylvie. (2018). Effectiveness of preventive home visits and home-based primary care in reducing hospital admissions for the elderly. Rapid HTA. Montreal, QC: CIUSSS de l'Ouest-de-l'Île-de-Montréal, Unité d'évaluation des technologies et des modes d'interventions en santé et services sociaux (UETMIS-SS).

Legal deposit - Bibliothèque et Archives nationales du Québec, 2018
ISBN 978-2-550-83120-4

www.ciusss-ouestmtl.gouv.qc.ca

AUTHORS

Maggy Wassef, M.Sc.	Planning, Programming and Research Officer	UETMIS-SS Academic Affairs, Teaching and Research Directorate, CIUSSS-ODIM
Marc-Olivier Trépanier, Ph.D	Planning, Programming and Research Officer	UETMIS-SS Academic Affairs, Teaching and Research Directorate, CIUSSS-ODIM
Julie Mayrand, M.S.I.	Planning, Programming and Research Officer	UETMIS-SS Academic Affairs, Teaching and Research Directorate, CIUSSS-ODIM
Sylvie Beauchamp, Ph.D.	Chief	UETMIS-SS Academic Affairs, Teaching and Research Directorate, CIUSSS-ODIM

EXTERNAL SCIENTIFIC REVIEWERS

André Tourigny, MD, MBA, FRCPC	Médecin-Conseil Professeur agrégé Codirecteur	Institut national de santé publique du Québec (INSPQ) Faculté de médecine de l'Université Laval Institut sur le vieillissement et la participation sociale des aînés de l'Université Laval (IVPSA)
Dominique Bélanger, pht	Planning, Programming and Research Officer	UETMIS-SS CIUSSS du Centre-Sud-de-l'Île-de-Montréal

DISCLOSURE OF CONFLICT OF INTEREST

None to declare.

ACKNOWLEDGMENTS

The assistance of the following individual is gratefully acknowledged:

Nicole Campeau, M.Sc, M.B.S.I.	Information Specialist	UETMIS-SS Academic Affairs, Teaching and Research Directorate, CIUSSS-ODIM
Martine Habra, Ph.D	Planning, Programming and Research Officer	UETMIS-SS Academic Affairs, Teaching and Research Directorate, CIUSSS-ODIM
Jane McCusker, MD, DrPH	Researcher	St. Mary's Research Center
Rick Mah, MD	Chief	Department of Emergency Medicine St. Mary's Hospital Center

TABLE OF CONTENT

EXECUTIVE SUMMARY.....	ii
SOMMAIRE	ii
LIST OF FIGURES	vi
LIST OF TABLES	vi
ABBREVIATIONS.....	vii
GLOSSARY	viii
1 INTRODUCTION.....	2
1.1 Context.....	2
1.2 Outreach services.....	2
2 OBJECTIVES	3
3 METHODS.....	3
3.1 Umbrella review.....	3
3.1.1 Data sources and search strategies.....	3
3.1.2 Study selection	4
3.1.3 Data extraction.....	4
3.1.4 Assessment of risk of bias	4
3.1.5 Data Analysis	4
3.2 Contextual and experiential data.....	5
3.3 Scientific Validation.....	5
4 RESULTS	5
4.1 Umbrella review.....	5
4.1.1 Search results and study characteristics	5
4.1.2 Quality assessment	6
4.1.3 Synthesis of results.....	7
4.2 Contextual and experiential data.....	22
5 DISCUSSION	23
6 CONCLUSION	25
REFERENCES	26
Appendix 1: Search Strategy.....	31
A1.1 Medline strategy	31
A1.2 CINAHL strategy.....	34
A1.3 Cochrane library strategy	38
Appendix 2 : Other sources searched.....	40
Appendix 3: Interview canevas.....	41
Données contextuelles	41
Données expérientielles	41
Appendix 4: PRISMA flowchart.....	42
Appendix 5: Reasons for exclusion.....	43
A5.1 Records identified through databases	43
A5.2 Records identified through grey literature.....	60
Appendix 6: Quality assessment	64

LIST OF FIGURES

Figure 1. Risk of bias	6
------------------------------	---

LIST OF TABLES

Table 1. Summary of primary studies evaluating the effect of preventive home visits compared to routine care on the number of persons hospitalized	8
Table 2. Summary of primary studies evaluating the effect of preventive home visits on the number of hospital admissions	13
Table 3. Summary of primary studies evaluating the effect of home-based primary care on hospitalizations	18

ABBREVIATIONS

CI	Confidence interval
CLSC	Local Community Service Centres
CISSS	Centre intégré de santé et de services sociaux
CIUSSS	Centre intégré universitaire de santé et de services sociaux
CIUSSS-ODIM	Centre intégré universitaire de santé et de services sociaux de l'Ouest-de-l'Île-de-Montréal
CSSS	Centre de santé et de services sociaux
EPOC	Effective Practice and Organisation of Care
GP	General practitioner
GMF	Family Medicine Group
HBPC	Home-based primary care
HTA	Health technology assessment
INESSS	Institut national d'excellence en santé et en services sociaux
PICOTS	Population, intervention, control, outcome, time frame and study design
PHV	Preventive home visit
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analysis
RCT	Randomized clinical trial
SAD	Home Support Services (of the Support for Elderly Autonomy Program Directorate)
SAPA	Support for Elderly Autonomy Program Directorate
SR	Systematic review
ROBIS	Risk of bias tool for systematic reviews
UETMIS-SS	Health and Social Care Technology and Interventions Assessment Unit

GLOSSARY

These definitions are based on terms found in the HTAGlossary.net (1) and Effective Practice and Organisation of Care (EPOC) taxonomy (2).

Before – and – after study	“A research design where a group of subjects is observed before and after an intervention or exposure to a given factor” (1)
Discharge planning	An individualized plan of discharge to facilitate the transfer of a patient from hospital to a post-discharge setting
Meta-analysis	Statistical combination of results from multiple studies to obtain a single estimate of effect of a particular intervention or variable. The meta-analysis appropriately weights each included study according to its precision and, when RCTs are included, it maintains the randomisation of the individual included studies” (1)
Non-randomized controlled trial	“A clinical trial in which the subjects are divided between an experimental group and a control group using a method that does not involve randomisation—on the basis of the investigators’ practical constraints, for example—or other methods, such as alternate assignment of treatments” (1)
Outreach services	“Visits by health workers to different locations, for example involving specialists, generalists, mobile units” (2)
Prospective study	“A study to evaluate the effects of exposure to a given intervention or factor, in which the subjects are divided into groups that are exposed or not exposed to the intervention or factor of interest before the outcomes have occurred” (1)
Randomized controlled trial	“A study comparing at least two interventions, in which the eligible participants are allocated randomly to the intervention group, or groups, and the control group. The control may be a standard practice, a placebo, other active intervention, or no intervention. Participants may be individuals or groups” (1)
Risk difference	The value of the difference between the probability that an event will occur in the group exposed to a given factor and the probability that this event will occur in the group not exposed to this factor
Risk ratio	“The ratio (quotient) of the risk that an event will occur among the subjects exposed to a given factor and the risk that this event will occur among the subjects not exposed to this factor” (1)
Statistical significance	“In hypothesis testing, a conclusion drawn when the null hypothesis is rejected, i.e. when the p-value is below the pre-determined alpha level” (1)
Systematic review	“A synthesis that collates all empirical evidence fitting pre-specified eligibility criteria in order to answer a specific research question. Systematic reviews are conducted according to a pre-specified protocol. The methods used are selected with a view to minimizing bias, thus providing more reliable findings from which conclusions can be drawn and decisions made” (1)

1 INTRODUCTION

1.1 Context

In 2016, the Ministry of Health and Social Services set a target concerning the reduction of the length of stay of users on a stretcher, in the emergency departments, to 12 hours (3). In order to support the decision-making process, the Health and Social Care Technology and Intervention Assessment Unit (UETMIS-SS) was approached to evaluate interventions to improve the fluidity of patient trajectories in acute care services. The following decisional question elaborated on June 1st 2016 was retained:

Which intervention(s) should be implemented in order to prevent the emergency department visits and hospital admission/readmission of the vulnerable older adults?

As stated in our previous reports (9), the elderly population was targeted in the umbrella review as they disproportionately use health care services resulting in higher hospitalization rates. As a large number of references were identified, including multiple different types of interventions, a systematic review (SR) of SRs – also known as an umbrella review – was carried out in order to evaluate the decisional question. This led to the production of several reports, and recommendations were elaborated regarding discharge planning and transitional care.

One intervention found in the literature was outreach services. In Canada, the elderly population frequently uses outreach services. According to Statistics Canada, in 2012, 10% of Canadians aged 65 to 74, 21% of those aged between 75 and 84 years old and, 45% of those aged more than 85 years old used home services (4).

1.2 Outreach services

The effective practice and organisation of care (EPOC) defines outreach services as “Visits by health workers to different locations, for example involving specialists, generalists, mobile units” (2, p. 1).

Outreach services cover a wide range of interventions, including both short- and long-term care to meet unmet medical and social needs (5). Specific activities in the programs can include unskilled care, such as meal preparation and bathing, as well as skilled care, such as wound care, user assessment, and primary care (6, 7).

Various outreach models have been developed, including outreach home visits, transitional home visits, hospital-at-home, and home-based primary care (HBPC) (8). The aims of these programs and the care provided vary greatly. Of Interest for this report are preventive home visits and HBPC, as transitional home visits have already been discussed in a previous report (9) and hospital-at-home falls outside the scope of this review.

Preventive home visits (PHVs) aim to maintain health and autonomy and avoid nursing home admission (10). These models of care involve primary, secondary and tertiary prevention. Primary prevention aims to reduce the risk factors that could lead to unhealthy conditions, before the onset of the disease or injuries, by using health promotion and education aiming at lifestyle or behavioural changes. Secondary prevention includes early detection of the disease, and focuses on preventing the disability process by promoting disease education

and training. Finally, tertiary prevention aims to prevent the progression of the disability and deterioration related to an existing disease or incident (11, 12). They are composed of different services offered by a variety of health care professionals, but typically include multidisciplinary geriatric assessments in order to develop an appropriate individualized care plan for the user (11, 13, 14). They often supplement traditional office-based care with additional home visits (15).

On the other hand, HBPC is a more comprehensive program of outreach services to accommodate users with complex health needs and disabilities. Due to their frailty and decreased mobility, these users have limited access to primary care, rendering them more at risk of health care utilisation. Over the years, HBPC programs have been developed to provide users with comprehensive primary care at home. While these programs are heterogeneous, and often not well defined, they normally include recurrent visits by a primary care physician over an indefinite period of time, while providing an interdisciplinary approach to comprehensive care (16, 17).

2 OBJECTIVES

The objective of this rapid health technology assessment (HTA) is to evaluate the efficacy of PHVs and HBPC in reducing hospitalizations for the elderly.

3 METHODS

3.1 Umbrella review

For the purpose of this rapid HTA, an umbrella review was conducted following a protocol that was specified in advance, documented, and guided by the Cochrane Handbook for Systematic Reviews of Interventions (18). The methods for this current rapid HTA have been adapted from a previously published report (for the full methods, please refer to *Effectiveness of discharge planning and transitional care interventions in reducing hospital readmissions for the elderly* (9)). The findings were reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) statement (19).

3.1.1 Data sources and search strategies

Systematic searches were conducted in Medline (Ovid platform), CINAHL (Ebsco platform), the Cochrane Database of Systematic Reviews (Cochrane library, Wiley platform), the Database of Abstracts of Reviews of Effects (Cochrane library, Wiley platform), and the Health Technology Assessment Database (Cochrane library, Wiley platform). The results were limited by publication date (January 2011 to April 2017) and by languages (English or French). The search strings for individual databases are found in [Appendix 1](#).

Other online sources were searched to identify grey literature using specific key words. The full list of online sources is listed in [Appendix 2](#). The International prospective register of systematic reviews (PROSPERO) was also searched at the beginning of May 2017 for protocols published between 2014 and 2016. Finally, the references of selected articles were examined for relevant references.

3.1.2 Study selection

3.1.2.1 Selection criteria

For the purpose of the main umbrella review, SRs targeting elder adults aged 65 years and over, and comparing any intervention aiming at reducing the emergency department visits, hospital admission or readmission to routine care were included. We considered interventions implemented in primary care settings, in the community, or during the hospital-home or community care interface. Medical, pharmacological, surgical interventions or primary prevention for aging were not included in the scope of this research question. For this particular report, we only included PHVs and HBPC interventions. Publication dates were limited to reviews published between 2011 and 2017, as generally all the primary studies from the last 30 years should be represented in the retrieved SRs (20). Only French or English articles were included.

3.1.2.2 Selection method

Two independent reviewers (MH, MW and MOT) screened titles and abstracts, and included reviews were selected based on our inclusion/exclusion criteria. Any article identified based on title or abstract was read in full, and reasons for exclusion were documented.

3.1.3 Data extraction

Following selection, two reviewers (MW and MOT) each extracted the data from half of the included SRs and primary studies. Validation was performed by the second reviewer. In case of disagreement, a third reviewer (SB) was consulted. Data were extracted in a predefined table agreed upon by three reviewers (MW, MOT and MH).

Data extracted were based on: 1- description of the SR (year, country, objective, and grading or quality analysis tools used in the SR), 2- description of included primary studies (year, country, setting, population group and size, intervention, results of interest and EPOC classification of the intervention (2), control, outcomes measured, and results), as well as, 3- economical, organizational, or ethical issues if reported in the review.

3.1.4 Assessment of risk of bias

Risk of bias for systematic reviews (ROBIS) (21) was used to evaluate the quality of the included SRs. The tool evaluates the potential risk of bias over three phases: 1- assessment of the relevance of the SR, 2- assessment of the review process, and 3- evaluation of the risk of bias. The first phase evaluates the relevance and eligibility of the SR for the research question. Phase two evaluates the risk in four domains: study eligibility criteria, identification and selection of studies, data collection and study appraisal, and synthesis and findings. The third phase summarises the risk assessed in phase 2 and assesses the overall risk of bias in the conclusion of the review findings and whether the risk of bias identified in the four previous domains was addressed or not. Taking the results of the individual domains, an overall assessment of the risk of bias is generated.

A combination of two independent reviewers (MW-MOT and MW-MH) evaluated the SRs, and a third (SB) was consulted in case of disagreements.

3.1.5 Data Analysis

The results are presented in descriptive tabulation and narrative synthesis.

3.2 Contextual and experiential data

At the beginning of the umbrella review, a steering committee was formed in an advisory capacity in order to help understand the organizational and clinical context in regards to the issue being investigated, and to share their opinions about the definition of the decisional question. This committee included two scientific advisors in addition to stakeholders from different fields of research and directorates (for a full list, please refer to *Effectiveness of discharge planning and transitional care interventions in reducing hospital readmissions for the elderly* (9)).

Furthermore, structured interviews and oral presentations, of 60 to 90 minutes, were held with health care professionals occupying different roles in the Support for Elderly Autonomy Program Directorate (*Direction du programme de soutien à l'autonomie des personnes âgées, SAPA*) within the CIUSSS. These professionals were interviewed as well during the development of the first report (9). More data were collected during the development of this report to complement information concerning primary care and preventive care in the outreach setting. Interviews were held with the Professional Services Directorate's chief of the primary care services and the local services, and the home support (*Soutien à domicile, SAD*) coordinator. The objective of these interviews was to collect data in order to gain an understanding of the operation of SAPA and the SAD, and discuss the restrictions and facilitators of the implementation of the different types of interventions found in the scientific literature.

In general, experts and individuals interviewed were selected based on their expertise, profession, location, and availability for an interview. The interview process was conducted in French, and followed an interview canvas which was modified depending on the interviewee. An example interview canvas is available in [Appendix 3](#).

Finally, the forum on the best practices for home support held in May 2017 (22) was viewed on its website to gain a better understanding of the ministerial orientations and the experience of different programs in Quebec.

3.3 Scientific Validation

Two independent experts who had not participated in the project reviewed the report to assure scientific validity. Reviewer comments have been incorporated in the final report.

4 RESULTS

4.1 Umbrella review

4.1.1 Search results and study characteristics

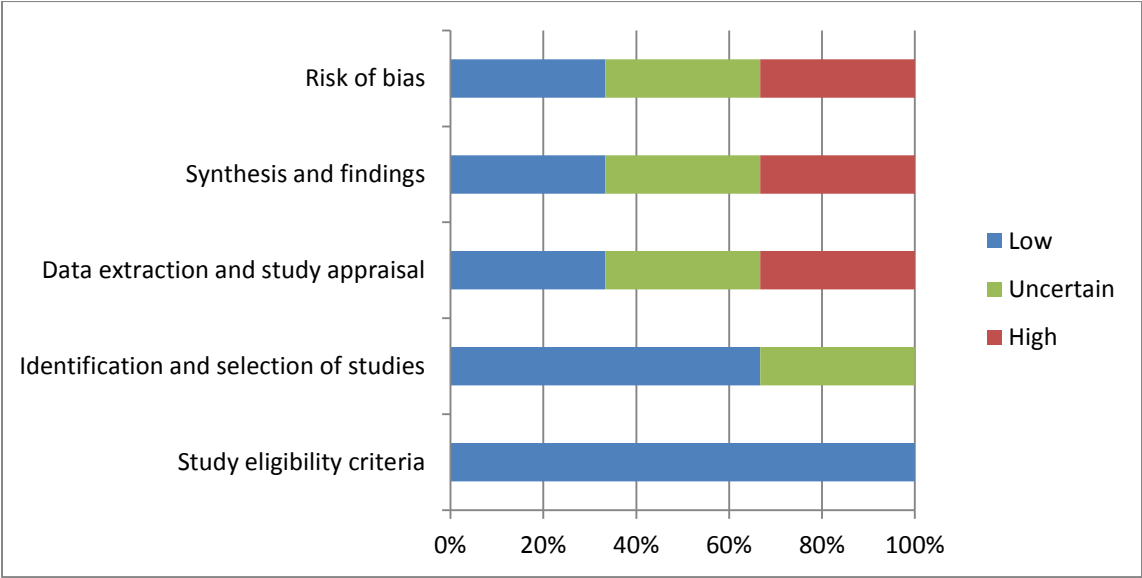
From the 27 SRs included in the umbrella review, 3 SRs evaluated the effectiveness of PHVs (23) and HBPC (13, 16) on reducing hospital admissions for the elderly population ([Appendix 4](#)). The reasons for exclusion from the umbrella review are listed in [Appendix 5](#). A total of 37 unique primary studies were included in the 3 SRs on PHVs and HBPC. The study designs of the primary studies varied from randomized clinical trials (n = 25) and observational studies (n = 12). The countries where the studies took place also varied, ranging from the United

States of America (n = 19), the United Kingdom (n = 6), Canada (n = 4), the Netherlands (n = 3), Australia (n = 2), Denmark (n = 1), Italy (n = 1), and Japan (n = 1).

4.1.2 Quality assessment

The results from the quality assessment using the ROBIS tool (21) are presented in Figure 1. Of the three SRs evaluated, one SR (16) was assessed to have a low risk of bias, and one with unclear risk of bias (23), while the last SR (13) was assessed to have a high risk of bias. The main sources of bias were the *data extraction and study appraisal* as well as *the synthesis and finding* domains. The reasons for these ratings included inconsistencies in extraction (13) and the inclusion of wrong data sets in a meta-analysis (23). The evaluation of the SRs with the ROBIS and the comments on areas of concern are described in detail in [Appendix 6](#).

Figure 1. Risk of bias



4.1.3 Synthesis of results

4.1.3.1 Effect of preventive home visits on hospitalization for the elderly

Mayo-Wilson *et al.* (23) conducted a SR with meta-analyses on the effect of PHVs for the elderly on mortality, morbidity and institutionalisation. Up to December 2012, 24 out of the 64 included RCTs reported results on either the number of persons hospitalized or the total number of hospitalizations.

4.1.3.1.1 Effect of preventive home visits on the number of persons hospitalized

Mayo-Wilson *et al.* (23) conducted a meta-analysis along with the subgroup analyses to calculate the effect of PHVs on the number of people admitted to hospital. The authors identified 15 RCTs (24-38) published from 1990 to 2010, which included 6288 participants. They were conducted in the United States of America (n=4), the Netherlands (n=3), Canada (n=2), the United Kingdom (n=2), Australia (n=1), Denmark (n=1), Italy (n=1), and Japan (n=1).

The risk ratio at the longest follow-up was statistically non-significant (risk ratio = 0.96, 95% CI = 0.91-1.01). Studies were also grouped in the meta-analyses by the time of follow-up, from 1-11 months, 12-23 months, 24-35 months, and 36 months and over. Similarly, they reported that these subgroup analyses detected no significant differences at any time point.

Other subgroup analyses grouping studies by age focus of visits, and number of visits showed no statistically significant reduction of users hospitalized. Only the subgroup analysis grouping studies by type of visitors illustrated that having a visit by a professional other than a nurse significantly reduced hospitalizations in a meta-analysis of two studies (24, 28) (risk ratio = 0.69, 95% CI = 0.52-0.92, $P = 0.01$).

A summary of the primary studies is described in Table 1. It should be noted that the authors included data from two primary studies in the meta-analysis (33, 34) that we were not able to locate in the primary articles. While it is possible that the authors obtained the data via other sources than the published articles, this discrepancy between the meta-analysis and the primary articles should be considered.

Table 1. Summary of primary studies evaluating the effect of preventive home visits compared to routine care on the number of persons hospitalized

Author (year) Country	Design	Population	Number of subjects	Mean age*	Intervention/program & Control	Follow-up	Results
Bernabei (1998) Italy	RCT	Subjects 65 years and over who were recipients of home health services or home assistance programmes	T= 199	I=81 C=81	<p>Intervention: The geriatric evaluation unit consisted of the geriatrician, the social worker, several nurses and the GPs. The geriatric evaluation unit provided an integrated program of case management care planning and comprehensive geriatric assessment. The case manager performed an analysis every two months. Problems identified following home visits were discussed in team meetings</p> <p>Control: Primary and community usual care, including fragmented services like: General practitioner ambulatory and home visits, nursing and social services, home aids and meals on wheels.</p>	12 months	12 months ↓ ($P \leq 0.05$)
Bouman (2008) Netherlands	RCT	Subjects aged 70-84 with poor health status and living at home.	T= 330	I= 76 C=76	<p>Intervention: Three home nurses (auxiliary community nurses) provided the following care to the participants: 1-hour to 90-minute home visits every two months from a nurse (8 visits over the 18 months), follow-up telephone calls 1 to 4 weeks after each visit, assessment of health problems and risks by interview following a structured protocol, advices or referral to professional and community services were given out, and the participants' GPs agreed to cooperate and were kept informed.</p> <p>Control: Usual care and could apply to any services available within Dutch health network.</p>	18 months	18 months ↔ (NS) 24 months ↔ (NS)
Byles (2004) Australia	RCT	Veterans and war widows aged 70 years and over living in the community in 10 specific regions.	T= 1569	N/A	<p>Intervention: Participants were assessed using a checklist in their homes by health professionals (nurse, social workers, psychologists, physiotherapists and occupational therapists). Responses were recorded, and participants were given verbal and written feedback as well as printed health materials. Participants' GPs received a report and concerns were highlighted for follow-up. Follow-up phone calls were performed 3 months after the visit to address concerns and to identify emergent issues. The four intervention groups were:</p> <ul style="list-style-type: none"> • 1: annual visits, report to GP and phone follow-up after each visit; • 2: Group 1, a second report to the GP after phone follow-up; • 3: 6-month visit, report to GP, phone follow-up after each visit; • 4: Group 3, a second report to GP after each phone follow-up. <p>Control: Usual care.</p>	3 years	3 year ↔ (NS)
Ciaschini (2008) Canada	RCT	Community-dwelling subjects aged 55 years or more and identified to be at risk of fractures due to osteoporosis.	T= 201	I= 72 C=71	<p>Intervention: Subject and their caregiver received evidence-based recommendations to reduce fall risk. Assessment was completed by the nurse during the first home visits, which included: Berg Balance Scale, interRAI screener, medication review and assessment for orthostatic hypotension. A complete list of the subject's medication was compiled</p>	unclear	<u>Admitted to hospital (including ED visits)</u> 0-6 months ↔ (NS)

Author (year) Country	Design	Population	Number of subjects	Mean age*	Intervention/program & Control	Follow-up	Results
					<p>by the nurse and the subject's pharmacy to identify and flag the medications with increased risk of falls.</p> <p>Referrals to tailored physiotherapy treatment, activities such as T'ai Chi classes as well as other strengthening exercises, tailored occupational therapy which included cognitive testing. Personalized counselling from the research nurse was also provided with a written summary and management plan. Subject education material and checklists were provided.</p> <p>Control: Usual care.</p>		6-12 months: ↔ (NS)
Ciechanowski (2004) USA	RCT	Subjects with minor depression or dysthymia	6 months T= 131 12 months T= 127	I= 73 C= 74	<p>Intervention: In PEARLS (Program to Encourage Active Rewarding Lives for Seniors), participants selected from a list of 250 pleasant activities to engage before the next session. Emphasis on social and physical activation. After 8 in-home sessions (50 minutes) in 19 weeks, Monthly phone calls follow-up to assess the subject.</p> <p>Control: Usual care with letters sent to their regular physicians reporting depression diagnosis with recommendations to continue usual care. They had access to all primary or speciality care.</p>	19 weeks	6 months ↔ (NS) 12 months ↔ (NS)
Davison (2005) UK	RCT	Subjects aged over 65 years presenting to A&E with a fall or fall-related injury.	T= 313 I= 159 C=154	I=77 C=77	<p>Intervention: The intervention including the medical evaluation and were reproduced from a previous study (39) with cognitively impaired fallers subjects. Hospital-based medical assessment included medical and fall history, medication as well as full clinical vision examination. Home-based physiotherapy and occupational therapy assessment followed by prioritized and individualized intervention.</p> <p>Control: Usual care had-no medical or therapy assessment.</p>	Unclear	12 months ↔ (NS)
Fabacher (1994) USA	RCT	Veterans of the US army , 70 years old and over	T= 195 I= 100 C= 95	I=74 C=72	<p>Intervention: Physician's assistant or a nurse performed home visits 2 weeks following randomization to assess the functional, medical and psychosocial problems followed by elaboration of a description of the findings and recommendations. Home visits every 4 months by trained volunteers (mostly retired nurses) for 1 year to help comply with the recommendations.</p> <p>Control: Usual care with telephone interview every 4 months to maintain contact.</p>	12 months	12 months ↔ (NS)
Hogan (2001) Canada	RCT	Subjects aged 65 years and over with a fall or fall-related injury 3 months prior the intervention	T= 163 I= 79 C=84	I=78 C=77	<p>Intervention: Fall assessment program implemented by a team (including a specialist in geriatric medicine, nurses, physiotherapist and occupational therapist) evaluated both users and environmental risk factors. A first assessment home visit by one of the team members lasted 1-2 hours and followed by a team meeting to elaborate</p>	12 months	<u>Fall-related hospital admission</u> 12 months ↔ (NS)

Author (year) Country	Design	Population	Number of subjects	Mean age*	Intervention/program & Control	Follow-up	Results
					<p>recommendations which were communicated to the subject, their family physician and the source of referral. Referrals to exercise classes could be provided</p> <p>Control: A recreational therapist visited the control for-assessment to collect information about the subject's leisure involvement, activity level and support system and a letter was sent to the subject's physician to inform him or her of the study and the baseline information.</p>		
Kono (2004) Japan	RCT	Ambulatory subjects living at home elders aged 65 years and older	T= 243	I=83 C=83	<p>Intervention: Public health nurse performed PHVs, which included assessment of physical function, home environments and psychosocial parameters for 18 months. Home visits were approximately every 3 months</p> <p>Control: Received routine primary and community care.</p>	18 months	18 months ↔ (NS)
McEwan (1990) UK	RCT	People aged 75 years or older registered with the practice in 1986	T= 296 I=151 C=145	Over 75	<p>Intervention: A care plan nurse performed one in-home assessment (45 minutes) of daily living activities, social functioning, sensory functions, mental an emotional status, current medical problems, blood pressure, urine and blood biomarkers and medication compliance. Care plan, advice and booklets as well as referrals were made based on the assessment.</p> <p>Control: Primary care team provided usual care.</p>	One time visit	No data on hospitalization presented in the primary study
Sorensen (1988) Denmark	RCT	Old people with unmet health and social needs	I=585 C=777	Over 75	<p>Intervention: A social worker and physician visited randomly selected elderly. Social worker asked questions regarding housing, economy, social support and social network. With the subject's agreement, social services were contacted for unmet needs. Social services were supposed to respond within one month, but this could take up to 6 months. A physician performed a general examination. Subjects that required further examination were referred to GP and information was transferred by letter. The study physician had no influence on treatment.</p> <p>Control: Usual care.</p>	1 visit	No data on hospitalization presented in the primary study
Stuck (1995) USA	RCT	Elderly subjects, 75 and over living in Santa Monica California, no cognitive or severe functional impairment, living at home with no terminal illness.	I=215 C=199	I=81 C=81	<p>Intervention: A gerontologic nurse practitioner performed annual in-home comprehensive geriatric assessment, discussed the problems with the geriatricians and performed follow-up home visits every 3 months to monitor the implementation of the recommendations and provide further health education. Sometimes primary physician was contacted in urgent cases by phone.</p> <p>Control: Regular medical care.</p>	3 years	3 years ↔ (NS)

Author (year) Country	Design	Population	Number of subjects	Mean age*	Intervention/program & Control	Follow-up	Results
Tinetti (1994) USA	Cluster RCT	Independent elderly aged 70 years living in the community. Report at least one of the following: 1-postural hypotension or use of sedative-hypnotic agent; 2- use of ≥4 prescription medications; 3- inability to transfer safely to bathtub; 4- environmental hazards for falls or tripping; 5- any impairment in gait or in balance; 6- gait impairment; 7- balance impairment; 8- impairment in muscle strength or range of motion.	T=301 I=153 C=148	I=78 C=78	Intervention: The study nurse practitioner and the physical therapist assessed the subjects. Decision rules and priority lists were used to select standardized intervention protocols for each risk factor identified during the assessment. During home visits, the physical therapist offered training, gave instructions for a competency-based balance and strengthening exercise program, provided simple instruction material, and assessed adherence to the program. Control: Social-work students visited the control group (same number of visits that would be required for the same risk factors in the intervention group).	3months , maintenance until 6 months	12 months ↔ (NS, no description of statistics)
Van Hout (2010) Netherlands	RCT	Subject aged 75 years and older, living at home, frail and they were listed as primary care practice clients	T=651 I=331 C=320	I=81 C=82	Intervention: The nurse assessed the subject using a multidimensional computerized geriatric instrument. Recommendations were made based on the assessment. . The subject's care and tailored intervention planning were designed according to his preferences. Copy of the plan was left at the subject's home. Visiting program included 4 visits a year to monitor care plan and adapt it as needed. Subject was reassessed yearly. Control: Usual care ranging from no care to home care involvement.	18 months	↔ (NS)
Van Rossum (1993) Netherlands	RCT	General population of elderly people in Weert, Netherlands.	T=580 I=292 C=288	75-79 I=72% C=73% 80-85 I=28% C= 27%	Intervention: Each subject was visited by the same nurse four times (45-60 minutes) a year for three years. Extra visits were added if necessary. The nurse was available by telephone every day to help with problems or to request extra visits. The standardized visits used a checklist to discuss functional state, medication, social contacts, and housing conditions. These visits included discussions on health topics as well information and advices. The majority of subjects were referred to other services, including GP Control: Subjects received no home visits. They had access to all usual care services. There were no visits from the nurse of the home nursing care.	3 years	1 year ↔ (NS) 2 years ↔ (NS) 3 years ↔ (NS)

* The mean age reported in the primary studies were rounded to the nearest whole number.

A&E, accident and emergency; C, control group; ED, emergency department; GP, general practitioner; I, intervention group; NS, non-significant; PHV, preventive home visit; RCT, randomized controlled trial; T, total; UK, United Kingdom; USA, United States of America;

4.1.3.1.2 Effect of preventive home visits on the total number of hospital admissions

Mayo-Wilson *et al.* (23) performed a second series of meta-analyses to evaluate the effect of preventive home visits on the total number of hospital admissions. The primary studies are described in Table 2. The meta-analysis included 11 RCTs (36, 38, 40-48) published between 1998 and 2007 with a total of 4943 participants. The studies included were conducted in the United States of America (n=4), the United Kingdom (n=4), Canada (n=1), Australia (n=1), and the Netherlands (n=1).

In a meta-analysis pooling the results of all the 11 included studies (36, 38, 40-48), the authors reported a non-significant difference in the total number of hospital admissions between the two groups (rate ratio= 0.93, 95% CI=0.81-1.06, $P>0.05$). The authors also conducted several subgroup analyses grouping studies based on the interval of each follow-up period, number of visits, focus of visits, the age of participants, and type of visitors (health care providers). Only a few factors were found to have a significant effect on admissions.

Another meta-analysis of four studies (38, 41, 44, 46) found a significant effect of nurse-led home visits on admissions compared to the control group (hazard ratio=0.76, 95% CI=0.64-0.89, $P=0.001$). It should be noted that while having visits from a health care provider other than a nurse led to a small reduction of the number of hospital admissions (hazard ratio=0.87, 95% CI=0.75-1.00, $P=0.05$). However, the fact that the confidence interval touched the no effect line should be taken into consideration.

Finally, a subgroup analysis found in the supplementary material, grouping studies (41, 44, 47-49) by the focus of visits, showed a significant statistical reduction in admissions (rate ratio=0.78, 95% CI=0.62- 0.99, $P=0.04$) in three primary studies, that included both fall prevention and multidimensional geriatric assessment (36, 42, 46).

Table 2. Summary of primary studies evaluating the effect of preventive home visits on the number of hospital admissions

Author (year) Country	Design	Population	Number of subjects	Mean age**	Intervention/program & Control	Follow-up intervention	Results
Balaban (1988) USA	RCT	Subjects already enrolled in the practice with disability, living alone and aged 65 years and over	T=143 I=69 C=74	I=70 C=68	Intervention: Home visits were scheduled based on an assessment of medical and social needs of the subjects. These subjects could visit their family physician. Control: No home visits but subjects were followed by their family physicians.	1-2 years (unclear)	12 months ↑ ($P<0.003$)
Caplan (2004) Australia	RCT	Subjects aged 75 and older who lived in the local area, at home or in a hostel, and discharged from the ED	I=370 C=369	I=82 C=82	Intervention: Subjects were seen in the ED followed by a home visit, or, were seen at home if discharged after-hours. A nurse conducted the assessment using the ED records. Results were discussed with the subject's GP. The care plan was formulated and urgent interventions as well as referrals were initiated. The subjects' history was discussed during the weekly interdisciplinary team meeting (including a geriatrician or geriatric registrar, nurses, physiotherapists, and occupational therapist). Interventions were performed for up to 4 weeks. Referrals could be made to the subjects' GP, specialist physicians or surgeons, community-health nurses, and other community services. Control: No changes were made to the discharge plan formulated by the medical officer in the ED.	4 weeks	30 days <u>Any admissions (emergency & elective):</u> ↓ ($P=0.048$) <u>Emergency admissions</u> ↔ (NS) <u>Elective admission to hospital</u> ↔ (NS) 18 months <u>Any admissions (emergency & elective):</u> ↓ ($P=0.007$)
Close (1999) UK	RCT	65 years and above, living in the local community and attended the A&E for a fall	T=397 I=184 C=213	I=79 C=77	Intervention: A medical assessment was performed in the hospital and an occupational therapy assessment was done at home by an occupational therapist that provided minor equipment. Risk factors identified and modified. Further investigation, assessment and follow-up were provided along with advice and education and home modifications. For more support and adaptation aids, referrals were made to social or hospital services. Postal questionnaire was sent every 4 months for up to 1 year after the fall. Control: Usual care with no assessment.	One visit, unclear time frame	12 months ↔ (NS)
Counsel (2007) USA	RCT	Low income geriatric (65 years and over) subjects, established subject within one of 6 community health centers and with 1 visit to a primary care physician at one of those sites within the last 12 months	T=951 I=474 C=477	I=72 C=72	Program: the GRACE (Geriatric Resources for Assessment and Care of Elders) was implemented by the support team (advance practice nurse and social worker), a primary care physician and a geriatrician. It included: 1- Initial and annual in-home complete geriatric assessment 2- Annual Individual care plan 3- Annual activation of a new GRACE care protocols 4- Team meetings with GP to review care plan 5- Implementation of care plan with collaboration of GP 6- Team meeting to review implementation 7- Case management and continuity of care with all health care services 8- Follow-up visit and monthly phone calls. Control: subjects received routine care but had access to all primary and	24 months	<u>Hospital admission rates per 1000</u> Cumulative 2-year ↔ (NS) year 1 ↔ (NS) year 2 ↔ (NS) <u>In a predefined group at high risk of</u>

Author (year) Country	Design	Population	Number of subjects	Mean age**	Intervention/program & Control	Follow-up intervention	Results
					specialty care services available as part of usual care including outpatient geriatric assessment and multispecialty center, inpatient Acute Care for Elders unit, skilled nursing facility and physician house calls.		<u>hospitalization</u> year 1 ↔ (NS) year 2 ↓ (P=0.03)
Dalby (2000) Canada	RCT	70 years of age or more on the roster of 2 physicians affiliated with a health service organization and reported functional impairment, or admission to hospital in the previous 6 months	T=139 I=70 C=69	I=79 C=78	Intervention: The visiting nurse served as a case manager and integrated community services & agencies. She reviewed medical record, completed a comprehensive assessment for physical, cognitive, emotional and social function, medication use, and safety of the home environment. A care plan was developed with the primary care physician, other health care professionals, the subject, and his caregivers. Follow-up home visits and phone calls were done over the 14 months of the study to provide vaccinations, monitor, educate and provide psychosocial support. Control: Usual care.	14 months	14 months ↔ (NS)
Lenaghan (2007) UK	RCT	Subjects over 80 years, living at home, prescribed ≥ 4 oral daily medicines and had at least one of the following: living alone, a record of confused mental state, vision or hearing impairment, prescribed medicines associated with medication-related morbidity or prescribed >7 regular oral medicines	I=68 C=66	I=85 C=84	Intervention: A pharmacist visited the subjects within 2 weeks of the initial phone call. The purpose of the visit was to address possible drug interactions, adverse effects or storage issues based on the participant's current medication and medical history. First visit included subject education, removal of expired medication and assessing if the subject required an adherence aid. The pharmacist and lead GP made changes to the medication if required. A follow-up visit after 6-8 weeks later to emphasized the original advice and further evaluate potential issues. Control: Subjects received usual care for six months, and were then offered medication review visits.	2 visits within 8 weeks	6 months ↔ (NS)
Lightbody (2002) UK	RCT	Subjects aged 65 years and attended an A&E department with a primary diagnosis of fall	T=348 I= 171 C=177	Med I= 75 C=75	Intervention: a nurse performed an initial assessment 2-4 weeks after the fall at the subject's home for falls risk factors. If actions were required, subjects were referred to the appropriate resources. Subject had to complete a diary for up to six months after the index fall. At 6 months, GP records, hospital databases and questionnaire sent to the subjects were reviewed. Control: Usual care.	First visit at 2-4 weeks Assessment at 6 months	<u>Falls-related hospital admissions</u> 6 months ↔ (NS)
Pathy (1992) UK	RCT	Subjects aged 65 or more, living in domestic accommodation and registered with a general practice of four partners in central Cardiff	T=725	I=73 C=74	Intervention: A health visitor Identified health problems using the postal questionnaire sent to participants in the intervention group. Based on the answers and other unspecified information, the health visitor would arrange home visits, give advice and health education or referred the subject to the GP or community services. Subjects whose questionnaire did not indicate a problem (40%) were not visited. Control: No questionnaires were sent to the control group. Subjects	3 years	3 years ↔ (NS)

Author (year) Country	Design	Population	Number of subjects	Mean age**	Intervention/program & Control	Follow-up intervention	Results
					continued to have the services from the generic health visitors available. Health visitor worked with the elderly mainly in case of crisis visits.		
Sommers (2000) USA	RCT	Subjects aged 65 years and over who are independent but unable to carry out at least one activity of daily living, and- under treatment for at least 2 chronic conditions	T=543 I=280 C=263	I= 78 C=77	Intervention: in the Senior Care Connection (SCC) intervention, an office-based team (a GP, a nurse with geriatric training and a social worker (SW) with geriatric experience) worked in close collaboration. The nurse or SW visited the subject at home, completed a subject functional, medical history, checked vital signs and home safety. The team discussed the case; generated frailty and health risk score, developed a risk reduction plan to discuss with the subject and planned treatment by means of self-management strategies. The nurse and SW performed follow-ups by phone call, home visits, small group session or office/ hospital visits every 6 weeks. During these contacts, they assessed new problems and chronic disease status, educated the subject in self-management skills and promoted the use of community services. The team met monthly to review subject's status and the care plans. Control: Usual care from the primary care physician.	1 baseline year + 1.5 year intervention + 0.5 follow-up	Between 1 and 2 years <u>Hospital admission per subject per year</u> OR=0.63; 95%CI= 0.41-0.96; P= 0.03) <u>> 1 readmission within 60 days</u> OR=0.26, 95% CI= 0.08-0.84; P=0.03
Tinetti (1994) USA	Cluster RCT	Independent elderly aged 70 years living in the community with at least one of the following: 1-postural hypotension/ use of sedative-hypnotic agent; 2- ≥4 prescribed medications; 3- inability to transfer to bathtub; 4-environmental hazards for falls or tripping; Plus impairment in: 5- Transfer or balance; 6- gait; 7- balance; 8- Muscle strength or range of motion.	T=301 I=153 C=148	I=78 C=78	Intervention: The study nurse practitioner and the physical therapist assessed the subjects. Decision rules and priority lists were used to select standardized intervention protocols for each risk factor identified during the assessment. During home visits, the physical therapist offered training, gave instructions for a competency-based balance and strengthening exercise program, provided simple instruction material, and assessed adherence to the program. Control: Social-work student visited the control group (same number of visits that would be required for the same risk factors in the intervention group).	3 months, until 6 months	12 months ↓ (no stats)
Van Rossum (1993) Netherlands	RCT	General population of elderly people in one of the southern regions of the Netherlands	T=580 I=292 C=288	75-79 I=72% C=73 % 80-85 I=28% C=27 %	Intervention: Each subject was visited by the same nurse four times (45-60 minutes) a year for three years. Extra visits were added if necessary. The nurse was available by telephone every day to help with problems or to request extra visit. The standardized visits using a checklist to discuss functional state, medication, social contacts, and housing conditions. Guidelines were developed to be more systematic. These visits included discussions on health topics as well information and advices. The majority of subjects were referred to other services, including GP. Control: Subject received no home visits. They had access to all usual care services There were no visits from the nurse of the nursing home care.	3 years	1 Year ↓ (no stats) 2 years ↓ (no stats) 3 Years ↓ (no stats)

**The mean age reported in the primary studies were rounded to the nearest whole number.

C, control group; ED, emergency department; GP, general practitioner; I, intervention group; NS, non-significant; OR, odds ratio; RCT, randomized controlled trial; T, total; UK, United Kingdom; USA, United States of America

4.1.3.2 Effect of home-based primary care services

The effectiveness of HBPC on the reduction of hospital admissions was evaluated in two SRs (13, 16). In both SRs, HBPC was defined as programs which target individuals with chronic issues and limited mobility (in one SR, homebound subjects (13)), and move the delivery of primary care to the subject's home, as office-based practices cannot serve them properly.

The data from all 14 unique studies (36, 38, 41-49), identified in both SRs discussed below (13, 16), are illustrated in Table 3. The majority of the (12 out of 14) were observational studies, while the remaining 2 were RCTs. More than half of the studies (7 out of 14) evaluated programs focusing on veterans, either enrolled in the Veterans Affairs HBPC program, or recruited into a RCT from a Veterans Affairs affiliated hospital. Thirteen of the 14 studies were conducted in the United States of America, while the remaining study was performed in British Columbia, Canada (50).

In 2014, Stall *et al.* (13) reviewed the effectiveness of HBPC on the individual, caregiver and health care system outcomes. Up to March 2014, the authors identified 8 observational studies (6, 15, 50-55) and 1 RCT (56) which reported data on hospital admissions. In all, seven of the nine studies reported a decrease in hospital admissions (6, 15, 17, 51, 53-55). It should be noted that a statistical analysis was conducted in only three of the seven studies reporting decreases in admissions (6, 15, 50). A non-significant difference was reported in the only RCT included (56). However, a decrease in hospitalizations as a result of HBPC was observed for severely disabled non-terminally ill subjects. A 7.8% increase in hospitalizations was calculated in the remaining study, although no statistical analysis was reported (52). While the direction of the effects reported by Stall *et al.* is correct, a few discrepancies were found between the results reported in two primary studies (51, 55) and the SR.

Similar to Stall *et al.*, the Agency for Health care Research and Quality (AHRQ) published a report in 2016 by Totten *et al.* (16) summarizing the effects of HBPC on a variety of outcomes, including health care services utilization. The authors defined HBPC as a program requiring four elements: 1) that the visits be performed by a primary care provider, 2) that the visits be conducted at the subject's home, 3) that the care be provided over an indefinite period of time, and 4) that the care be comprehensive. A total of 19 studies published until May 2015 were identified and included in this report, including an analysis of 11 studies evaluating the effectiveness of HBPC on hospitalizations. Of these 11 studies, 4 studies (17, 43, 57, 58) were not included in the SR by Stall *et al.* in 2014. Overall, five studies were rated as good quality, four were rated as fair quality, and two were rated as poor quality as judged by a tool based on the AHRQ method guide (59). Decreases in hospitalizations were reported in four good quality studies (17, 53, 57, 58), two fair quality studies (15, 50), and two poor quality studies (6, 54). Of these eight studies, all were observational studies and statistical analyses were performed in six of the eight studies. Reported decreases in hospitalizations ranged from 9% to 84%. Non-significant differences in hospitalizations were observed in the good quality RCT (43) and the fair quality RCT (56) included in the analysis. It should be noted that the latter (56) actually measured *re-hospitalizations* following hospital discharge, an outcome different from the other included primary studies. The authors concluded the findings for

hospitalization are generally consistent across all studies, and that there was moderate strength evidence supporting the notion that HBPC reduces hospitalizations.

The effect of HBPC on readmissions was also investigated in the review by Totten *et al.*(16) The authors reported data on readmissions for only 3 of the 19 studies. The results from two fair quality studies, one RCT (56) and one before-and-after (60), found non-significant differences between HBPC and routine care. A before-and-after poor quality study, however, resulted in a 21% reduction in 30-day readmissions, but no statistical analyses were described in the published article (51). Overall, the authors stated that the strength of the evidence for the efficacy of HBPC for reducing readmissions is low, and that the findings are inconsistent across studies (16).

On a subgroup of high-risk subjects, Totten *et al.* (16) evaluated the effect of HBPC interventions, and reported less hospitalizations or hospital readmissions following HBPC (43, 56). The effect on hospital admissions was only observed in year 2 following enrolment (43). The effect of HBPC on hospital readmissions, however, was only observed in the first 6 months following discharge and was not sustained at 12 months (56). The authors concluded that frail subjects consistently have greater benefits in general, not specific to service use. They cautioned that the definition of severity of illness was different across studies and needs to be taken into consideration (16).

Finally, the authors also examined whether specific combinations of components led to better efficacy. While most of HBPC interventions included subject assessment and coordination of services, and were provided by a physician or a nurse practitioner, no specific combination of interventions showed differences in outcomes in general. It is unclear if admission and readmission outcomes were evaluated separately. The authors did note that one primary study (60), which evaluated the efficacy of adding a nurse practitioner-led transitional care program to HBPC, had no effect on the readmissions. They highlighted, however, that there was insufficient information available to support a conclusion on the effectiveness of adding a transitional program to HBPC.

Table 3. Summary of primary studies evaluating the effect of home-based primary care on hospitalizations

Author (year) Country	Design	Population	Number of subjects	Mean Age*	Intervention	Follow-up	Results
Beales (2009) USA	Before – and – after	Veterans	N/A	N/A	Intervention: No specific details of HBPC Control: Care provided before HBPC	Unclear	<u>Hospitalizations</u> ↓ (no statistics) <u>30-day readmissions</u> ↓ (no statistics)
Beck (2009) USA	Before – and – after	Frail elderly subjects with difficulties accessing medical care	T=468	T=80	Intervention: The geriatrician and developed a comprehensive medical care plan. And visited every 3 to 4 months. The NP saw the subject every 4 to 6 weeks, conducted emergency visits, and visited subjects discharged from hospital 1 to 2 days following discharge. There was an after-hours telephone call service. The social worker saw new subjects within 2 weeks and developed a comprehensive social plan. The social worker contacted subjects by telephone or visit as needed, with 1 visit per year minimum. X-rays, phlebotomy could be done at home. Referrals to specialist were also done. Control: Care provided before HBPC	12 months	12 months before vs. 12 months after <u>Hospitalizations</u> ↑ (no statistics)
Chang (2008) USA	Before – and – after	Subjects had significant hardship in coming to medical center, dependencies in 2 or more ADL	T=183	T=74	Intervention: Subjects were assessed at admission and yearly after. NPs and registered nurses performed basic nursing evaluation and duties as well as care coordination. Subjects were visited monthly by team member, but could increase if necessary. ED nurses and physicians were available by phone. Communication with hospital occurred if subject was hospitalized. Team meetings were in place to review subjects' statuses. Medical director saw all subjects at least once. This could happen in various settings. Control: Care provided before HBPC	6 months	6 months before vs. 6 months after <u>Hospitalizations</u> ↓ (no statistics)
Cooper (2007) USA	Before – and – after	Frail chronically ill veterans who require the skills of an interdisciplinary health care team	T= 20,783	T=77	Intervention: In some programs, NPs served as primary care provider and examined and diagnosed acute problems. If no NP or physician assistant is available, then a physician was the primary care provider and could make home visits. Nursing was done by registered nurses. The social worker provided initial and ongoing assessment of interpersonal resources and coordinated referrals to community services. The dietician assessed and made diet recommendations and assisted in food drug interaction monitoring. The rehabilitation therapist determined needs for medical equipment and taught body mechanics to the caregiver to minimize risk of injury. Control: Care provided before HBPC	12 months	6 months before vs. 12 months after <u>Hospitalizations</u> ↓ (no statistics)

Author (year) Country	Design	Population	Number of subjects	Mean Age*	Intervention	Follow-up	Results
Counsell (2007) USA	RCT	Low income geriatric (65 years and over) subjects, established subjects within one of 6 community health centers and with 1 visit to a primary care physician at one of those sites within the last 12 months	T=951 I=474 C= 477	I=72 C=72	<p>Intervention: A support team (advance practice nurse and social worker), a primary care physician and a geriatrician implemented the GRACE (Geriatric Resources for Assessment and Care of Elders) intervention. The intervention included:</p> <ol style="list-style-type: none"> 1- Initial and annual in-home complete geriatric assessment by the support team 2- Annual Individual care plan 3- Annual activation of a new GRACE care protocols 4- Team meetings with GP to review care plan 5- Implementation of care plan with collaboration of GP 6- Team meeting to review implementation 7- Case management and continuity of care with all health care services 8- Follow-up visit and monthly phone calls. <p>Control: Control subjects received routine care but had access to all primary and specialty care services available as part of usual care including outpatient geriatric assessment and multispecialty center, inpatient Acute Care for Elders unit, skilled nursing facility and physician house calls</p>	2 years	<p>Cumulative 2-year <u>Hospital admission rates per 1000</u> ↔ (NS)</p> <p>Year 1 <u>Hospital admission rates per 1000</u> ↔ (NS)</p> <p><u>Hospital admission rates per 1000 for predefined group at high risk of hospitalization</u> ↔ (NS)</p> <p>Year 2 <u>Hospital admission rates per 1000</u> ↔ (NS) <u>Hospital admission rates per 1000 for predefined group at high risk of hospitalizations</u> ↓ (P=0.03)</p>
De Jonge (2002) USA	Before – and – after	Frail elderly persons with chronic illness, advanced illness and disabilities	T=480	N/A	<p>Intervention: A geriatrician and a nurse care practitioner trained in geriatric care are assigned for each subject in the program. A coordinator scheduled the subject's appointments and tests, and liaised between the physician, the subject and caregiver. A house call nurse and a physician provide most of the primary care (diagnosis and treatment). Minor surgeries and diagnostic tests could be done. If subjects need hospital services, the house call geriatrician ensures treatment and the team makes discharge arrangements from the hospital and visits the subject at home within 2 days from discharge.</p> <p>Control: Care provided before HBPC</p>	12 months	<p>Compare to 12 months before <u>Hospitalizations</u> ↓ (no statistics)</p>
De Jonge (2014) USA	RC	Subjects were enrolled in MedStar Washington Hospital Center's HBPC program during 2004 to 2008.	T= 2,883 I=722, C=2,161	I=84 C=82	<p>Intervention: Physician performed an initial visit, visited the subject every 3 to 4 months, and provided 24 hour on call telephone coverage. Physician also followed subject at the hospital. NP made frequent visits ranging to multiple times a week to every 8 weeks. Social worker provided case management. The team coordinated discharge planning for beneficiaries admitted to a Medicare SNF bed.</p>	2 years (mean follow-up)	<p>2 years (mean follow-up) <u>Hospitalizations</u> ↓ (P=0.001)</p>

Author (year) Country	Design	Population	Number of subjects	Mean Age*	Intervention	Follow-up	Results
					Control: The control group consisted of Medicare beneficiaries		
Edes (2014) USA	RC	Veterans enrolled in both Veterans Affairs receiving HBPC and Medicare	T= 6,951	T=78	Intervention: No specific detail of HBPC Control: The group consisted of Medicare and VA subjects	6 months	6 months vs. 6 months after Hospital admissions per 100 patient-months ↓ (P<0.001)
Edwards (2014) USA	RC	Veterans 67 years or older diagnosed with diabetes mellitus and at least another chronic disease	T= 1,978	T=79	Intervention: Details of HBPC were described in other reports Control: The control group consisted of Medicare beneficiaries	12 months	12 months Hospitalizations ↓ (HR 0.71, 0.57-0.89)
Hughes (2000) USA	RCT	2 or more ADL impairment or terminal illness or homebound with CHF or COPD	T= 1,966 I=981 C=985	T=70	Intervention: Systematic screening to identify high risk subjects. Emphasis on continuity of care and management of subjects across organizational boundaries. Subjects received home care until maximal benefits were achieved. Clinical judgement determined subjects' visits based on their conditions and needs. Control: Control subject can use any eligible VA sponsored services but has neither access to HBPC nor eligible non-VA post-acute services.	1 month, 6 months and 12 months (Not all subjects completed 12 months)	6 months <u>Readmission rate and mean number of readmissions</u> ↔ (NS) <u>Mean number of readmissions for non-terminal severely disabled subjects</u> ↓ (P=0.03) 12 months <u>Readmission rate and mean number of readmissions</u> ↔ (NS) <u>Mean number of readmissions for non-terminal severely disabled subjects</u> ↔ (NS)
North (2008) USA	Before – and – after	Subjects enrolled in the HBPC program for at least 12 months	T=104	T=80	Intervention: NP filled the role of primary care provider and made home visits for evaluation and coordination of care. Frequency of visit was dependent on subject's health. Plan could be supplemented with community based services. Hospitalization and ED services could be prearranged Control: Control subjects received care at the Denver Veteran's Affairs before HBPC	12 months	12 months before vs. 12 months after Hospitalizations ↓ (P<0.01)

Author (year) Country	Design	Population	Number of subjects	Mean Age*	Intervention	Follow-up	Results
Ornstein (2011) USA	Before – and – after	Subjects with chronic medical conditions	T=532	T=81	Intervention: The NP prepared the subject for his discharge. The NP communicated with the hospital staff and coordinated the services when needed. A clear discharge plan was communicated to the subject. Following discharge, the NP visited the subject for an evaluation and medication reconciliation. Control: Care provided before the beginning of the program	3 weeks	1 month following discharge <u>Readmissions</u> ↔ (NS) <u>Readmission rate</u> ↔ (NS)
Rosenberg (2012) Canada	Before – and – after	Subjects who had been enrolled in the practice for at least 1 year were included	T=248	B= 87 A= 89	Intervention: Subjects received monthly nurse visits and physician visits every 2-3 months. Subjects were evaluated by comprehensive geriatric assessment. Laboratory monitoring was done at home. Physiotherapist referral was given if needed. Subjects were recommended home support services. Doctors from local clinic provided after hours telephone services. Subjects and their caregivers were encouraged to call the office before going to the ED department while in the hospital, supportive care was provided by the physician who visited the hospital once a week. He also assisted in the discharge planning. Control: Control subjects were enrolled in practice prior to HBPC program	12 months	12 months before vs. 12 months after <u>Hospitalizations</u> <u>All enrollees</u> ↓ (P<0.004) <u>Active patients</u> ↓ (P<0.001) <u>Discharged</u> ↔ (NS)
Wajnberg (2010) USA	Before – and – after	Medicare definition of homebound: able to leave home only with great difficulty and for absences that are infrequent or of short duration	T=179	T=79	Intervention: Subjects were seen within 2 weeks of referral. GP made physical examination and assessment of function disability and cognition at initial visit. NP made monthly visits and GP made visits every 3 months. On call GP was available for emergencies (weekends and weeknight). Subjects could receive at-home injections and immunisation, podiatry services, wound care services and drawing of blood for laboratory tests. Transportation could be arranged for imaging and other specialty services Control: Care provided before HBPC	198 days in program (mean length of stay in the program)	Before vs. after (average 198 days) <u>Hospitalization rate</u> ↓ (P<0.001)

*The mean age reported in the primary studies were rounded to the nearest whole number.

A, after; ADL, activity of daily living; B, before; C, control group; CHF, congestive heart failure; COPD, chronic obstructive pulmonary disease; ED, emergency department; GP, general practitioner; HBPC, home-based primary care; I, intervention group; NP, nurse practitioner; NS, non-significant; RC, retrospective cohort; RCT, randomized controlled trial; T, total; USA, United States of America

4.2 Contextual and experiential data

In Quebec, the SAD targets users losing their autonomy with physical or mental impairments, and aims to support them to stay at home. The objective of these services is inspired by the provincial home care support policy: “*Chez soi : le premier choix*” (61).

A variety of health care providers offer home support services, such as nursing care, respiratory therapy, basic and specialized rehabilitation services, psychological care, and nutritional services.

HBPC services are also provided. General practitioners (GPs) work full or part-time for the SAD of the CIUSSS-ODIM along with nurses to offer medical and palliative care at home. GPs affiliated to the SAD offer primary care at a user’s home when a nurse from the hospital or from the SAD makes a request. The service is provided until the user’s condition is stabilized and he is capable to visit his family physician. Users can also request a GP to make home visits by registering to the waitlist to find a family doctor (*guichet d’accès aux médecins de famille* - GAMF). In this instance, a nurse from the GAMF assesses the user over the phone and can add him to the waitlist for HBPC services.

It was highlighted that there is a difficulty in retaining medical staff in the SAD. It was also mentioned that GPs practicing outside the CLSCs do not favour home visits, rendering home medical services inconsistent within the network. Although not agreed by everyone interviewed, inconsistent home medical services have the potential to lead to admissions/readmissions if relatively small medical home interventions are not treated in a timely fashion.

In May 2017, a forum on the best practices for home services (22) was held in Montreal. The objective of this forum was to find strategies to improve the organization of home care services offered to the health care users of Quebec. More specifically, this forum focused on the elderly population. During this forum, a model of primary care services developed in the CIUSSS du Centre-Sud-de-l’Île-de-Montréal was presented by Dr. Geneviève Dechêne (62). The primary goal of this service was, to decrease the number of hospitalizations and the length of hospital stay. It targeted elderly users with advanced chronic conditions suffering from autonomy loss (40% of the clientele), end-of-life users (50% of the clientele) and users needing acute care (short-term emergency visits, 10% of the clientele). Although they highlighted the crucial role of the case navigators (*Infirmière pivot* from the SAD), complex cases in this program are considered the responsibility of the physician. In her conclusion, Dr. Dechêne stated that this model decreased the number and the duration of hospitalizations, decreased the ED length of stay and decreased the number of alternative level of care in the hospital.

At the end of this forum, the presidents and chief executive officers of the health and social services institutions in Quebec pledged to improve in seven key areas (22). One of these commitments included to offer medical services at home for unstable users. Several objectives were set up to be met, which included:

1. To set up an intensive medical team in the SAD associated with the GMFs (*Groupes de médecins de famille*)
2. To provide medical follow-ups at home for unstable users who cannot go to the GMF.

Many of the included studies of HBPC programs were solely offered to veterans. In Canada, veterans are offered services by the federal government, which are complemented by ones from the provincial government. These services vary depending on the nature of the veteran's assignment(s) and his or her years of service. In Quebec, when a request for services for a veteran is received, the SAD verifies with the federal program which services are offered to this particular veteran. The user is then referred to some or all of the services the veteran is entitled to from the federal program, and can be complemented by the ones from the provincial.

5 DISCUSSION

The objective of this review was to evaluate the efficacy of PHVs and HBPC in reducing hospitalizations for the elderly population. This umbrella review included three SRs on outreach services that were offered in the form of PHVs (23) and HBPC (13, 16).

The systematic review with meta-analyses conducted by Mayo-Wilson *et al.* (23) did not demonstrate that PHVs were effective in reducing hospitalization for the elderly. There was neither a significant decrease in the number of hospital admissions observed following preventive home visits after pooling the results of 11 studies (36, 38, 40-48) nor in the number of subjects hospitalized after pooling the results of 15 primary studies (24-38). Subgroup analyses did not show any consistent factor that affected both the number of people hospitalized and the total number of admissions following home visits. However, due to the complexity of the interventions and the difficulty to control all variables, some have argued that RCTs may not be suited to evaluate the efficacy of home visits (63). This type of service should be addressed to the appropriate users, which usually have complex problems with multiple morbidities (64). These complex conditions make it difficult to randomize subjects to effectively control for potential confounding factors. Moreover, as these multidisciplinary interventions are tailored to the specific needs of individual subjects, interventions can vary between them and introduce heterogeneity in the quality and intensity of care received. In smaller RCTs, this heterogeneity in treatment can make it difficult to detect differences when comparing it to usual care, which is, furthermore, poorly described and could potentially be as heterogeneous. Long-term observational studies including large numbers of subjects, which were not included in the SR of RCTs by Mayo-Wilson *et al.* (23), may yield some further insight on the effectiveness of these complex interventions on reducing hospital admissions (65).

This does not imply that PHV programs are not effective on other outcomes, such as mortality, functional autonomy, and wellbeing (66-68). These outcomes are equally important to the users, but were not included in the scope of our research question. Evidence-based practice should complement the scientific evidence with clinical judgement and patient's values and preferences (69). Thus, the effect of PHVs on all of these different outcomes needs to be considered when assessing the value of these programs.

More positive results, however, have been described for the effectiveness of HBPC. In the reviews by Stall *et al.* (13) and Totten *et al.* (16), 10 of 14 primary studies (6, 15, 17, 50, 51, 53-55, 57, 58) showed a decrease in hospitalizations following the implementation of HBPC programs or trials. While a positive effect was observed in the majority of the unique primary studies reviewed by Stall *et al.* and Totten *et al.* (13, 16), the quality of several of the included studies was poor. This included several studies with no statistical analysis to provide more information about potentially significant differences. This limits our confidence in their results.

Moreover, the primary studies included in the SRs varied greatly, both in terms of the interventions and populations included. There was also little information about routine care in relation to the intervention. In general, two SRs (16, 23) did not identify any variables which could affect the efficiency of outreach services. Totten *et al.* (16), however, suggested that high-risk subjects could benefit more from HBPC services compared to a less at-risk population. Also, an initiative called the Independence at Home Demonstration is currently taking place in 16 participating practices across the United States of America (70). The evaluation of this model might provide more information about the key components of success of such programs, in addition to the cost-effectiveness and the promises of savings yielded from their implementation.

Finally, the 10 positive studies (6, 15, 17, 50, 51, 53-55, 57, 58) were all retrospective studies, whereas the only 2 prospective RCTs reported no effect of HBPC except for non-terminally ill severely disabled subjects at 12 months in the first (56) and for a predefined group at high risk of hospitalizations at 2 years in the second (43). Therefore, while more observational studies might shed light on key components of success, more prospective RCTs would help to establish the effect of HBPC on hospital services use.

Over the years, there has been a debate whether outreach services can reduce hospital services use (8, 13). A positive effect on hospital services use by outreach services was previously reported in a SR (71) and a meta-analysis (72). More recently, Ruiz *et al.* (73) evaluated five models of outreach services that complement the primary and palliative services. Although models varied, they all included two major components: care coordination as well as user/caregiver education and engagement. The authors reported reductions in Medicare-related expenditures for two models, and hospitalizations for three models, with a total of four models out of five. However, other research groups did not report such effects of home visits (including PHV and HBPC) in SRs (5, 74, 75). Some argued that this disagreement across reviews may be the result of heterogeneity in the included studies (13). Outreach services reviewed in this report included both PHVs and HBPC. Evaluating these two services separately may eliminate the heterogeneity and tease out potential effects. We found that a systematic review evaluating PHVs did not measure any significant reduction in hospital services use, whereas SRs evaluating a strict definition of HBPC, including longitudinal primary care conducted by either physicians or advanced practice nurses, appeared to be beneficial in reducing hospital admissions.

Our results are in line with another umbrella review by Tourigny *et al.* (67) that evaluated SRs published until 2011 and that analyzed the effects of PHVs for older people. Four out of the ten included SRs (5, 71, 75, 76) reported on hospital services use. Three of these SRs (5, 75, 76) did not report any significant favourable effect of the intervention in relation to hospitalizations, which lead the authors to conclude that there was no evidence that PHVs reduce services use. It should be noted that the majority of the primary studies included in these four SRs (5, 71, 75, 76) were also included in the meta-analyses of Mayo-Wilson *et al.* (23). Combining this evidence to the results presented in this report, we conclude that the efficacy of PHVs for reducing hospital admissions is not established.

On the other hand, our results show promising evidence that HBPC can reduce hospitalizations. The applicability of the results, however, should be considered while evaluating the effect of HBPC programs. For example, Rosenberg *et al.* (50) are the only group to publish a study from Canada. The remaining thirteen studies were all published in the United States. Moreover, 7 of the 13 primary studies to evaluate HBPC were

conducted in Veteran Affairs Medical Centers, or evaluated veterans, in the United States. As pointed out by Totten *et al.* (16) this population provides a broad range of conditions which may be applicable to a general population. Very few women, however, were included in these analyses, limiting the applicability of these studies. Nonetheless, the model presented by the CIUSSS du Centre-Sud-de-l'Île-de-Montréal (62) suggests that HBPC may be beneficial within our local context.

Several limitations are to be considered when interpreting the results of this review. First, as stated previously, this report is a sub-analysis of a larger umbrella review on potential interventions that can reduce hospital services use. The choice of the design, the search strategy, and the inclusion/exclusion criteria were selected based on the objective of the larger umbrella review. Although the objective of this sub-analysis was considered in the search strategy, it is possible that relevant publications were missed in the selection process and were not included in the synthesis. Similarly, since only SRs are evaluated in this report, primary studies missing from the included SRs might not have been included in this analysis. For PHVs, this report included one SR published in 2014 (23), while for the HBPC, the search strategies from the two included SRs only extended up to May 2015 (16). Therefore, it is possible that this report does not include relevant results from more recent primary studies.

Second, there is often a lack of details regarding the primary studies presented in the systematic reviews. This makes it difficult to take into consideration the quality of the primary studies when evaluating their results. Moreover, description of different components of the interventions in the individual studies is not only lacking, but also how the routine care was different from the intervention, which makes it difficult to assess how individual components of an intervention may affect the outcomes, and limits the interpretation of these results.

Finally, in this report, the effectiveness of the interventions was based on the reduction of admission rates. The included SRs, however, reported other parameters such as mortality, quality of life scores, institutionalizations, as well as subject wellbeing. Despite the fact that only HBPC was found to reduce hospitalizations, some have reported that both HBPC and PHVs improved user experience and wellbeing (66-68, 77, 78). Even though Totten *et al.* (16) concluded that the strength of evidence for the efficacy of HBPC on increasing quality of life is low, it will be important to evaluate this outcome and any other relevant outcomes when considering the implementation of these interventions.

6 CONCLUSION

Overall, HBPC services were found to be promising interventions to reduce admission rates for the elderly. On the other hand, there is no evidence that PHVs reduce admission rates for the same group of users.

The results for HBPC presented in this report support the pledge made by both the Ministry of Health and Social Services and the presidents and chief executive officers of the health care networks across the province of Quebec, including the CIUSSS-ODIM. This has now been incorporated in the strategic planning and the deliverables of the SAD of the CIUSSS-ODIM for the two-year period of 2017-2018.

REFERENCES

1. International Network of Agencies for Health Technology Assessment (INAHTA), Health Technology Assessment international (HTAi). HTA Glossary [date of access: Jan 15, 2018]. Available from: <http://htaglossary.net/HomePage>.
2. Effective Practice and Organisation of Care (EPOC). EPOC Taxonomy. 2015.
3. Ministère de la Santé et des Services Sociaux. Plan stratégique du ministère de la Santé et des Services sociaux du Québec 2015-2020. Québec, Qc2015. p. 1-33.
4. Turcotte M. Les Canadiens dont les besoins en soins à domicile sont non comblés 2014 [date of access: June 20, 2018]. Available from: <https://www150.statcan.gc.ca/n1/pub/75-006-x/2014001/article/14042-fra.pdf>.
5. Elkan R, Kendrick D, Dewey M, Robinson J, Blair M, Williams D, et al. Effectiveness of home based support for older people: systematic review and meta-analysis. *Bmj*. 2001;323(7315):719-25.
6. North L, Kehm L, Bent K, Hartman T. Can home-based primary care: cut costs? *Nurse Pract*. 2008;33(7):39-44. doi: 10.1097/01.NPR.0000325980.52580.f3.
7. Levine SA, Boal J, Boling PA. Home care. *Jama*. 2003;290(9):1203-7. doi: 10.1001/jama.290.9.1203.
8. Stall N, Nowaczynski M, Sinha SK. Back to the future: home-based primary care for older homebound Canadians: part 1: where we are now. *Can Fam Physician*. 2013;59(3):237-40.
9. Wassef M, Trépanier MO, Mayrand J, Habra M, Beauchamp S. Effectiveness of discharge planning and transitional care interventions in reducing hospital readmissions for the elderly. Rapport d'ETMIS-SS. Montréal, Qc: CIUSSS de l'Ouest-de-l'Île-de-Montréal, Unité d'évaluation des technologies et des modes d'interventions en santé et services sociaux (UETMIS-SS). 2018.
10. Huss A, Stuck AE, Rubenstein LZ, Egger M, Clough-Gorr KM. Multidimensional preventive home visit programs for community-dwelling older adults: a systematic review and meta-analysis of randomized controlled trials. *J Gerontol A Biol Sci Med Sci*. 2008;63(3):298-307.
11. Grant S, Parsons A, Burton J, Montgomery P, Underhill K, Mayo-Wilson. Home Visits for Prevention of Impairment and Death in Older Adults: A Systematic Review. The Campbell Collaboration. 2014.
12. Peyton CG, Huang Y-h, Syväoja K, Lohman H. Chapter 5 - Aging Well: Health Promotion and Disease Prevention. In: Lohman HL, Byers-Connon S, Padilla RL, editors. *Occupational Therapy with Elders (Fourth Edition)*. St. Louis (MO): Content Repository Only!; 2019. p. 51-68.
13. Stall N, Nowaczynski M, Sinha SK. Systematic review of outcomes from home-based primary care programs for homebound older adults. *J Am Geriatr Soc*. 2014;62(12):2243-51.
14. Beswick AD, Rees K, Dieppe P, Ayis S, Gooberman-Hill R, Horwood J, et al. Complex interventions to improve physical function and maintain independent living in elderly people: a systematic review and meta-analysis. *Lancet*. 2008;371(9614):725-35. doi: 10.1016/s0140-6736(08)60342-6.
15. Wajnberg A, Wang KH, Aniff M, Kunins HV. Hospitalizations and skilled nursing facility admissions before and after the implementation of a home-based primary care program. *J Am Geriatr Soc*. 2010;58(6):1144-7. doi: 10.1111/j.1532-5415.2010.02859.x.
16. Totten AM, White-Chu EF, Wasson N, Morgan E, Kansagara D, Davis-O'Reilly C, et al. Home-Based Primary Care Interventions. Rockville, MD: Agency for Healthcare Research and Quality. 2016. Report No.: No. 15(16)-EHC036-EF. Available from: www.effectivehealthcare.ahrq.gov/reports/final.cfm
17. Edes T, Kinosian B, Vuckovic NH, Nichols LO, Becker MM, Hossain M. Better access, quality, and cost for clinically complex veterans with home-based primary care. *J Am Geriatr Soc*. 2014;62(10):1954-61. doi: 10.1111/jgs.13030.
18. Higgins J, Green S. *Cochrane handbook for systematic reviews of interventions: The Cochrane Collaboration*; 2011. Available from: <http://handbook.cochrane.org/>.
19. Moher D, Liberati A, Tetzlaff J, Altman DG. Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *Annals of Internal Medicine*. 2009;151(4):264-9. doi: 10.7326/0003-4819-151-4-200908180-00135.

20. Aromataris E, Fernandez R, Godfrey CM, Holly C, Khalil H, Tungpunkom P. Summarizing systematic reviews: methodological development, conduct and reporting of an umbrella review approach. *International Journal of Evidence-Based Healthcare*. 2015;13(3):132-40.
21. Whiting P, Savovic J, Higgins JP, Caldwell DM, Reeves BC, Shea B, et al. ROBIS: A new tool to assess risk of bias in systematic reviews was developed. *J Clin Epidemiol*. 2016;69:225-34. doi: 10.1016/j.jclinepi.2015.06.005.
22. Forum sur les meilleures pratiques en soutien à domicile 2017; Quebec. Canada. .
23. Mayo-Wilson E, Grant S, Burton J, Parsons A, Underhill K, Montgomery P. Preventive home visits for mortality, morbidity, and institutionalization in older adults: a systematic review and meta-analysis. *PLoS One*. United States 2014. p. e89257.
24. Bernabei R, Landi F, Gambassi G, Sgadari A, Zuccala G, Mor V, et al. Randomised trial of impact of model of integrated care and case management for older people living in the community. *Bmj*. 1998;316(7141):1348-51.
25. Bouman A, van Rossum E, Ambergen T, Kempen G, Knipschild P. Effects of a home visiting programme for older people with poor health status: a randomised clinical trial in the Netherlands. *J Am Geriatr Soc*. 2008;56. doi: 10.1111/j.1532-5415.2007.01565.x.
26. Byles JE, Tavener M, O'Connell RL, Nair BR, Higginbotham NH, Jackson CL, et al. Randomised controlled trial of health assessments for older Australian veterans and war widows. *Med J Aust*. 2004;181(4):186-90.
27. Ciaschini PM, Straus SE, Dolovich LR, Goeree RA, Leung KM, Woods CR, et al. Community-based intervention to optimise falls risk management: a randomised controlled trial. *Age Ageing*. 2009;38(6):724-30. doi: 10.1093/ageing/afp176.
28. Ciechanowski P, Wagner E, Schmaling K, Schwartz S, Williams B, Diehr P, et al. Community-integrated home-based depression treatment in older adults: a randomized controlled trial. *Jama*. 2004;291(13):1569-77. doi: 10.1001/jama.291.13.1569.
29. Davison J, Bond J, Dawson P, Steen IN, Kenny RA. Patients with recurrent falls attending Accident & Emergency benefit from multifactorial intervention--a randomised controlled trial. *Age Ageing*. 2005;34(2):162-8. doi: 10.1093/ageing/afi053.
30. Fabacher D, Josephson K, Pietruszka F, Linderborn K, Morley JE, Rubenstein LZ. An in-home preventive assessment program for independent older adults: a randomized controlled trial. *J Am Geriatr Soc*. 1994;42(6):630-8.
31. Hogan DB, MacDonald FA, Betts J, Bricker S, Eby EM, Delarue B, et al. A randomized controlled trial of a community-based consultation service to prevent falls. *Cmaj*. 2001;165(5):537-43.
32. Kono A, Kai I, Sakato C, Harker JO, Rubenstein LZ. Effect of preventive home visits for ambulatory housebound elders in Japan: a pilot study. *Aging Clin Exp Res*. 2004;16(4):293-9.
33. McEwan RT, Davison N, Forster DP, Pearson P, Stirling E. Screening elderly people in primary care: a randomized controlled trial.[comment]. *British Journal of General Practice*. 1990;40.
34. Sørensen KH, Sivertsen J. Follow-up three years after intervention to relieve unmet medical and social needs of old people. *Comprehensive gerontology Section B, Behavioural, social, and applied sciences*. 1988;2(2):85-91.
35. Stuck AE, Aronow HU, Steiner A, Alessi CA, Bula CJ, Gold MN, et al. A trial of annual in-home comprehensive geriatric assessments for elderly people living in the community. *N Engl J Med*. 1995;333(18):1184-9. doi: 10.1056/nejm199511023331805.
36. Tinetti ME, Baker DI, McAvay G, Claus EB, Garrett P, Gottschalk M, et al. A multifactorial intervention to reduce the risk of falling among elderly people living in the community. *N Engl J Med*. 1994;331(13):821-7. doi: 10.1056/nejm199409293311301.
37. van Hout HP, Jansen AP, van Marwijk HW, Pronk M, Frijters DF, Nijpels G. Prevention of adverse health trajectories in a vulnerable elderly population through nurse home visits: a randomized controlled trial [ISRCTN05358495]. *J Gerontol A Biol Sci Med Sci*. 2010;65(7):734-42. doi: 10.1093/gerona/glq037.

38. van Rossum E, Frederiks CM, Philipsen H, Portengen K, Wiskerke J, Knipschild P. Effects of preventive home visits to elderly people. *Bmj*. 1993;307(6895):27-32.
39. Shaw FE, Bond J, Richardson DA, Dawson P, Steen IN, McKeith IG, et al. Multifactorial intervention after a fall in older people with cognitive impairment and dementia presenting to the accident and emergency department: randomised controlled trial. *Bmj*. 2003;326(7380):73. doi: 10.1136/bmj.326.7380.73.
40. Balaban DJ, Goldfarb NI, Perkel RL, Carlson BL. Follow-up study of an urban family medicine home visit program. *J Fam Pract*. 1988;26(3):307-12.
41. Caplan GA, Williams AJ, Daly B, Abraham K. A randomized, controlled trial of comprehensive geriatric assessment and multidisciplinary intervention after discharge of elderly from the emergency department--the DEED II study. *J Am Geriatr Soc*. 2004;52(9):1417-23. doi: 10.1111/j.1532-5415.2004.52401.x.
42. Close J, Ellis M, Hooper R, Glucksman E, Jackson S, Swift C. Prevention of falls in the elderly trial (PROFET): a randomised controlled trial. *Lancet*. 1999;353(9147):93-7. doi: 10.1016/s0140-6736(98)06119-4.
43. Counsell SR, Callahan CM, Clark DO, Tu W, Buttar AB, Stump TE, et al. Geriatric care management for low-income seniors: a randomized controlled trial. *Jama*. 2007;298(22):2623-33. doi: 10.1001/jama.298.22.2623.
44. Dalby DM, Sellors JW, Fraser FD, Fraser C, van Ineveld C, Howard M. Effect of preventive home visits by a nurse on the outcomes of frail elderly people in the community: a randomized controlled trial. *Cmaj*. 2000;162(4):497-500.
45. Lenaghan E, Holland R, Brooks A. Home-based medication review in a high risk elderly population in primary care--the POLYMED randomised controlled trial. *Age Ageing*. 2007;36(3):292-7. doi: 10.1093/ageing/afm036.
46. Lightbody E, Watkins C, Leathley M, Sharma A, Lye M. Evaluation of a nurse-led falls prevention programme versus usual care: a randomized controlled trial. *Age Ageing*. 2002;31(3):203-10.
47. Pathy MS, Bayer A, Harding K, Dibble A. Randomised trial of case finding and surveillance of elderly people at home. *Lancet*. 1992;340(8824):890-3.
48. Sommers LS, Marton KI, Barbaccia JC, Randolph J. Physician, nurse, and social worker collaboration in primary care for chronically ill seniors. *Arch Intern Med*. 2000;160(12):1825-33.
49. Balaban RB, Weissman JS, Samuel PA, Woolhandler S. Redefining and redesigning hospital discharge to enhance patient care: a randomized controlled study. *J Gen Intern Med*. 2008;23(8):1228-33. doi: 10.1007/s11606-008-0618-9.
50. Rosenberg T. Acute hospital use, nursing home placement, and mortality in a frail community-dwelling cohort managed with Primary Integrated Interdisciplinary Elder Care at Home. *J Am Geriatr Soc*. 2012;60(7):1340-6. doi: 10.1111/j.1532-5415.2012.03965.x.
51. Beales JL, Edes T. Veteran's Affairs Home Based Primary Care. *Clin Geriatr Med*. 2009;25(1):149-54, viii-ix. doi: 10.1016/j.cger.2008.11.002.
52. Beck RA, Arizmendi A, Purnell C, Fultz BA, Callahan CM. House calls for seniors: building and sustaining a model of care for homebound seniors. *J Am Geriatr Soc*. 2009;57(6):1103-9. doi: 10.1111/j.1532-5415.2009.02278.x.
53. Chang C, Jackson SS, Bullman TA, Cobbs EL. Impact of a home-based primary care program in an urban Veterans Affairs medical center. *J Am Med Dir Assoc*. 2009;10(2):133-7. doi: 10.1016/j.jamda.2008.08.002.
54. Cooper DF, Granadillo OR, Stacey CM. Home-based primary care: the care of the veteran at home. *Home Healthc Nurse*. 2007;25(5):315-22. doi: 10.1097/01.NHH.0000269965.16119.e5.
55. De Jonge E, Taler G. Is there a doctor in the house? *Caring*. 2002;21(8):26-9.
56. Hughes SL, Weaver FM, Giobbie-Hurder A, Manheim L, Henderson W, Kubal JD, et al. Effectiveness of team-managed home-based primary care: a randomized multicenter trial. *Jama*. 2000;284(22):2877-85.
57. Edwards ST, Prentice JC, Simon SR, Pizer SD. Home-based primary care and the risk of ambulatory care-sensitive condition hospitalization among older veterans with diabetes mellitus. *JAMA Intern Med*. 2014;174(11):1796-803. doi: 10.1001/jamainternmed.2014.4327.

58. De Jonge KE, Jamshed N, Gilden D, Kubisiak J, Bruce SR, Taler G. Effects of home-based primary care on Medicare costs in high-risk elders. *J Am Geriatr Soc.* 2014;62(10):1825-31. doi: 10.1111/jgs.12974.
59. Chang SM. The Agency for Healthcare Research and Quality (AHRQ) effective health care (EHC) program methods guide for comparative effectiveness reviews: keeping up-to-date in a rapidly evolving field. *J Clin Epidemiol.* 2011;64(11):1166-7. doi: 10.1016/j.jclinepi.2011.08.004.
60. Ornstein K, Smith KL, Foer DH, Lopez-Cantor MT, Soriano T. To the hospital and back home again: a nurse practitioner-based transitional care program for hospitalized homebound people. *J Am Geriatr Soc.* 2011;59(3):544-51. doi: 10.1111/j.1532-5415.2010.03308.x.
61. Ministère de la Santé et des Services Sociaux. *Chez soi : Le premier choix. La politique de soutien à domicile.* Québec, QC: Gouvernement du Québec; 2003. p. 45 pages.
62. Dechêne G. Soins « intensifs » infirmiers et médicaux à domicile au sein de l'équipe interprofessionnelle sad du CLSC. Forum sur les meilleures pratiques en soutien à domicile; Quebec. Canada2017. Available from: <http://www.msss.gouv.qc.ca/professionnels/soins-et-services/forum-sur-les-meilleures-pratiques-usagers-chsld-et-soutien-a-domicile/forum-sur-les-meilleures-pratiques-en-soutien-a-domicile/>
63. Clark J. Preventive home visits to elderly people. Their effectiveness cannot be judged by randomised controlled trials. 2001;323(7315):708. doi: 10.1136/bmj.323.7315.708.
64. Lofqvist C, Eriksson S, Svensson T, Iwarsson S. First Steps towards Evidence-Based Preventive Home Visits: Experiences Gathered in a Swedish Municipality. *J Aging Res.* 2012;2012:352942. doi: 10.1155/2012/352942.
65. Shenkin SD, Harrison JK, Wilkinson T, Dodds RM, Ioannidis JPA. Systematic reviews: guidance relevant for studies of older people. *Age and ageing.* 2017;46(5):722-8. doi: 10.1093/ageing/afx105.
66. Liimatta H, Lampela P, Laitinen-Parkkonen P, Pitkala KH. Effects of preventive home visits on older people's use and costs of health care services: A systematic review. *European Geriatric Medicine.* 2016;7(6):571-80. doi: <https://doi.org/10.1016/j.eurger.2016.08.006>.
67. Tourigny A, Bédard A, Laurin D, Kröger E, Durand P, Bonin L, et al. Preventive Home Visits for Older People: A Systematic Review. *Canadian Journal on Aging.* 2015;34(4):506-23. doi: 10.1017/S0714980815000446.
68. Behm L, Wilhelmson K, Falk K, Eklund K, Ziden L, Dahlin-Ivanoff S. Positive health outcomes following health-promoting and disease-preventive interventions for independent very old persons: long-term results of the three-armed RCT Elderly Persons in the Risk Zone. *Arch Gerontol Geriatr.* 2014;58(3):376-83. doi: 10.1016/j.archger.2013.12.010.
69. Sackett DL, Rosenberg WM, Gray JA, Haynes RB, Richardson WS. Evidence based medicine: what it is and what it isn't. *Bmj.* 1996;312(7023):71-2.
70. Home Ia. The IAH Demonstration Works! 2017 [date of access: July 12, 2018]. Available from: <http://www.iahnow.org/iah-demonstration/>.
71. Markle-Reid M, Browne G, Weir R, Gafni A, Roberts J, Henderson SR. The effectiveness and efficiency of home-based nursing health promotion for older people: a review of the literature. *Med Care Res Rev.* 2006;63(5):531-69. doi: 10.1177/1077558706290941.
72. Stuck AE, Siu AL, Wieland GD, Adams J, Rubenstein LZ. Comprehensive geriatric assessment: a meta-analysis of controlled trials. *Lancet.* 1993;342(8878):1032-6.
73. Ruiz S, Snyder LP, Rotondo C, Cross-Barnet C, Colligan EM, Giuriceo K. Innovative Home Visit Models Associated With Reductions In Costs, Hospitalizations, And Emergency Department Use. 2017. doi: 10.1377/hlthaff.2016.1305.
74. van Haastregt JC, Diederiks JP, van Rossum E, de Witte LP, Crebolder HF. Effects of preventive home visits to elderly people living in the community: systematic review. *Bmj.* 2000;320(7237):754-8.
75. Bouman A, van Rossum E, Nelemans P, Kempen GI, Knipschild P. Effects of intensive home visiting programs for older people with poor health status: a systematic review. *BMC Health Serv Res.* 2008;8:74. doi: 10.1186/1472-6963-8-74.

76. Elkan R, Kendrick D, Hewitt M, Robinson JJ, Tolley K, Blair M, et al. The effectiveness of domiciliary health visiting: a systematic review of international studies and a selective review of the British literature. *Health Technol Assess.* 2000;4(13):i-v, 1-339.
77. Behm L, Ivanoff SD, Ziden L. Preventive home visits and health--experiences among very old people. *BMC Public Health.* 2013;13:378. doi: 10.1186/1471-2458-13-378.
78. Smith-Carrier T, Sinha SK, Nowaczynski M, Akhtar S, Seddon G, Pham TT. It 'makes you feel more like a person than a patient': patients' experiences receiving home-based primary care (HBPC) in Ontario, Canada. *Health Soc Care Community.* 2017;25(2):723-33. doi: 10.1111/hsc.12362.

Appendix 1: Search Strategy

A1.1 Medline strategy

Database	MEDLINE Ovid MEDLINE(R) Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Interface	Ovid
Date searched	20 th of April 2017
Syntax : Fields and operators	
ti	<i>Title</i> field
ab	<i>Abstract</i> field
/	Subject heading from the <i>Medical Subject headings</i> excluding its narrower terms in the hierarchy (not exploded)
Exp .../	Subject heading from the <i>Medical Subject headings</i> including its narrower terms in the hierarchy
Boolean operators	AND, OR, NOT
Adj(n)	Defined adjacency, within <i>n</i> words from each other, in either direction
Adj	Adjacency
*	Truncation
"..."	Literal string
Limits or filters	
Year of publication	2011-Current (April 2017)
Languages	English, French
Strategy (hits)	
<ol style="list-style-type: none"> 1 exp Aged/ (2742505) 2 (elder* or geriatric* or aging or ageing or older or senior* or frailty).ti,ab. (698357) 3 1 or 2 (3095447) 4 exp Hospitalization/ (197610) 5 exp Emergency Service, Hospital/ (62184) 6 (readmission* or admission* or hospitali* or rehospitali* or emergency or ED).ti,ab. (551513) 7 4 or 5 or 6 (665264) 8 exp Community Health Services/ (278647) 9 exp Mental Health Services/ (87997) 10 (community-based or (community adj based)).ti,ab. (48128) 11 (community adj3 services).ti,ab. (9573) 12 (community-dwelling or (community adj dwelling)).ti,ab. (17253) 13 (community adj care).ti,ab. (3932) 14 exp Home Care Services/ (44698) 15 homecare.ti,ab. (891) 16 (Home adj2 care).ti,ab. (22821) 	

17 (home adj2 support).ti,ab. (1219)
 18 (home adj2 visit*).ti,ab. (8193)
 19 Home-based.ti,ab. (7659)
 20 Homebound.ti,ab. (844)
 21 Assisted Living Facilities/ (1147)
 22 Homes for the Aged/ (12640)
 23 Nursing Homes/ (31835)
 24 ltc.ti,ab. (3073)
 25 long-term care.ti,ab. (17398)
 26 ((home or homes) adj2 (aged or elderly or senior or old or nursing)).ti,ab. (30111)
 27 (facilit* adj2 (nursing or care or geriatric or elderly)).ti,ab. (24873)
 28 (assisted adj living).ti,ab. (1762)
 29 exp Primary Health Care/ (131530)
 30 exp Ambulatory Care/ (49778)
 31 exp "Continuity of Patient Care"/ (209593)
 32 (primary adj healthcare).ti,ab. (3797)
 33 (primary adj care).ti,ab. (92814)
 34 (primary adj health).ti,ab. (20556)
 35 (family adj physician*).ti,ab. (13114)
 36 (general adj practi*).ti,ab. (72418)
 37 (family adj practi*).ti,ab. (9455)
 38 Outpatient*.ti,ab. (140231)
 39 Ambulatory.ti,ab. (69787)
 40 (integrated adj care).ti,ab. (2818)
 41 exp Health Services for the Aged/ (16720)
 42 exp Patient Care/ (837606)
 43 exp Delivery of Health Care/ (947094)
 44 exp Telemedicine/ (21506)
 45 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24
 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41
 or 42 or 43 or 44 (2128956)
 46 Meta-Analysis/ (79154)
 47 Technology Assessment, Biomedical/ (9037)
 48 "Synthesis of reviews".ti,ab. (39)
 49 "overview* of reviews".ti,ab. (130)
 50 review* of reviews.ti,ab. (649)
 51 (umbrella adj review*).ti,ab. (90)
 52 technology assessment*.ti,ab. (5140)
 53 HTA.ti,ab. (2201)
 54 HTAs.ti,ab. (225)
 55 (meta adj analy*).ti,ab. (112611)
 56 metaanaly*.ti,ab. (1783)
 57 meta-analysis.pt. (79154)
 58 meta-synthes*.ti,ab. (556)
 59 (systematic adj3 (review* or overview*)).ti,ab. (108365)
 60 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 or 58 or 59 (209008)
 61 Comment/ (689017)

62 Editorial/ (436801)
63 Letter/ (968318)
64 61 or 62 or 63 (1577598)
65 60 not 64 (201761)
66 Homebound Persons/ (561)
67 Skilled Nursing Facilities/ (3924)
68 7 or 45 or 66 or 67 (2498407)
69 3 and 65 and 68 (6366)
70 limit 69 to yr="2011 -Current" (3799)
71 limit 70 to (english or french) (3672)

A1.2 CINAHL strategy

Database	CINAHL Complete	
Interface	Ebsco	
Date searched	24 th of April 2017	
Syntax : Fields and operators		
TI	<i>Title</i> field	
AB	<i>Abstract</i> field	
(MH "...")	CINAHL subject heading excluding its narrower terms in the hierarchy (not exploded)	
(MH "...+")	CINAHL subject heading including its narrower terms in the hierarchy	
Boolean operators	AND, OR, NOT	
Nn	Defined adjacency, within <i>n</i> words from each other, in either direction	
*	Optional and unlimited truncation	
"..."	Literal string	
Limits or filters		
Year of publication	2011-Current (April 2017)	
Languages	English, French	
Strategy		
Set	Search	Hits
S80	Limiters for S79 - Language: English, French	2,090
S79	Limiters for S78 - Published Date: 20110101-20170431	2,202
S78	S71 AND S76 AND S77	3,466
S77	S75 NOT S32	100,221
S76	S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 OR S35 OR S36 OR S37 OR S38 OR S39 OR S40 OR S41 OR S42 OR S43 OR S44 OR S45 OR S46 OR S47 OR S48 OR S49 OR S50 OR S51 OR S52 OR S53 OR S54 OR S55 OR S56 OR S57 OR S58 OR S59 OR S60 OR S61 OR S62 OR S63 OR S64 OR S70	1,232,378
S75	S27 OR S28 OR S29 OR S30 OR S31 OR S65 OR S66 OR S67 OR S68 OR S69 OR S72 OR S73 OR S74	103,147
S74	TI "review" of reviews" OR AB "review" of reviews"	2,458
S73	TI "overview* of review*" OR AB "overview* of review*"	73
S72	TI "synthesis of review*" OR AB "synthesis of review*"	132

S71	S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S33 OR S34	693,796
S70	(MH "Skilled Nursing Facilities")	2,740
S69	TI (systematic N3 (review* OR overview*)) OR AB (systematic N3 (review* OR overview*))	55,822
S68	TI (HTA OR HTAs) OR AB (HTA OR HTAs)	699
S67	TI "technology assessment*" OR AB "technology assessment*"	1,880
S66	TI "umbrella review*" OR AB "umbrella review*"	61
S65	(MH "Systematic Review")	41,234
S64	(MH "Telemedicine+")	8,373
S63	(MH "Health Care Delivery+")	245,300
S62	(MH "Patient Care+")	568,640
S61	(MH "Health Services for the Aged")	5,568
S60	TI "integrated care" OR AB "integrated care"	1,962
S59	TI "family Practi*" OR AB "family Practi*"	2,212
S58	TI "general practi*" OR AB "general practi*"	20,626
S57	TI "family Physician*" OR AB "family Physician*"	4,062
S56	TI "primary health" OR AB "primary health"	8,133
S55	TI "primary care" OR AB "primary care"	45,960
S54	(MH "Continuity of Patient Care+")	14,408
S53	(MH "Ambulatory Care")	9,367
S52	(MH "Primary Health Care")	46,213
S51	AB facilit* N2 (AB nursing OR AB care OR AB geriatric OR AB elderly)	11,183
S50	TI facilit* N2 (TI nursing OR TI care OR TI geriatric OR TI elderly)	4,679
S49	((AB home OR AB homes) N2 (AB aged OR AB elderly OR AB senior OR AB old OR AB nursing)	11,789
S48	(TI home OR TI homes) N2 (TI aged OR TI elderly OR TI senior OR TI old OR TI nursing)	13,038

S47	TI "long-term care" OR AB "long-term care"	11,704
S46	(MH "Nursing Homes")	20,055
S45	(MH "Homebound Patients")	579
S44	(MH "Assisted Living")	2,441
S43	TI home N2 visit* OR AB home N2 visit*	4,540
S42	TI home N2 support OR AB home N2 support	1,128
S41	(MH "Home Health Care+")	37,803
S40	TI home N2 car* OR AB home N2 car*	21,757
S39	TI community N3 TI services OR AB community N3 AB services	8,159
S38	(MH "Mental Health Services+")	60,373
S37	(MH "Community Health Services+")	333,519
S36	(MH "Emergency Service+")	40,262
S35	(MH "Hospitalization+")	72,910
S34	TI frailty OR AB frailty	3,124
S33	TI senior* OR AB senior*	15,131
S32	PT comment OR PT editorial OR PT letter	452,008
S31	TI meta-synthes* OR AB meta-synthes*	389
S30	PT meta-analysis OR PT "meta analysis"	13,923
S29	TI metaanaly* OR AB metaanaly*	625
S28	TI "meta analy*" OR AB "meta analy*"	36,958
S27	(MH "Meta Analysis")	27,776
S26	TI ambulatory OR AB ambulatory	15,918
S25	TI outpatient* OR AB outpatient*	36,610
S24	TI "primary healthcare" OR AB "primary healthcare"	1,765
S23	TI "assisted living" OR AB "assisted AB living"	1,170
S22	TI ltc OR AB ltc	2,072

S21	TI homebound OR homebound	865
S20	TI home-based OR AB home-based	4,089
S19	TI homecare OR AB homecare	648
S18	TI "community care" OR AB "community care"	2,491
S17	TI community-dwelling OR AB community-dwelling OR TI "community dwelling" OR AB "community dwelling"	9,135
S16	AB community-based OR AB "community based"	16,063
S15	TI community-based OR TI "community based"	7,758
S14	AB ed	13,528
S13	TI ed	8,003
S12	TI emergency OR AB emergency	75,381
S11	AB Rehospitali*	1,299
S10	TI rehospitali*	445
S9	TI hospitali* OR AB hospitali*	50,735
S8	TI admission* OR AB admission*	44,412
S7	TI readmission* OR AB readmission*	7,144
S6	(MH "Aged+")	607,305
S5	TI older OR AB older	117,913
S4	TI ageing OR AB ageing	25,612
S3	TI aging OR AB aging	33,223
S2	TI geriatric* OR AB geriatric*	16,282
S1	TI elder* OR AB elder*	70,757

A1.3 Cochrane library strategy

Databases	Cochrane Database of Systematic Reviews (CDSR), Database of Abstracts of Reviews of Effects (Dare) et Health Technology Assessment Database (HTAd)
Interface	Cochrane Library - Wiley
Date searched	20 th of April 2017
Syntax : Fields and operators	
ti	<i>Title</i> field
ab	<i>Abstract</i> field
MeSH descriptor : [...] this term only	Subject heading from the <i>Medical Subject headings</i> excluding its narrower terms in the hierarchy (not exploded)
MeSH descriptor : [...]explode all trees	Subject heading from the <i>Medical Subject headings</i> including its narrower terms in the hierarchy
Boolean operators	AND, OR
NEAR/n	Defined adjacency, within <i>n</i> words from each other, in either direction
*	Optional and unlimited truncation
"..."	Literal string
Limits or filters	
Year of publication	2011-2017 (April 2017)
Strategy	
Set Search	
#1	MeSH descriptor: [Hospitalization] explode all trees
#2	MeSH descriptor: [Emergency Service, Hospital] explode all trees
#3	MeSH descriptor: [Community Health Services] explode all trees
#4	MeSH descriptor: [Mental Health Services] explode all trees
#5	community-based or "community based":ti,ab
#6	(community near/3 services):ti,ab
#7	(community-dwelling or "community dwelling"):ti,ab
#8	"community care":ti,ab
#9	MeSH descriptor: [Home Care Services] explode all trees
#10	Homecare:ti,ab
#11	Home near/2 care:ti,ab
#12	(home near/2 support):ti,ab
#13	(home near/2 visit*):ti,ab
#14	Home-based:ti,ab
#15	MeSH descriptor: [Assisted Living Facilities] this term only
#16	MeSH descriptor: [Homes for the Aged] this term only
#17	MeSH descriptor: [Nursing Homes] this term only
#18	Ltc:ti,ab
#19	"long-term care":ti,ab
#20	((home or homes) near/2 (aged or elderly or senior or old or nursing)):ti,ab
#21	(facilit* near/2 (nursing or care or geriatric or elderly)):ti,ab

- #22 "assisted living":ti,ab
- #23 MeSH descriptor: [Homebound Persons] this term only
- #24 MeSH descriptor: [Skilled Nursing Facilities] this term only
- #25 MeSH descriptor: [Primary Health Care] explode all trees
- #26 MeSH descriptor: [Ambulatory Care] explode all trees
- #27 MeSH descriptor: [Continuity of Patient Care] explode all trees
- #28 "primary healthcare":ti,ab
- #29 "primary care":ti,ab
- #30 "primary health":ti,ab
- #31 "family physician*":ti,ab
- #32 "general practi*":ti,ab
- #33 "family practi*":ti,ab
- #34 outpatient*:ti,ab
- #35 ambulatory:ti,ab
- #36 "integrated care":ti,ab
- #37 MeSH descriptor: [Health Services for the Aged] explode all trees
- #38 MeSH descriptor: [Patient Care] explode all trees
- #39 MeSH descriptor: [Delivery of Health Care] explode all trees
- #40 MeSH descriptor: [Telemedicine] explode all trees
- #41 MeSH descriptor: [Aged] explode all trees
- #42 elder*:ti,ab
- #43 geriatric*:ti,ab
- #44 aging:ti,ab
- #45 ageing:ti,ab
- #46 older:ti,ab
- #47 senior*:ti,ab
- #48 frailty:ti,ab
- #49 homebound:ti,ab
- #50 readmission*:ti,ab
- #51 admission*:ti,ab
- #52 hospitali*:ti,ab
- #53 rehospitali*:ti,ab
- #54 emergency:ti,ab
- #55 ED:ti,ab
- #56 (or #1-#40, #49-#55)
- #57 (or #41-#48)
- #58 #56 and #57 Publication Year from 2011 to 2017, in Cochrane Reviews (Reviews and Protocols), Other Reviews and Technology Assessments

Hits

CDSR = 253

Dare = 125

HTAd = 32

Appendix 2 : Other sources searched

- Agency for Healthcare Research and Quality (AHRQ) - U.S. Department of Health and Human Services (including the National Guideline Clearinghouse)
- Alberta College of Family Physicians
- Alberta Health and wellness
- American College of Emergency Physicians (ACEP)
- American Geriatrics Society (Geriatrics care online)
- Canadian Association of Emergency Physicians (CAEP)
- Canadian Medical Association - CPG Infobase
- Canadian Agency for Drugs and Technologies in Health (CADTH/ACMTS)
- Canadian Institute for Health Information
- Centre for Reviews and dissemination (CRD), including the Canadian interface
- Danish health Authority (guidelines)
- Germain, Institut universitaire de gériatrie de Montréal
- Google Scholar and Google
- Grey Literature Report (The New York Academy of Medicine)
- Haute Autorité en Santé (HAS)
- Health Improvement Scotland
- Health Quality Council of Alberta
- Health Quality Ontario
- HTAi custom search engine
- International Network of Agencies for Health Technology Assessment (INAHTA), through the CRD database
- Institut national d'excellence en santé et services sociaux (INESSS)
- Institute of Health Economics
- King's Fund
- Manitoba Centre for Health Policy
- National Institute for Health and Care Excellence (NICE)
- Newfoundland and Labrador Centre for Applied Health
- Norwegian Knowledge Centre for the Health Services
- Programs for assessment of technology in health
- Prospero
- Publications numériques du Québec, Bibliothèque et Archives nationales du Québec
- Réseau sur le vieillissement et les changements démographiques (RVCD, Ministère de la santé et des services sociaux)
- Swedish Agency For Health Technology Assessment And Assessment Of Social Services
- Social Care Institute for Excellence (SCIE)
- UBC's Centre for Health Services and Policy Research (CHSPR)
- Health Technology Assessment units in Quebec: CHUS, CHUQ, CUSM/MUHC and CHUM

Appendix 3: Interview canevas

Consigne : Nous avons préparé une série de questions sur lesquelles nous aimerions discuter avec vous afin de mieux connaître votre contexte d'intervention et de discuter des données scientifiques de notre revue de revues systématiques portant sur les soins à domicile. (Demandez si vous pouvez enregistrer ou prendre des notes)

Données contextuelles

- 1- Que sont les services médicaux offerts par le SAD présentement?
- 2- Est-ce qu'il existe des services préventifs?
Si oui,
 - Que sont ces services spécifiquement?
 - Qui sont les usagers concernés?
 - Qui est responsable de ces services (médecins, infirmiers (ères))?
 - Est-ce qu'ils sont des services de longue ou de courte durée?
- 3- Est-ce qu'il existe des soins primaires offerts à domicile, ou est-ce que les usagers sont référés à d'autres services (ambulatoires, médecins de famille, hôpital)?
Si oui,
 - Quels sont les usagers concernés, et quels sont les critères d'admissibilités?
 - Qui est responsable de ces soins (médecins, infirmiers (ères))?
 - o Y a-t-il des médecins de famille qui mène des visites à domicile?
 - Les services sont-ils de longue ou de courte durée?
- 4- Y a-t-il un programme desservant les vétérans?

Données expérientielles

Nous allons vous présenter grosso modo les résultats de notre revue de revues systématiques, pour connaître votre opinion sur les données de HBPC et les visites préventives. Nous avons le modèle de HBPC relevé dans la littérature. Les données sont beaucoup plus prometteuses

Selon votre expérience, ce modèle pourrait-il favoriser le maintien à domicile des personnes âgées vulnérables?

Y voyez-vous des avantages?

Y voyez-vous des désavantages?

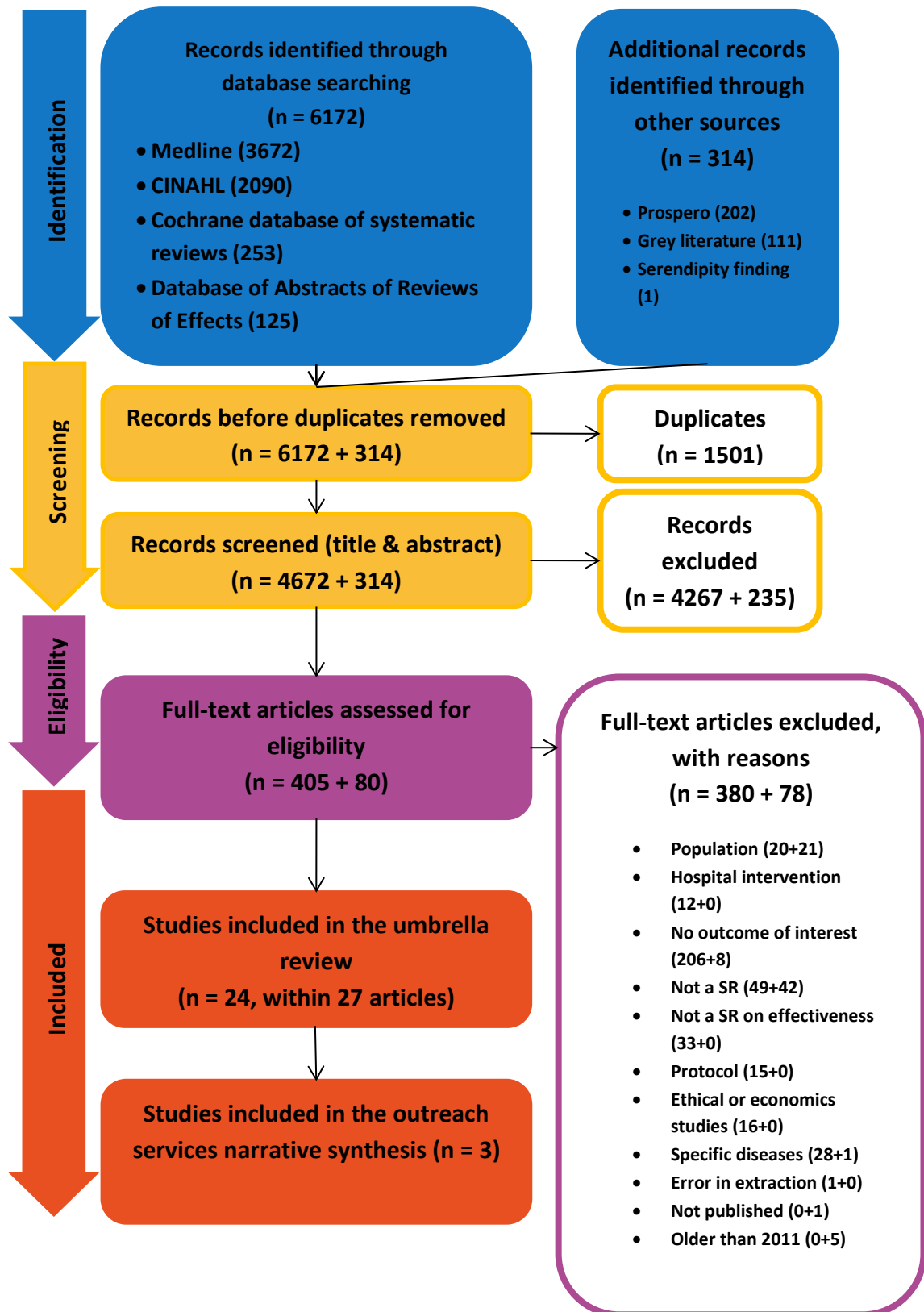
Selon votre expérience, ce modèle est-il applicable dans notre CIUSSS?

Quels sont les facilitateurs à son implantation dans notre CIUSSS?

Quelles sont les contraintes à son implantation?

Pouvez-vous nous référer à un autre expert avec lequel nous aurions intérêt de le rencontrer?

Appendix 4: PRISMA flowchart



Appendix 5: Reasons for exclusion

A5.1 Records identified through databases

Record number	Reference	Reason for exclusion
1	Abshire, M., Xu, J., Baptiste, D., Almansa, J. R., Xu, J., Cummings, A., . . . Dennison Himmelfarb, C. (2015). Nutritional Interventions in Heart Failure: A Systematic Review of the Literature. <i>Journal of cardiac failure</i> , 21(12), 989-999. doi:10.1016/j.cardfail.2015.10.004	No outcome of interest
2	Ades, P. A., Keteyian, S. J., Balady, G. J., Houston-Miller, N., Kitzman, D. W., Mancini, D. M., & Rich, M. W. (2013). Cardiac rehabilitation exercise and self-care for chronic heart failure. <i>JACC. Heart failure</i> , 1(6), 540-547. doi:10.1016/j.jchf.2013.09.002	Not a systematic review
3	Alberti, T. L., & Nannini, A. (2013). Patient comprehension of discharge instructions from the emergency department: A literature review. <i>Journal of the American Association of Nurse Practitioners</i> , 25(4), 186-194. doi:10.1111/j.1745-7599.2012.00767.x	No outcome of interest
4	Alcide, A., & Potocky, M. (2015). Adult Hospice Social Work Intervention Outcomes in the United States. <i>Journal of Social Work in End-of-Life & Palliative Care</i> , 11(3/4), 367-385. doi:10.1080/15524256.2015.1107806	No outcome of interest
5	Allred, D. P., Raynor, D. K., Hughes, C., Barber, N., Chen, T. F., & Spoor, P. (2013). Interventions to optimise prescribing for older people in care homes. <i>The Cochrane database of systematic reviews</i> (2).	No outcome of interest
6	Allen, J., Hutchinson, A. M., Brown, R., & Livingston, P. M. (2017). User Experience and Care Integration in Transitional Care for Older People From Hospital to Home. <i>Qualitative health research</i> , 27(1), 24-36. doi:10.1177/1049732316658267	No outcome of interest
7	Allen, J., Ottmann, G., & Roberts, G. (2013). Multi-professional communication for older people in transitional care: a review of the literature. <i>International journal of older people nursing</i> , 8(4), 253-269. doi:10.1111/j.1748-3743.2012.00314.x	No outcome of interest
8	American Geriatrics Society Workgroup on Vitamin, D. S. f. O. A. (2014). Recommendations abstracted from the American Geriatrics Society Consensus Statement on vitamin D for Prevention of Falls and Their Consequences. <i>Journal of the American Geriatrics Society</i> , 62(1), 147-152. doi:10.1111/jgs.12631	No outcome of interest
9	Anderson, L., Thompson, D. R., Oldridge, N., Zwisler, A.-D., Rees, K., Martin, N., & Taylor, R. S. (2016). Exercise-based cardiac rehabilitation for coronary heart disease. <i>Cochrane Database of Systematic Reviews</i> (1). doi:10.1002/14651858.CD001800.pub3	Population
10	Anuruang, S., Hickman, L. D., Jackson, D., Dharmendra, T., Balen, J., & Davidson, P. M. (2014). Community-based interventions to promote management for older people: an integrative review. <i>Journal of clinical nursing</i> , 23(15/16), 2110-2120. doi:10.1111/jocn.12445	No outcome of interest
11	Arendts, G., Quine, S., & Howard, K. (2013). Decision to transfer to an emergency department from residential aged care: A systematic review of qualitative research. <i>Geriatrics & Gerontology International</i> , 13(4), 825-833. doi:10.1111/ggi.12053	No outcome of interest
12	Ausserhofer, D., Deschodt, M., De Geest, S., van Achtenberg, T., Meyer, G., Verbeek, H., . . . Engberg, S. (2016). "There's No Place Like Home": A Scoping Review on the Impact of Homelike Residential Care Models on Resident-, Family-, and Staff-Related Outcomes. <i>Journal of the American Medical Directors Association</i> , 17(8), 685-693. doi:10.1016/j.jamda.2016.03.009	Not a systematic review
13	Australian Safety Efficacy Register of New Interventional Procedures Surgical. (2013). Systematic review on needs for medical devices for older people. <i>Health Technology Assessment Database</i> , (4). Retrieved from http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD001880.pub6	Hospital intervention
14	Avenell, A., Smith, T. O., Curtain, J. P., Mak, J. C., & Myint, P. K. (2016). Nutritional supplementation for hip fracture aftercare in older people. <i>The Cochrane database of systematic reviews</i> , 11. doi:10.1002/14651858.CD001880.pub6	No outcome of interest
15	Aydin, D., Klit, J., Jacobsen, S., Troelsen, A., & Husted, H. (2015). No major effects of preoperative education in patients undergoing hip or knee replacement--a systematic review. <i>Danish medical journal</i> , 62(7).	No outcome of interest
16	Bagnall, N. M., Malietz, G., Kennedy, R. H., Athanasiou, T., Faiz, O., & Darzi, A. (2014). A systematic review of enhanced recovery care after colorectal surgery in elderly patients. <i>Colorectal Disease</i> , 16(12), 947-956. doi:10.1111/codi.12718	Hospital intervention
17	Bainbridge, D., Seow, H., & Sussman, J. (2016). Common Components of Efficacious In-Home End-of-Life Care Programs: A Review of Systematic Reviews. <i>Journal of the American Geriatrics Society</i> , 64(3), 632-639. doi:10.1111/jgs.14025	Population
18	Bandayrel, K., & Wong, S. (2011). Systematic literature review of randomized control trials assessing the effectiveness of nutrition interventions in community-dwelling older adults. <i>Journal of nutrition education and behavior</i> , 43(4), 251-262. doi:10.1016/j.jneb.2010.01.004	No outcome of interest
19	Barnason, S., Zimmerman, L., & Young, L. (2012). An integrative review of interventions promoting self-care of patients with heart failure. <i>Journal of clinical nursing</i> , 21(3/4), 448-475. doi:10.1111/j.1365-2702.2011.03907.x	No outcome of interest
20	Beauchet, O., Dubost, V., Revel Delhom, C., Berrut, G., Belmin, J., French Society of Geriatrics and Gerontology. (2011). How to manage recurrent falls in clinical practice: guidelines of the French Society of Geriatrics and Gerontology. <i>The journal of nutrition, health & aging</i> , 15(1), 79-84.	No outcome of interest
21	Beck, A. M., Dent, E., & Baldwin, C. (2016). Nutritional intervention as part of functional rehabilitation in older people with reduced functional ability: a systematic review and meta-analysis of randomised controlled studies. <i>Journal of Human Nutrition and Dietetics</i> , 29(6), 733-745. doi:10.1111/jhn.12382	No outcome of interest
22	Beck, A. M., Holst, M., & Rasmussen, H. H. (2013). Oral nutritional support of older (65 years+) medical and surgical patients after discharge from hospital: systematic review and meta-analysis of randomized controlled trials. <i>Clinical</i>	Not a systematic

Record number	Reference	Reason for exclusion
	rehabilitation, 27(1), 19-27. doi:10.1177/0269215512445396	review
23	Bélanger, L., Bourbonnais, A., Bernier, R., & Benoit, M. (2017). Communication between nurses and family caregivers of hospitalised older persons: a literature review. <i>Journal of clinical nursing</i> , 26(5/6), 609-619. doi:10.1111/jocn.13516	No outcome of interest
24	Bench, S., Day, T., & Griffiths, P. (2013). Effectiveness of Critical Care Discharge Information in Supporting Early Recovery From Critical Illness. <i>Critical Care Nurse</i> , 33(3), 41-52. doi:10.4037/ccn2013134	No outcome of interest
25	Benetos, A., Rossignol, P., Cherubini, A., Joly, L., Grodzicki, T., Rajkumar, C., . . . Petrovic, M. (2015). Polypharmacy in the Aging Patient: Management of Hypertension in Octogenarians. <i>Jama</i> , 314(2), 170-180. doi:10.1001/jama.2015.7517	No outcome of interest
26	Berglund, H., Blomberg, S., Duner, A., & Kjellgren, K. (2015). Organizing integrated care for older persons: strategies in Sweden during the past decade. <i>Journal of health organization and management</i> , 29(1), 128-151. doi:10.1108/JHOM-04-2013-0082	Not a systematic review
27	Berthelsen, C. B., & Kristensson, J. (2015). The content, dissemination and effects of case management interventions for informal caregivers of older adults: a systematic review. <i>International journal of nursing studies</i> , 52(5), 988-1002. doi:10.1016/j.ijnurstu.2015.01.006	No outcome of interest
28	Beuscart, J.-B., Pont, L. G., Thevelin, S., Boland, B., Dalleur, O., Rutjes, A. W. S., . . . Spinewine, A. (2016). A systematic review of the outcomes reported in trials of medication review in older patients: the need for a core outcome set. <i>British journal of clinical pharmacology</i> , 83(5), 942-952. doi:10.1111/bcp.13197	No outcome of interest
29	Bhattacharya, D., Aldus, C. F., Barton, G., Bond, C. M., Boonyaprapa, S., Charles, I. S., . . . Wright, D. J. (2016). The feasibility of determining the effectiveness and cost-effectiveness of medication organisation devices compared with usual care for older people in a community setting: systematic review, stakeholder focus groups and feasibility randomised controlled trial. <i>Health Technology Assessment</i> , 20(50), 1-250. doi:10.3310/hta20500	No outcome of interest
30	Boisvert, S., Proulx-Belhumeur, A., Doré, M., Gonçalves, N., Francoeur, J., & Gallani, M. C. (2015). An integrative literature review on nursing interventions aimed at increasing self-care among heart failure patients. <i>Revista Latino-Americana de Enfermagem (RLAE)</i> , 23(4), 753-768. doi:10.1590/0104-1169.0370.2612	Specific disease
31	Boland, L., Legare, F., Perez, M. M. B., Menear, M., Garvelink, M. M., McIsaac, D. I., . . . Stacey, D. (2017). Impact of home care versus alternative locations of care on elder health outcomes: an overview of systematic reviews. <i>BMC geriatrics</i> , 17(20). doi:10.1186/s12877-016-0395-y	No outcome of interest
32	Boland, M. R. S., Tsiachristas, A., Kruis, A. L., Chavannes, N. H., & Rutten-van Molken, M. P. M. H. (2013). The health economic impact of disease management programs for COPD: a systematic literature review and meta-analysis. <i>BMC pulmonary medicine</i> , 13(40). doi:10.1186/1471-2466-13-40	Economic study
33	Boniface, G., Mason, M., Macintyre, J., Synan, C., & Riley, J. (2013). The effectiveness of local authority social services' occupational therapy for older people in Great Britain: a critical literature review. <i>British Journal of Occupational Therapy</i> , 76(12), 538-547. doi:10.4276/030802213X13861576675240	No outcome of interest
34	Bookey-Bassett, S., Markle-Reid, M., McKey, C. A., & Akhtar-Danesh, N. (2017). Understanding interprofessional collaboration in the context of chronic disease management for older adults living in communities: a concept analysis. <i>Journal of advanced nursing</i> , 73(1), 71-84. doi:10.1111/jan.13162	No outcome of interest
35	Bradford, N. K. (2016). Enhanced Rehabilitation and Care Models for Adults With Dementia Following Hip Fracture Surgery. <i>Orthopaedic Nursing</i> , 35(3), 187-188. doi:10.1097/NOR.0000000000000248	No outcome of interest
36	Braet, A., Weltens, C., & Sermeus, W. (2016). Effectiveness of discharge interventions from hospital to home on hospital readmissions: a systematic review. <i>JBI database of systematic reviews and implementation reports</i> , 14(2), 106-173. doi:10.11124/jbisrir-2016-2381	Population
37	Brown, C. J., & Flood, K. L. (2013). Mobility limitation in the older patient: a clinical review. <i>Jama</i> , 310(11), 1168-1177. doi:10.1001/jama.2013.276566	No outcome of interest
38	Brown, L., Forster, A., Young, J., Crocker, T., Benham, A., & Langhorne, P. (2015). Medical day hospital care for older people versus alternative forms of care. <i>Cochrane Database of Systematic Reviews</i> (6). doi:10.1002/14651858.CD001730.pub3	No outcome of interest
39	Brusco, N. K., Taylor, N. F., Watts, J. J., & Shields, N. (2014). Economic evaluation of adult rehabilitation: a systematic review and meta-analysis of randomized controlled trials in a variety of settings. <i>Archives of physical medicine and rehabilitation</i> , 95(1), 94-116.e114. doi:10.1016/j.apmr.2013.03.017	Economic study
40	Bunn, D., Jimoh, F., Wilsher, S. H., & Hooper, L. (2015). Increasing fluid intake and reducing dehydration risk in older people living in long-term care: a systematic review. <i>Journal of the American Medical Directors Association</i> , 16(2), 101-113. doi:10.1016/j.jamda.2014.10.016	No outcome of interest
41	Burton, E., Cavalheri, V., Adams, R., Browne, C. O., Boverly-Spencer, P., Fenton, A. M., . . . Hill, K. D. (2015). Effectiveness of exercise programs to reduce falls in older people with dementia living in the community: a systematic review and meta-analysis. <i>Clinical interventions in aging</i> , 10, 421-434. doi:10.2147/CIA.S71691	No outcome of interest
42	Burton, E., Lewin, G., & Boldy, D. (2015). A Systematic Review of Physical Activity Programs for Older People Receiving Home Care Services. <i>Journal of aging and physical activity</i> , 23(3), 460-470. doi:10.1123/japa.2014-0086	No outcome of interest
43	CADTH. (2012). Campus of care models for adults with disabilities and seniors: a review of clinical benefits and harms and cost-effectiveness. Retrieved from http://onlinelibrary.wiley.com/o/cochrane/clhta/articles/HTA-32012000659/frame.html	Not a systematic review
44	Cajita, M. I., Gleason, K. T., & Han, H.-R. (2016). A Systematic Review of mHealth-Based Heart Failure Interventions. <i>Journal of Cardiovascular Nursing</i> , 31(3), E10-22. doi:10.1097/JCN.0000000000000305	No outcome of interest
45	Cameli, D., Francis, M., Francois, V. E., Medder, N. R., Von Eden, L., & Truglio-Londrigan, M. (2012). A systematic review of medication reconciliation strategies to reduce medication errors in community dwelling older adults. <i>JBI library of</i>	No outcome of interest

Record number	Reference	Reason for exclusion
	systematic reviews, 10(42 Suppl), 1-18. doi:10.11124/jbisrir-2012-247	
46	Cameron, I. D., Gillespie, L. D., Robertson, M. C., Murray, G. R., Hill, K. D., Cumming, R. G., & Kerse, N. (2012). Interventions for preventing falls in older people in care facilities and hospitals. <i>Cochrane Database of Systematic Reviews</i> (12). doi:10.1002/14651858.CD005465.pub3	No outcome of interest
47	Campbell, A. D., Godfryd, A., Buys, D. R., & Locher, J. L. (2015). Does Participation in Home-Delivered Meals Programs Improve Outcomes for Older Adults? Results of a Systematic Review. <i>Journal of nutrition in gerontology and geriatrics</i> , 34(2), 124-167. doi:10.1080/21551197.2015.1038463	No outcome of interest
48	Candy, B., Holman, A., Leurent, B., Davis, S., & Jones, L. (2011). Hospice care delivered at home, in nursing homes and in dedicated hospice facilities: A systematic review of quantitative and qualitative evidence. <i>International journal of nursing studies</i> , 48(1), 121-133. doi:10.1016/j.ijnurstu.2010.08.003	No outcome of interest
49	Cardona-Morrell, M., Kim, J., Turner, R. M., Anstey, M., Mitchell, I. A., & Hillman, K. (2016). Non-beneficial treatments in hospital at the end of life: a systematic review on extent of the problem. <i>International Journal for Quality in Health Care</i> , 28(4), 456-469. doi:10.1093/intqhc/mzw060	Hospital intervention
50	Carpenter, C. R., Shelton, E., Fowler, S., Suffoletto, B., Platts-Mills, T. F., Rothman, R. E., & Hogan, T. M. (2015). Risk factors and screening instruments to predict adverse outcomes for undifferentiated older emergency department patients: a systematic review and meta-analysis. <i>Academic Emergency Medicine</i> , 22(1), 1-21. doi:10.1111/acem.12569	No outcome of interest
51	Carpenter, J. G. (2017). Hospital Palliative Care Teams and Post-Acute Care in Nursing Facilities. <i>Research in Gerontological Nursing</i> , 10(1), 25-34. doi:10.3928/19404921-20161209-02	Not a systematic review
52	Casimir, Y. E., Williams, M. M., Liang, M. Y., Pitakmongkolkul, S., & Slyer, J. T. (2014). The effectiveness of patient-centered self-care education for adults with heart failure on knowledge, self-care behaviors, quality of life, and readmissions: a systematic review. <i>JBHI Database of Systematic Reviews & Implementation Reports</i> , 12(2), 188-262. doi:10.11124/jbisrir-2014-1438	Specific disease
53	Cawood, A. L., Elia, M., & Stratton, R. J. (2012). Systematic review and meta-analysis of the effects of high protein oral nutritional supplements. <i>Ageing research reviews</i> , 11(2), 278-296. doi:10.1016/j.arr.2011.12.008	No outcome of interest
54	Chase, C. A., Mann, K., Wasek, S., & Arbesman, M. (2012). Systematic Review of the Effect of Home Modification and Fall Prevention Programs on Falls and the Performance of Community-Dwelling Older Adults. <i>The American Journal of Occupational Therapy</i> , 66(3), 284-291. doi:10.5014/ajot.2012.005017	No outcome of interest
55	Chase, J.-A. D., Phillips, L. J., & Brown, M. (2017). Physical Activity Intervention Effects on Physical Function Among Community-Dwelling Older Adults: A Systematic Review and Meta-Analysis. <i>Journal of aging and physical activity</i> , 25(1), 149-170. doi:10.1123/japa.2016-0040	No outcome of interest
56	Chatterjee, S., Sardar, P., Lichstein, E., Mukherjee, D., & Aikat, S. (2013). Pharmacologic Rate versus Rhythm-Control Strategies in Atrial Fibrillation: An Updated Comprehensive Review and Meta-Analysis. <i>Pacing & Clinical Electrophysiology</i> , 36(1), 122-133. doi:10.1111/j.1540-8159.2012.03513.x	No outcome of interest
57	Chen, Y. M., & Li, Y. (2013). Safety and efficacy of exercise training in elderly heart failure patients: a systematic review and meta-analysis. <i>International journal of clinical practice</i> , 67(11), 1192-1198. doi:10.1111/ijcp.12210	Specific disease
58	Chenoweth, L., Kable, A., & Pond, D. (2015). Research in hospital discharge procedures addresses gaps in care continuity in the community, but leaves gaping holes for people with dementia: A review of the literature. <i>Australasian Journal on Ageing</i> , 34(1), 9-14. doi:10.1111/ajag.12205	Not a systematic review
59	Cherofsky, N., Onua, E., Sawo, D., Slavin, E., & Levin, R. (2011). Telehealth in adult patients with congestive heart failure in long term home health care: a systematic review. <i>JBHI library of systematic reviews</i> , 9(30), 1271-1296.	Specific disease
60	Chesham, R. A., & Shanmugam, S. (2017). Does preoperative physiotherapy improve postoperative, patient-based outcomes in older adults who have undergone total knee arthroplasty? A systematic review. <i>Physiotherapy Theory & Practice</i> , 33(1), 9-30. doi:10.1080/09593985.2016.1230660	No outcome of interest
61	Chhabra, P. T., Rattinger, G. B., Dutcher, S. K., Hare, M. E., Parsons, K. L., & Zuckerman, I. H. (2012). Medication reconciliation during the transition to and from long-term care settings: a systematic review. <i>Research in Social & Administrative Pharmacy</i> , 8(1), 60-75. doi:10.1016/j.sapharm.2010.12.002	No outcome of interest
62	Chi, N.-C., & Demiris, G. (2015). A systematic review of telehealth tools and interventions to support family caregivers. <i>Journal of telemedicine and telecare</i> , 21(1), 37-44. doi:10.1177/1357633X14562734	No outcome of interest
63	Chinthammit, C., Armstrong, E. P., & Warholak, T. L. (2012). A Cost-Effectiveness Evaluation of Hospital Discharge Counseling by Pharmacists. <i>Journal of pharmacy practice</i> , 25(2), 201-208. doi:10.1177/0897190011418512	Economic study
64	Choi, J. (2011). Literature review: using pictographs in discharge instructions for older adults with low-literacy skills. <i>Journal of clinical nursing</i> , 20(21/22), 2984-2996. doi:10.1111/j.1365-2702.2011.03814.x	No outcome of interest
65	Choi, M., & Hector, M. (2012). Effectiveness of intervention programs in preventing falls: a systematic review of recent 10 years and meta-analysis. <i>Journal of the American Medical Directors Association</i> , 13(2), 188.e113-121. doi:10.1016/j.jamda.2011.04.022	No outcome of interest
66	Christensen, M., & Lundh, A. (2013). Medication review in hospitalised patients to reduce morbidity and mortality. <i>Cochrane Database of Systematic Reviews</i> (2). doi:10.1002/14651858.CD008986.pub3	Hospital intervention
67	Christensen, M., & Lundh, A. (2016). Medication review in hospitalised patients to reduce morbidity and mortality. <i>Cochrane Database of Systematic Reviews</i> (2). doi:10.1002/14651858.CD008986.pub3	Hospital intervention
68	Chuna, Y. J., & Patterson, P. E. (2012). A suggestion for future research on interface design of an Internet-based telemedicine system for the elderly. <i>Work</i> , 41 Suppl 1, 353-356. doi:10.3233/WOR-2012-0181-353	Not a systematic

Record number	Reference	Reason for exclusion
		review
69	Chung, J., Demiris, G., & Thompson, H. J. (2012). Mobility limitation in community-dwelling older adults: a systematic review. <i>Communicating Nursing Research</i> , 45, 426-426.	Not a systematic review
70	Chung, J., Demiris, G., & Thompson, H. J. (2016). Ethical Considerations Regarding the Use of Smart Home Technologies for Older Adults. <i>Annual Review of Nursing Research</i> , 34(1), 155-181. doi:10.1891/0739-6686.34.155	Ethical study
71	Chunhu, S. (2014). Interventions for Preventing Falls in Older People in Care Facilities and Hospitals. <i>Orthopaedic Nursing</i> , 33(1), 48-49. doi:10.1097/NOR.000000000000023	Not a systematic review
72	Chunmei, Z., Xiangjuan, L., Xiaomeng, W., Qi, W., Yun, Z., Zhiming, G., . . . Ge, Z. (2015). Efficacy of Enhanced External Counterpulsation in Patients With Chronic Refractory Angina on Canadian Cardiovascular Society (CCS) Angina Class: An Updated Meta-Analysis. <i>Medicine</i> , 94(47), 1-8. doi:10.1097/MD.0000000000002002	No outcome of interest
73	Church, J., Goodall, S., Norman, R., & Haas, M. (2011). An economic evaluation of community and residential aged care falls prevention strategies in NSW. <i>New South Wales public health bulletin</i> , 22(3-4), 60-68. doi:10.1071/NB10051	Economic study
74	Clark, A. M., Wiens, K. S., Banner, D., Kryworuchko, J., Thirsk, L., McLean, L., & Currie, K. (2016). A systematic review of the main mechanisms of heart failure disease management interventions. <i>Heart</i> , 102(9), 707-711. doi:10.1136/heartjnl-2015-308551	Not a systematic review
75	Clark, S., Parker, R., Prosser, B., & Davey, R. (2013). Aged care nurse practitioners in Australia: evidence for the development of their role. <i>Australian Health Review</i> , 37(5), 594-601. doi:10.1071/AH13052	No outcome of interest
76	Clarke, M., Shah, A., & Sharma, U. (2011). Systematic review of studies on telemonitoring of patients with congestive heart failure: a meta-analysis. <i>Journal of telemedicine and telecare</i> , 17(1), 7-14. doi:10.1258/jtt.2010.100113	Specific disease
77	Clarkson, P., Giebel, C. M., Larbey, M., Roe, B., Challis, D., Hughes, J., . . . Members of the HoSt, D. P. M. G. (2016). A protocol for a systematic review of effective home support to people with dementia and their carers: components and impacts. <i>Journal of advanced nursing</i> , 72(1), 186-196. doi:10.1111/jan.12737	Protocol
78	Classen, S., Monahan, M., Auten, B., & Yarney, A. (2014). Evidence-Based Review of Interventions for Medically At-Risk Older Drivers. <i>American Journal of Occupational Therapy</i> , 68(4), e107-108. doi:10.5014/ajot.2014.010975	No outcome of interest
79	Clegg, A. P., Barber, S. E., Young, J. B., Forster, A., & Iliffe, S. J. (2012). Do home-based exercise interventions improve outcomes for frail older people? Findings from a systematic review. <i>Reviews in clinical gerontology</i> , 22(1), 68-78. doi:10.1017/S0959259811000165	No outcome of interest
80	Clegg, A., Siddiqi, N., Heaven, A., Young, J., & Holt, R. (2014). Interventions for preventing delirium in older people in institutional long-term care. <i>Cochrane Database of Systematic Reviews</i> (1). doi:10.1002/14651858.CD009537.pub2	No outcome of interest
81	Clyne, B., Bradley, M., Hughes, C., Fahey, T., & Lapane, K. (2012). Electronic prescribing and other forms of technology to reduce inappropriate medication use and polypharmacy in older people: a review of current evidence (Provisional abstract). <i>Clinics in Geriatric Medicine</i> , 28(2), 301-322. doi:10.1016/j.cger.2012.01.009	Not a systematic review
82	Clyne, B., Fitzgerald, C., Quinlan, A., Hardy, C., Galvin, R., Fahey, T., & Smith, S. M. (2016). Interventions to Address Potentially Inappropriate Prescribing in Community-Dwelling Older Adults: A Systematic Review of Randomized Controlled Trials. <i>Journal of the American Geriatrics Society</i> , 64(6), 1210-1222. doi:10.1111/jgs.14133	No outcome of interest
83	Cochrane, A., Furlong, M., McGilloway, S., Molloy, D. W., Stevenson, M., & Donnelly, M. (2016). Time-limited home-care rehabilitation services for maintaining and improving the functional independence of older adults. <i>The Cochrane database of systematic reviews</i> , 10. doi:10.1002/14651858.CD010825.pub2.	No outcome of interest
84	Coffey, A., Mulcahy, H., Savage, E., Fitzgerald, S., Bradley, C., Benefield, L., & Leahy-Warren, P. (2017). Transitional care interventions: Relevance for nursing in the community. <i>Public Health Nursing</i> . doi:10.1111/phn.12324	No outcome of interest
85	Coles, E., Themessl-Huber, M., & Freeman, R. (2012). Investigating community-based health and health promotion for homeless people: a mixed methods review. <i>Health Education Research</i> , 27(4), 624-644. doi:10.1093/her/cys065	Population
86	Combes, M., & Price, K. (2014). Hip protectors: are they beneficial in protecting older people from fall-related injuries? <i>Journal of clinical nursing</i> , 23(1/2), 13-23. doi:10.1111/jocn.12193	No outcome of interest
87	Comodore-Mensah, Y., & Dennison Himmelfarb, C. R. (2012). Patient education strategies for hospitalized cardiovascular patients: a systematic review. <i>Journal of Cardiovascular Nursing</i> , 27(2), 154-174. doi:10.1097/JCN.0b013e318239f60f	Population
88	Conroy, S. P., Stevens, T., Parker, S. G., & Gladman, J. R. F. (2011). A systematic review of comprehensive geriatric assessment to improve outcomes for frail older people being rapidly discharged from acute hospital: 'interface geriatrics'. <i>Age and ageing</i> , 40(4), 436-443. doi:10.1093/ageing/afr06	No outcome of interest
89	Cooper, C., Cenko, B., Dow, B., & Rapaport, P. (2017). A systematic review evaluating the impact of paid home carer training, supervision, and other interventions on the health and well-being of older home care clients. <i>International psychogeriatrics</i> , 29(4), 595-604. doi:10.1017/S1041610216002386	No outcome of interest
90	Cooper, J. A., Cadogan, C. A., Patterson, S. M., Kerse, N., Bradley, M. C., Ryan, C., & Hughes, C. M. (2015). Interventions to improve the appropriate use of polypharmacy in older people: a Cochrane systematic review. <i>BMJ open</i> , 5(12). doi:10.1136/bmjopen-2015009235	No outcome of interest
91	Corrieri, S., Heider, D., Riedel-Heller, S. G., Matschinger, H., & Konig, H.-H. (2011). Cost-effectiveness of fall prevention programs based on home visits for seniors aged over 65 years: a systematic review. <i>International psychogeriatrics</i> , 23(5), 711-723. doi:10.1017/s1041610210002280	Economic study
92	Cowdell, F., & Steventon, K. (2015). Skin cleansing practices for older people: a systematic review. <i>International journal of older people nursing</i> , 10(1), 3-13. doi:10.1111/opn.12041	No outcome of interest

Record number	Reference	Reason for exclusion
93	Crocker, T., Forster, A., Young, J., Brown, L., Ozer, S., Smith, J., . . . Greenwood, D. C. (2013). Physical rehabilitation for older people in long-term care. <i>Cochrane Database of Systematic Reviews</i> (2). doi:10.1002/14651858.CD004294.pub3	No outcome of interest
94	Cross, A. J., Elliott, R. A., & George, J. (2016). Interventions for improving medication-taking ability and adherence in older adults prescribed multiple medications. <i>Cochrane Database of Systematic Reviews</i> (10). doi:10.1002/14651858.CD012419	Protocol
95	Crowe, M., Jordan, J., Burrell, B., Jones, V., Gillon, D., Harris, S., & Wilkinson, A. (2016). Clinical effectiveness of transdiagnostic health management interventions for older people with multimorbidity: a quantitative systematic review. <i>Journal of advanced nursing</i> , 72(10), 2315-2329. doi:10.1111/jan.13011	No outcome of interest
96	da Silva Soares, D., Nunes, C. M., & Gomes, B. (2016). Effectiveness of Emergency Department Based Palliative Care for Adults with Advanced Disease: A Systematic Review. <i>Journal of palliative medicine</i> , 19(6), 601-609. doi:10.1089/jpm.2015.0369	No outcome of interest
97	Davies, S. L., Goodman, C., Bunn, F., Victor, C., Dickinson, A., Iliffe, S., . . . Froggatt, K. (2011). A systematic review of integrated working between care homes and health care services. <i>BMC health services research</i> , 11, 320.	No outcome of interest
98	Davis, J., Morgans, A., & Stewart, J. (2016). Developing an Australian health and aged care research agenda: a systematic review of evidence at the subacute interface. <i>Australian Health Review</i> , 40(4), 420-427. doi:10.1071/AH15005	No outcome of interest
99	Davy, C., Kite, E., Aitken, G., Dodd, G., Rigney, J., Hayes, J., & Van Emden, J. (2016). What keeps you strong? A systematic review identifying how primary health-care and aged-care services can support the well-being of older Indigenous peoples. <i>Australasian Journal on Ageing</i> , 35(2), 90-97. doi:10.1111/ajag.12311	No outcome of interest
100	Davy, C., Kite, E., Aitken, G., Dodd, G., Rigney, J., Hayes, J., & Van Emden, J. (2016). What keeps you strong? How primary healthcare and aged care services can support the wellbeing of older Indigenous peoples: a systematic literature review protocol. <i>JB database of systematic reviews and implementation reports</i> , 13(12), 47-58.	No outcome of interest
101	Dawson, A., Bowes, A., Kelly, F., Velzke, K., & Ward, R. (2015). Evidence of what works to support and sustain care at home for people with dementia: a literature review with a systematic approach. <i>BMC geriatrics</i> , 15(59). doi:10.1186/s12877-015-0053-9	Specific disease
102	De Almeida Mello, J., Hermans, K., Van Audenhove, C., Macq, J., & Declercq, A. (2015). Evaluations of home care interventions for frail older persons using the interRAI Home Care instrument: a systematic review of the literature. <i>Journal of the American Medical Directors Association</i> , 16(2), 173.e171-110. doi:10.1016/j.jamda.2014.11.007	No outcome of interest
103	de Almeida Tavares, J. P., & da Silva, A. L. (2013). Use of the Geriatric Institutional Assessment Profile. <i>Research in Gerontological Nursing</i> , 6(3), 209-220. doi:10.3928/19404921-20130304-01	No outcome of interest
104	De Coninck, L., Bekkering, G. E., Bouckaert, L., Declercq, A., Graff, M. J. L., & Aertgeerts, B. (2017). Home- and Community-Based Occupational Therapy Improves Functioning in Frail Older People: A Systematic Review. <i>Journal of the American Geriatrics Society</i> , 65(8), 1863-1869. doi:10.1111/jgs.14889	No outcome of interest
105	De Vecchis, R., Baldi, C., Cioppa, C., Giasi, A., & Fusco, A. (2016). Effects of limiting fluid intake on clinical and laboratory outcomes in patients with heart failure. Results of a meta-analysis of randomized controlled trials. <i>Herz</i> , 41(1), 63-75. doi:10.1007/s00059-015-4345-9	Hospital intervention
106	de Waure, C., Lauret, G.-J., Ricciardi, W., Ferret, B., Teijink, J., Spronk, S., & Myriam Hunink, M. G. (2013). Lifestyle interventions in patients with coronary heart disease: a systematic review. <i>American journal of preventive medicine</i> , 45(2), 207-216. doi:10.1016/j.amepre.2013.03.020	No outcome of interest
107	Deasey, D., Kable, A., & Jeong, S. (2014). Influence of nurses' knowledge of ageing and attitudes towards older people on therapeutic interactions in emergency care: A literature review. <i>Australasian Journal on Ageing</i> , 33(4), 229-236. doi:10.1111/ajag.12169	No outcome of interest
108	Degani, N. (2013). Impact of advanced (open) access scheduling on patients with chronic diseases: an evidence-based analysis. <i>Ontario health technology assessment series</i> , 13(7), 1-48.	Population
109	DePuccio, M. J., & Hoff, T. J. (2013). Medical home interventions and quality outcomes for older adults: a systematic review. <i>Quality management in health care</i> , 22(4), 327-340. doi:10.1097/QMH.0000000000000000	No outcome of interest
110	DePuccio, M. J., & Hoff, T. J. (2014). Medical Home Interventions and Quality Outcomes for Older Adults: A Systematic Review. <i>Quality management in health care</i> , 23(4), 226-239. doi:10.1097/QMH.0000000000000041	No outcome of interest
111	Desapriya, E., Wijeratne, H., Subzwari, S., Babul-Wellar, S., Turcotte, K., Rajabali, F., . . . Pike, I. (2014). Vision screening of older drivers for preventing road traffic injuries and fatalities. <i>Cochrane Database of Systematic Reviews</i> (2). doi:10.1002/14651858.CD006252.pub2	No outcome of interest
112	Desborough, J., & Twigg, M. (2014). Pharmacist-led medication reviews in primary care. <i>Reviews in clinical gerontology</i> , 24(1), 1-9. doi:10.1017/S0959259813000233	Not a systematic review
113	Dickens, C., Katon, W., Blakemore, A., Khara, A., Tomenson, B., Woodcock, A., . . . Guthrie, E. (2014). Complex interventions that reduce urgent care use in COPD: a systematic review with meta-regression. <i>Respiratory medicine</i> , 108(3), 426-437. doi:10.1016/j.rmed.2013.05.011	Specific disease
114	DiMartino, L. D., Weiner, B. J., Mayer, D. K., Jackson, G. L., & Biddle, A. K. (2014). Do palliative care interventions reduce emergency department visits among patients with cancer at the end of life? A systematic review. <i>Journal of palliative medicine</i> , 17(12), 1384-1399. doi:10.1089/jpm.2014.0092	Specific disease
115	Diop, M. S., Rudolph, J. L., Zimmerman, K. M., Richter, M. A., & Skarf, L. M. (2017). Palliative Care Interventions for Patients with Heart Failure: A Systematic Review and Meta-Analysis. <i>Journal of palliative medicine</i> , 20(1), 84-92. doi:10.1089/jpm.2016.0330	No outcome of interest
116	Doran, K. M., Ragins, K. T., Gross, C. E., & Zerger, S. (2013). Medical Respite Programs for Homeless Patients: A Systematic	Population

Record number	Reference	Reason for exclusion
	Review. <i>Journal of Health Care for the Poor & Underserved</i> , 24(2), 499-524. doi:10.1353/hpu.2013.0053	
117	Driscoll, A., Currey, J., Tonkin, A., & Krum, H. (2015). Nurse-led titration of angiotensin converting enzyme inhibitors, beta-adrenergic blocking agents, and angiotensin receptor blockers for people with heart failure with reduced ejection fraction. <i>The Cochrane database of systematic reviews</i> (12). doi:10.1002/14651858.CD009889.pub2.	Specific disease
118	Dy, S. M., Apostol, C., Martinez, K. A., & Aslakson, R. A. (2013). Continuity, coordination, and transitions of care for patients with serious and advanced illness: a systematic review of interventions. <i>Journal of palliative medicine</i> , 16(4), 436-445. doi:10.1089/jpm.2012.0317	No outcome of interest
119	Easton, T., Milte, R., Crotty, M., & Ratcliffe, J. (2016). Advancing aged care: a systematic review of economic evaluations of workforce structures and care processes in a residential care setting. <i>Cost Effectiveness and Resource Allocation</i> , 14(12). doi:10.1186/s12962-016-0061-4	Economic study
120	Easton, T., Milte, R., Crotty, M., & Ratcliffe, J. (2017). Where's the evidence? a systematic review of economic analyses of residential aged care infrastructure. <i>BMC health services research</i> , 17(226). doi:10.1186/s12913-017-2165-8	Economic study
121	Edirippulige, S., Martin-Khan, M., Beattie, E., Smith, A. C., & Gray, L. C. (2013). A systematic review of telemedicine services for residents in long term care facilities. <i>Journal of telemedicine and telecare</i> , 19(3), 127-132. doi:10.1177/1357633X13483256	No outcome of interest
122	Ekers, D., Murphy, R., Archer, J., Ebenezer, C., Kemp, D., & Gilbody, S. (2013). Nurse-delivered collaborative care for depression and long-term physical conditions: A systematic review and meta-analysis. <i>Journal of affective disorders</i> , 149(1-3), 14-22. doi:10.1016/j.jad.2013.02.032	No outcome of interest
123	Elliott, R. W. (2014). Educating Older Adults with Chronic Kidney Disease. <i>Nephrology Nursing Journal</i> , 41(5), 522-528.	No outcome of interest
124	Ennis Jr, E. M., & Kazer, M. W. (2013). The role of spiritual nursing interventions on improved outcomes in older adults with dementia. <i>Holistic Nursing Practice</i> , 27(2), 106-113. doi:10.1097/HNP.0b013e318280f7f9	Not a systematic review
125	Ennis, K., Hawthorne, K., & Frownfelter, D. (2012). How Physical Therapists Can Strategically Effect Health Outcomes for Older Adults With Limited Health Literacy. <i>Journal of Geriatric Physical Therapy</i> , 35(3), 148-154. doi:10.1519/JPT.0b013e31823ae6dl	Not a systematic review
126	Ersgard, K. B., Pedersen, P. U., & Sørensen, T. B. (2014). Effectiveness of discharge interventions on readmissions for patients with chronic obstructive pulmonary disease: a systematic review protocol. <i>JBI Database of Systematic Reviews & Implementation Reports</i> , 12(12), 2-9. doi:10.11124/jbisrir-2014-1536	Protocol
127	Esser, D. E., & Ward, P. S. (2013). Ageing as a global public health challenge: From complexity reduction to aid effectiveness. <i>Global Public Health</i> , 8(7), 745-768. doi:10.1080/17441692.2013.817598	No outcome of interest
128	Fairhall, N., Sherrington, C., Clemson, L., & Cameron, I. D. (2011). Do exercise interventions designed to prevent falls affect participation in life roles? A systematic review and meta-analysis. <i>Age and ageing</i> , 40(6), 666-674. doi:10.1093/ageing/afq077	No outcome of interest
129	Farag, I., Sherrington, C., Ferreira, M., & Howard, K. (2013). A systematic review of the unit costs of allied health and community services used by older people in Australia. <i>BMC health services research</i> , 13(69). doi:10.1186/1472-6963-13-69	Economic study
130	Fathima, M., Naik-Panvelkar, P., Saini, B., & Armour, C. L. (2013). The role of community pharmacists in screening and subsequent management of chronic respiratory diseases: a systematic review. <i>Pharmacy Practice</i> , 11(4), 228-245.	No outcome of interest
131	Feltner, C., Jones, C. D., Cene, C. W., Zheng, Z.-J., Sueta, C. A., Coker-Schwimmer, E. J. L., . . . Jonas, D. E. (2014). Transitional care interventions to prevent readmissions for persons with heart failure: a systematic review and meta-analysis. <i>Annals of internal medicine</i> , 160(11), 774-784. doi:10.7326/M14-0083	Specific disease
132	Flavell, E., & Boyle, M. (2011). Falls in the prehospital environment. <i>Journal of Paramedic Practice</i> , 3(5), 238-243.	No outcome of interest
133	Forbes, D., Forbes, S. C., Blake, C. M., Thiessen, E. J., & Forbes, S. (2015). Exercise programs for people with dementia. <i>The Cochrane database of systematic reviews</i> (4). doi:10.1002/14651858.CD006489.pub4	No outcome of interest
134	Forbes, D., Thiessen, E. J., Blake, C. M., Forbes, S. C., & Forbes, S. (2013). Exercise programs for people with dementia. <i>The Cochrane database of systematic reviews</i> (12). doi:10.1002/14651858.CD006489.pub3	No outcome of interest
135	Forsetlund, L., Eike, M. C., Gjerberg, E., & Vist, G. E. (2011). Effect of interventions to reduce potentially inappropriate use of drugs in nursing homes: a systematic review of randomised controlled trials. <i>BMC geriatrics</i> , 11(16). doi:10.1186/1471-2318-11-16	No outcome of interest
136	Forster, A., & Young, J. (2011). Community rehabilitation for older people: day hospital or home-based services? <i>Age & Ageing</i> , 40(1), 2-4. doi:10.1093/ageing/afq136	No outcome of interest
137	Forster, A., Young, J., Lambley, R., & Langhorne, P. (2015). Medical day hospital care for older people versus alternative forms of care. <i>Cochrane Database of Systematic Reviews</i> (6). doi:10.1002/14651858.CD001730.pub3	No outcome of interest
138	Fox, M. T., Persaud, M., Maimets, I., Brooks, D., O'Brien, K., & Tregunno, D. (2013). Effectiveness of early discharge planning in acutely ill or injured hospitalized older adults: a systematic review and meta-analysis. <i>BMC geriatrics</i> , 13(70). doi:10.1186/1471-2318-13-70.	Not a systematic review
139	Frank, J. C., Kietzman, K. G., & Wallace, S. P. (2014). Bringing it to the community: successful programs that increase the use of clinical preventive services by vulnerable older populations. <i>Policy brief (UCLA Center for Health Policy Research)</i> (PB2014-6), 1-8.	No outcome of interest
140	Fredericks, S., & Yau, T. (2017). Clinical effectiveness of individual patient education in heart surgery patients: A systematic review and meta-analysis. <i>International journal of nursing studies</i> , 65, 44-53. doi:10.1016/j.ijnurstu.2016.11.001	No outcome of interest

Record number	Reference	Reason for exclusion
141	Fredericks, S., Lapum, J., & Hui, G. (2015). Examining the effect of patientcentred care on outcomes. <i>British Journal of Nursing</i> , 24(7), 394-400. doi:10.12968/bjon.2015.24.7.394	No outcome of interest
142	Fredericks, S., Martorella, G., & Catallo, C. (2015). A Systematic Review of Web-Based Educational Interventions. <i>Clinical Nursing Research</i> , 24(1), 91-113. doi:10.1177/1054773814522829	No outcome of interest
143	Funchal Camacho, A. C. L., de Araujo Abreu, L. T., de Oliveira Mata, A. C., Leite, B. S., & da Costa Santos, R. (2013). Bioethical issues of older adults and their aspect relevant to nursing: Integrative review. <i>Journal of Nursing / Revista de Enfermagem</i> , 7(S), 945-952. doi:10.5205/reuol.3934-31164-1-SM.0703esp201315	Ethical study
144	Gardner, B., Jovicic, A., Belk, C., Kharicha, K., Iliffe, S., Manthorpe, J., . . . Walters, K. (2017). Specifying the content of home-based health behaviour change interventions for older people with frailty or at risk of frailty: an exploratory systematic review. <i>BMJ open</i> , 7(2), e014127. doi:10.1136/bmjopen-2016-014127	No outcome of interest
145	Geddes, J. A. A., & Inderjeeth, C. A. (2013). Evidence for the treatment of osteoporosis with vitamin D in residential care and in the community dwelling elderly. <i>BioMed research international</i> , 2013. doi:10.1155/2013/463589	No outcome of interest
146	Gibson, O. R., & Segal, L. (2015). Limited evidence to assess the impact of primary health care system or service level attributes on health outcomes of Indigenous people with type 2 diabetes: a systematic review. <i>BMC health services research</i> , 15(154). doi:10.1186/s12913-015-0803-	Population
147	Gillespie, L. D., Robertson, M. C., Gillespie, W. J., Sherrington, C., Gates, S., Clemson, L. M., & Lamb, S. E. (2012). Interventions for preventing falls in older people living in the community. <i>The Cochrane database of systematic reviews</i> (9). doi:10.1002/14651858.CD007146.pub3.	No outcome of interest
148	Gleeson, M., Sherrington, C., & Keay, L. (2014). Exercise and physical training improve physical function in older adults with visual impairments but their effect on falls is unclear: a systematic review. <i>Journal of physiotherapy</i> , 60(3), 130-135. doi:10.1016/j.jphys.2014.06.010	No outcome of interest
149	Goodman, C., Gordon, A. L., Martin, F., Davies, S. L., Iliffe, S., Bowman, C., . . . Dening, T. (2014). Effective health care for older people resident in care homes: the optimal study protocol for realist review. <i>Systematic reviews</i> , 3(49). doi:10.1186/2046-4053-3-49	Protocol
150	Goodwin, V., Jones-Hughes, T., Thompson-Coon, J., Boddy, K., & Stein, K. (2011). Implementing the evidence for preventing falls among community-dwelling older people: a systematic review. <i>Journal of safety research</i> , 42(6), 443-451. doi:10.1016/j.jsr.2011.07.008	No outcome of interest
151	Gott, M., Ingleton, C., Gardiner, C., Richards, N., Cobb, M., Ryan, A., . . . Parker, C. (2013). Transitions to palliative care for older people in acute hospitals: a mixed-methods study. <i>Health Services and Delivery Research</i> , 1(11). doi:10.3310/hsdr01110	No outcome of interest
152	Grabiner, M. D. (2014). Exercise-based fall prevention programmes decrease fall-related injuries. <i>Evidence Based Nursing</i> , 17(4), 125-125. doi:10.1136/eb-2013-101703	Not a systematic review
153	Graf, C. E., Zekry, D., Giannelli, S., Michel, J.-P., & Chevalley, T. (2011). Efficiency and applicability of comprehensive geriatric assessment in the emergency department: a systematic review. <i>Aging clinical and experimental research</i> , 23(4), 244-254. doi:10.3275/7284	Not a systematic review
154	Graybill, E. M., McMeekin, P., & Wildman, J. (2014). Can aging in place be cost effective? A systematic review. <i>PLoS one</i> , 9(7), e102705. doi:10.1371/journal.pone.0102705	Economic study
155	Gridley, K., Brooks, J., & Glendinning, C. (2014). Good practice in social care for disabled adults and older people with severe and complex needs: evidence from a scoping review. <i>Health & social care in the community</i> , 22(3), 234-248. doi:10.1111/hsc.12063	Not a systematic review
156	Guo, J.-L., Tsai, Y.-Y., Liao, J.-Y., Tu, H.-M., & Huang, C.-M. (2014). Interventions to reduce the number of falls among older adults with/without cognitive impairment: an exploratory meta-analysis. <i>International journal of geriatric psychiatry</i> , 29(7), 661-669. doi:10.1002/gps.4056	No outcome of interest
157	Hall, R. K., O'Hare, A. M., Anderson, R. A., & Colon-Emeric, C. S. (2013). End-stage renal disease in nursing homes: a systematic review. <i>Journal of the American Medical Directors Association</i> , 14(4), 242-247. doi:10.1016/j.jamda.2013.01.004	No outcome of interest
158	Hall, S., Koliakou, A., Petkova, H., Froggatt, K., & Higginson, I. J. (2011). Interventions for improving palliative care for older people living in nursing care homes. <i>Cochrane Database of Systematic Reviews</i> (3). doi:10.1002/14651858.CD007132.pub2	No outcome of interest
159	Halloway, S., Buchholz, S. W., Wilbur, J., & Schoeny, M. E. (2015). Prehabilitation Interventions for Older Adults: An Integrative Review. <i>Western Journal of Nursing Research</i> , 37(1), 103-123. doi:10.1177/0193945914551006	No outcome of interest
160	Hamby, D. L., & Christian, R. (2015). The clinical effectiveness of a nurse practitioner versus a non-nurse practitioner on hospital admissions of older adults residing in skilled or long-term care nursing facilities: a systematic review protocol. <i>JBI database of systematic reviews and implementation reports</i> , 13(5), 24-35. doi:10.11124/jbisir-2015-2075	Protocol
161	Hanlon, J. T., Semla, T. P., & Schmader, K. E. (2014). Medication Misadventures in Older Adults: Literature from 2013. <i>Journal of the American Geriatrics Society</i> , 62(10), 1950-1953. doi:10.1111/jgs.13026	Not a systematic review
162	Hanratty, B., Lawson, E., Grande, G., Payne, S., Addington-Hall, J., Valtorta, N., & Seymour, J. (2014). Transitions at the end of life for older adults - patient, carer and professional perspectives: a mixed-methods study. <i>Health Services and Delivery Research</i> , 2(17). doi:10.3310/hsdr02170	Not a systematic review
163	Harrison, S. L., Janaudis-Ferreira, T., Brooks, D., Desveaux, L., & Goldstein, R. S. (2015). Self-management following an acute exacerbation of COPD: a systematic review. <i>CHEST</i> , 147(3), 646-661. doi:10.1378/chest.14-1658	Specific disease

Record number	Reference	Reason for exclusion
164	Haslbeck, J. W., McCorkle, R., & Schaeffer, D. (2012). Chronic Illness Self-Management While Living Alone in Later Life: A Systematic Integrative Review. <i>Research on Aging</i> , 34(5), 507-547. doi:10.1177/0164027511429808	No outcome of interest
165	Health Quality Ontario (2013). Specialized nursing practice for chronic disease management in the primary care setting: an evidence-based analysis. <i>Ontario health technology assessment series</i> , 13(10), 1-66.	Population
166	Heron, N., Kee, F., Donnelly, M., & Cupples, M. E. (2015). Systematic review of rehabilitation programmes initiated within 90 days of a transient ischaemic attack or 'minor' stroke: a protocol. <i>BMJ open</i> , 5(6). doi:10.1136/bmjopen-2015007849	No outcome of interest
167	Hess, P. L., Laird, A., Edwards, R., Bardy, G. H., Bigger, J. T., Buxton, A. E., . . . Sanders, G. D. (2013). Survival benefit of primary prevention implantable cardioverter-defibrillator therapy after myocardial infarction: does time to implant matter? A meta-analysis using patient-level data from 4 clinical trials. <i>Heart rhythm : the official journal of the Heart Rhythm Society</i> , 10(6), 828-835. doi:10.1016/j.hrthm.2013.02.011	Hospital intervention
168	Hickman, L. D., Phillips, J. L., Newton, P. J., Halcomb, E. J., Al Abed, N., & Davidson, P. M. (2015). Multidisciplinary team interventions to optimise health outcomes for older people in acute care settings: A systematic review. <i>Archives of gerontology and geriatrics</i> , 61(3), 322-329. doi:10.1016/j.archger.2015.06.021	Hospital intervention
169	Hill, K. D., Hunter, S. W., Batchelor, F. A., Cavalheri, V., & Burton, E. (2015). Individualized home-based exercise programs for older people to reduce falls and improve physical performance: A systematic review and meta-analysis. <i>Maturitas</i> , 82, 72-84. doi:10.1016/j.maturitas.2015.04.005	No outcome of interest
170	Hill-Taylor, B., Sketris, I., Hayden, J., Byrne, S., O'Sullivan, D., & Christie, R. (2013). Application of the STOPP/ START criteria: a systematic review of the prevalence of potentially inappropriate prescribing in older adults, and evidence of clinical, humanistic and economic impact...Screening Tool of Older Person's potentially inappropriate Prescriptions... Screening Tool to Alert doctors to the Right Treatment. <i>Journal of Clinical Pharmacy & Therapeutics</i> , 38(5), 360-372. doi:10.1111/jcpt.12059	No outcome of interest
171	Holder, J. M., & Jolley, D. (2012). Forced relocation between nursing homes: residents' health outcomes and potential moderators. <i>Reviews in clinical gerontology</i> , 22(4), 301-319. doi:10.1017/S0959259812000147	No outcome of interest
172	Home-based health promotion for vulnerable older people. (2015). Health Technology Assessment Database, (4). Retrieved from http://onlinelibrary.wiley.com/doi/10.1002/hta.32015000798/frame.html	No outcome of interest
173	Hopman, P., de Bruin, S. R., Forjaz, M. J., Rodriguez-Blazquez, C., Tonnara, G., Lemmens, L. C., . . . Rijken, M. (2016). Effectiveness of comprehensive care programs for patients with multiple chronic conditions or frailty: A systematic literature review. <i>Health Policy</i> , 120(7), 818-832. doi:10.1016/j.healthpol.2016.04.002	No outcome of interest
174	Houben, C. H. M., Spruit, M. A., Groenen, M. T. J., Wouters, E. F. M., & Janssen, D. J. A. (2014). Efficacy of Advance Care Planning: A Systematic Review and Meta-Analysis. <i>Journal of the American Medical Directors Association</i> , 15(7), 477-489. doi:10.1016/j.jamda.2014.01.008	No outcome of interest
175	Houle, S. K. D., Chuck, A. W., McAlister, F. A., & Tsuyuki, R. T. (2012). Effect of a pharmacist-managed hypertension program on health system costs: an evaluation of the Study of Cardiovascular Risk Intervention by Pharmacists-Hypertension (SCRIP-HTN). <i>Pharmacotherapy</i> , 32(6), 527-537. doi:10.1002/j.1875-9114.2012.01097.x	Economic study
176	Housden, L., Wong, S. T., & Dawes, M. (2013). Effectiveness of group medical visits for improving diabetes care: a systematic review and meta-analysis. <i>CMAJ: Canadian Medical Association Journal</i> , 185(13), E635-644. doi:10.1503/cmaj.130053	No outcome of interest
177	Howe, T. E., Rochester, L., Neil, F., Skelton, D. A., & Ballinger, C. (2011). Exercise for improving balance in older people. <i>Cochrane Database of Systematic Reviews</i> (11). doi:10.1002/14651858.CD004963.pub3	No outcome of interest
178	Hudson, R., Comer, L., & Whichello, R. (2014). Transitions in a wicked environment. <i>Journal of nursing management</i> , 22(2), 201-210. doi:10.1111/j.1365-2834.2012.1478.x	Not a systematic review
179	Hughes, C., Smith, M., Tunney, M., & Bradley, M. C. (2011). Infection control strategies for preventing the transmission of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) in nursing homes for older people. <i>The Cochrane database of systematic reviews</i> (12). doi:DOI: 10.1002/14651858.CD006354.pub3.	No outcome of interest
180	Hughes, C., Tunney, M., & Bradley, M. C. (2013). Infection control strategies for preventing the transmission of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) in nursing homes for older people. <i>Cochrane Database of Systematic Reviews</i> (11). doi:10.1002/14651858.CD006354.pub4	No outcome of interest
181	Hughes, J., Kee, F., O'Flaherty, M., Critchley, J., Cupples, M., Capewell, S., & Bennett, K. (2013). Modelling coronary heart disease mortality in Northern Ireland between 1987 and 2007: broader lessons for prevention. <i>European journal of preventive cardiology</i> , 20(2), 310-321. doi:10.1177/2047487312441725	No outcome of interest
182	Hunger, T., Schnell-Inderst, P., Hintringer, K., Schwarzer, R., Seifert-Klaus, V., Gothe, H., . . . Siebert, U. (2014). Health technology assessment of utilization, practice and ethical issues of self-pay services in the German ambulatory health care setting. <i>International journal of public health</i> , 59, 175-187. doi:10.1155/2014/689873	No outcome of interest
183	Husebo, A., & Storm, M. (2014). Virtual visits in home health care for older adults. <i>The Scientific World Journal</i> , 2014. doi:10.1155/2014/689873	No outcome of interest
184	Hyttinen, V., Jyrkka, J., & Valtonen, H. (2016). A Systematic Review of the Impact of Potentially Inappropriate Medication on Health Care Utilization and Costs Among Older Adults. <i>Medical care</i> , 54(10), 950-964. doi:10.1097/MLR.0000000000000587	No outcome of interest
185	Iankowitz, N., Dowden, M., Palomino, S., Uzokwe, H., & Worrall, P. (2012). The effectiveness of computer system tools on potentially inappropriate medications ordered at discharge for adults older than 65 years of age: a systematic review. <i>JBI library of systematic reviews</i> , 10(13), 798-831. doi:10.11124/jbisrir-2012-68	No outcome of interest

Record number	Reference	Reason for exclusion
186	Inglis, S. C., Clark, R. A., Dierckx, R., Prieto-Merino, D., & Cleland, J. G. (2015). Structured telephone support or non-invasive telemonitoring for patients with heart failure. <i>Cochrane Database of Systematic Reviews</i> (10). doi:10.1002/14651858.CD007228.pub3	Specific disease
187	Inglis, S. C., Conway, A., Cleland, J. G., & Clark, R. A. (2015). Is age a factor in the success or failure of remote monitoring in heart failure? Telemonitoring and structured telephone support in elderly heart failure patients. <i>European journal of cardiovascular nursing : journal of the Working Group on Cardiovascular Nursing of the European Society of Cardiology</i> , 14(3), 248-255. doi:10.1177/1474515114530611	Specific disease
188	Inouye, J., Braginsky, N., & Kataoka-Yahiro, M. (2011). Randomized Clinical Trials of Self-Management With Asian/Pacific Islanders. <i>Clinical Nursing Research</i> , 20(4), 366-403. doi:10.1177/1054773811417708	Population
189	Jabri, A., Rodondi, A., Eyer, S., Doser, N., Monod, S., Gold, G., . . . Rochat, S. (2011). [Review in geriatric medicine]. <i>Geriatrics</i> , 7(277), 30-35.	No outcome of interest
190	Jack, S., West, M., & Grocott, M. P. W. (2011). Perioperative exercise training in elderly subjects. <i>Best practice & research. Clinical anaesthesiology</i> , 25(3), 461-472. doi:10.1016/j.bpa.2011.07.003	Not a systematic review
191	Jackson, G. L., Powers, B. J., Chatterjee, R., Bettger, J. P., Kemper, A. R., Hasselblad, V., . . . Williams, J. W. (2013). Improving patient care. The patient centered medical home. A Systematic Review. <i>Annals of internal medicine</i> , 158(3), 169-178. doi:10.7326/0003-4819-158-3-201302050-00579	No outcome of interest
192	Jácome, C., & Marques, A. (2014). Pulmonary Rehabilitation for Mild COPD: A Systematic Review. <i>Respiratory Care</i> , 59(4), 588-594. doi:10.4187/respcare.02742	Population
193	Janssen, V., De Gucht, V., Dusseldorp, E., & Maes, S. (2013). Lifestyle modification programmes for patients with coronary heart disease: a systematic review and meta-analysis of randomized controlled trials. <i>European journal of preventive cardiology</i> , 20(4), 620-640. doi:10.1177/2047487312462824	Population
194	Jing-Yu, T., Jin-Xiu, C., Xian-Liang, L., Qi, Z., Min, Z., Li-Juan, M., & Run, L. (2012). A Meta-Analysis on the Impact of Disease-Specific Education Programs on Health Outcomes for Patients with Chronic Obstructive Pulmonary Disease. <i>Geriatric Nursing</i> , 33(4), 280-296. doi:10.1016/j.gerinurse.2012.03.001	No outcome of interest
195	Johnson, A., Guirguis, E., & Grace, Y. (2015). Preventing medication errors in transitions of care: A patient case approach. <i>Journal of the American Pharmacists Association : JAPhA</i> , 55(2), e264-274. doi:10.1331/JAPhA.2015.15509	No outcome of interest
196	Jones, D., Moran, J., Winters, B., & Welch, J. (2013). The rapid response system and end-of-life care. <i>Current Opinion in Critical Care</i> , 19(6), 616-623. doi:10.1097/MCC.0b013e3283636be2	Hospital intervention
197	Jonkman, N. H., Westland, H., Groenwold, R. H. H., Agren, S., Anguita, M., Blue, L., . . . Hoes, A. W. (2016). What Are Effective Program Characteristics of Self-Management Interventions in Patients With Heart Failure? An Individual Patient Data Meta-analysis. <i>Journal of cardiac failure</i> , 22(11), 861-871. doi:10.1016/j.cardfail.2016.06.422	Specific disease
198	Jonkman, N. H., Westland, H., Groenwold, R. H. H., Agren, S., Atienza, F., Blue, L., . . . Hoes, A. W. (2016). Do Self-Management Interventions Work in Patients With Heart Failure? An Individual Patient Data Meta-Analysis. <i>Circulation</i> , 133(12), 1189-1198. doi:10.1161/CIRCULATIONAHA.115.018006	Specific disease
199	Joseph, R., Brown-Manhertz, D., Ikwuazom, S., & Singleton, J. K. (2016). The effectiveness of structured interdisciplinary collaboration for adult home hospice patients on patient satisfaction and hospital admissions and re-admissions: a systematic review. <i>JBHI database of systematic reviews and implementation reports</i> , 14(1), 108-139. doi:10.11124/jbisrir-2016-2254	No outcome of interest
200	Jovicic, A., Gardner, B., Belk, C., Kharicha, K., Iliffe, S., Manthorpe, J., . . . Walters, K. (2015). Identifying the content of home-based health behaviour change interventions for frail older people: a systematic review protocol. <i>Systematic reviews</i> , 4(151). doi:10.1186/s13643-015-0138-8	Protocol
201	Jung, D., Shin, S., & Kim, H. (2014). A fall prevention guideline for older adults living in long-term care facilities. <i>International nursing review</i> , 61(4), 525-533. doi:10.1111/inr.12131	Not a systematic review
202	Kanda, M., Ota, E., Fukuda, H., Miyauchi, S., Gilmour, S., Kono, Y., . . . Shibuya, K. (2015). Effectiveness of community-based health services by nurse practitioners: protocol for a systematic review and meta-analysis. <i>BMJ open</i> , 5. doi:10.1136/bmjopen-2014006670	Protocol
203	Karam, G., Radden, Z., Berall, L. E., Cheng, C., & Gruneir, A. (2015). Efficacy of emergency department-based interventions designed to reduce repeat visits and other adverse outcomes for older patients after discharge: A systematic review. <i>Geriatrics & Gerontology International</i> , 15(9), 1107-1117. doi:10.1111/ggi.12538	Not a systematic review
204	Kastner, M., Lillie, E., Ashoor, H., Perrier, L., Cardoso, R., Straus, S., & Lee, D. S. (2014). Quality improvement strategies to optimise transition of patients with heart failure to independent living: protocol for a scoping review. <i>BMJ open</i> , 4. doi:10.1136/bmjopen-2014005711	Protocol
205	Kastner, M., Perrier, L., Hamid, J., Tricco, A. C., Cardoso, R., Ivers, N. M., . . . Straus, S. E. (2015). Effectiveness of knowledge translation tools addressing multiple high-burden chronic diseases affecting older adults: protocol for a systematic review alongside a realist review. <i>BMJ open</i> , 5. doi:10.1136/bmjopen-2015007640	Protocol
206	Kavalieratos, D., Corbelli, J., Zhang, D., Dionne-Odom, J. N., Ernecoff, N. C., Hanmer, J., . . . Schenker, Y. (2016). Association Between Palliative Care and Patient and Caregiver Outcomes: A Systematic Review and Meta-analysis. <i>Jama</i> , 316(20), 2104-2114. doi:10.1001/jama.2016.16840	No outcome of interest
207	Kendrick, D., Kumar, A., Carpenter, H., Zijlstra, G. A. R., Skelton, D. A., Cook, J. R., . . . Delbaere, K. (2014). Exercise for reducing fear of falling in older people living in the community. <i>Cochrane Database of Systematic Reviews</i> (11).	No outcome of interest

Record number	Reference	Reason for exclusion
	doi:10.1002/14651858.CD009848.pub2	
208	Khan, F., Amatya, B., & Hoffman, K. (2012). Systematic review of multidisciplinary rehabilitation in patients with multiple trauma. <i>The British journal of surgery</i> , 99 Suppl 1, 88-96. doi:10.1002/bjs.7776	No outcome of interest
209	Khanassov, V., Vedel, I., & Pluye, P. (2014). Barriers to implementation of case management for patients with dementia: a systematic mixed studies review. <i>Annals of family medicine</i> , 12(5), 456-465. doi:10.1370/afm.1677.	No outcome of interest
210	Khanassov, V., Vedel, I., & Pluye, P. (2014). Case management for dementia in primary health care: a systematic mixed studies review based on the diffusion of innovation model. <i>Clinical interventions in aging</i> , 9, 915-928. doi:10.2147/CIA.S64723	No outcome of interest
211	Khosravi, P., & Ghapanchi, A. H. (2016). Investigating the effectiveness of technologies applied to assist seniors: A systematic literature review. <i>International journal of medical informatics</i> , 85(1), 17-26. doi:10.1016/j.ijmedinf.2015.05.014	No outcome of interest
212	Klersy, C., De Silvestri, A., Gabutti, G., Raisaro, A., Curti, M., Regoli, F., & Auricchio, A. (2011). Economic impact of remote patient monitoring: an integrated economic model derived from a meta-analysis of randomized controlled trials in heart failure. <i>European journal of heart failure</i> , 13(4), 450-459. doi:10.1093/eurjhf/hfq232	Economic study
213	Klugarova, J., Klugar, M., Gallo, J., Mareckova, J., & Kelnarova, Z. (2015). The effectiveness of inpatient physical therapy compared to outpatient physical therapy for older adults after total hip replacement in the post-discharge period: a systematic review protocol. <i>JBIR database of systematic reviews and implementation reports</i> , 13(7), 4-12. doi:10.11124/jbisir-2015-196	No outcome of interest
214	Klugarova, J., Klugar, M., Mareckova, J., Gallo, J., & Kelnarova, Z. (2016). The effectiveness of inpatient physical therapy compared to outpatient physical therapy in older adults after total hip replacement in the post-discharge period: a systematic review. <i>JBIR database of systematic reviews and implementation reports</i> , 14(1), 174-209. doi:10.11124/jbisir-2016-2392	No outcome of interest
215	Kogan, A. C., Wilber, K., & Mosqueda, L. (2016). Person-Centered Care for Older Adults with Chronic Conditions and Functional Impairment: A Systematic Literature Review. <i>Journal of the American Geriatrics Society</i> , 64, e1-7. doi:10.1111/jgs.13873	No outcome of interest
216	Kosse, N. M., Dutmer, A. L., Dasenbrock, L., Bauer, J. M., & Lamoth, C. J. C. (2013). Effectiveness and feasibility of early physical rehabilitation programs for geriatric hospitalized patients: a systematic review. <i>BMC geriatrics</i> , 13, 107. doi:10.1186/1471-2318-13-107	No outcome of interest
217	Krogsboll, L. T., Jorgensen, K. J., Gronhoj Larsen, C., & Gotzsche, P. C. (2012). General health checks in adults for reducing morbidity and mortality from disease: Cochrane systematic review and meta-analysis. <i>BMJ</i> , 345. doi:10.1002/14651858.CD009009	Population
218	Kruis, A. L., Smidt, N., Assendelft, W. J. J., Gussekloo, J., Boland, M. R. S., Rutten-van Molken, M., & Chavannes, N. H. (2013). Integrated disease management interventions for patients with chronic obstructive pulmonary disease. <i>The Cochrane database of systematic reviews</i> (10). doi:10.1002/14651858.CD009437.pub2.	No outcome of interest
219	Kumar, A., Carpenter, H., Cook, J., Skelton, D. A., Stevens, Z., Haworth, D., . . . Kendrick, D. (2014). Exercise for reducing fear of falling in older people living in the community: a cochrane systematic review. <i>Age and ageing</i> , 45(suppl_2), 345-352. doi:10.1093/ageing/afw036	No outcome of interest
220	Kydd, A., & Wild, D. (2013). Attitudes towards caring for older people: literature review and methodology...1st of 2 articles. <i>Nursing Older People</i> , 25(3), 22-27.	No outcome of interest
221	Laliberte, M. C., Perreault, S., Jouini, G., Shea, B. J., & Lalonde, L. (2011). Effectiveness of interventions to improve the detection and treatment of osteoporosis in primary care settings: a systematic review and meta-analysis. <i>Osteoporosis International</i> , 22(11), 2743-2768. doi:10.1007/s00198-011-1557-6	No outcome of interest
222	Lambrinou, E., Kalogirou, F., Lamnisis, D., & Sourtzi, P. (2012). Effectiveness of heart failure management programmes with nurse-led discharge planning in reducing re-admissions: A systematic review and meta-analysis. <i>International journal of nursing studies</i> , 49(5), 610-624. doi:10.1016/j.ijnurstu.2011.11.002	Specific disease
223	Langton, J. M., Blanch, B., Drew, A. K., Haas, M., Ingham, J. M., & Pearson, S.-A. (2014). Retrospective studies of end-of-life resource utilization and costs in cancer care using health administrative data: a systematic review. <i>Palliative medicine</i> , 28(10), 1167-1196. doi:10.1177/0269216314533813	No outcome of interest
224	Laugaland, K., Aase, K., & Barach, P. (2012). Interventions to improve patient safety in transitional care--a review of the evidence. <i>Work</i> , 41 Suppl 1, 2915-2924. doi:10.3233/WOR-2012-0544-2915	No outcome of interest
225	Lawang, W., Horey, D., Blackford, J., Sunsern, R., & Riewpaiboon, W. (2013). Support interventions for caregivers of physically disabled adults: a systematic review. <i>Nursing & health sciences</i> , 15(4), 534-545. doi:10.1111/nhs.12063	Population
226	Lee, D.-C. A., Pritchard, E., McDermott, F., & Haines, T. P. (2014). Falls prevention education for older adults during and after hospitalization: A systematic review and meta-analysis. <i>The Health Education Journal</i> , 73(5), 530-544. doi:10.1177/0017896913499266	No outcome of interest
227	Lee, J. K., Slack, M. K., Martin, J., Ehrman, C., & Chisholm-Burns, M. (2013). Geriatric Patient Care by U.S. Pharmacists in Healthcare Teams: Systematic Review and Meta-Analyses. <i>Journal of the American Geriatrics Society</i> , 61(7), 1119-1127. doi:10.1111/jgs.12323	No outcome of interest
228	Lemmens, K. M. M., Lemmens, L. C., Boom, J. H. C., Drewes, H. W., Meeuwissen, J. A. C., Steuten, L. M. G., . . . Baan, C. A. (2013). Chronic care management for patients with COPD: a critical review of available evidence. <i>Journal of evaluation in clinical practice</i> , 19(5), 734-752. doi:10.1111/j.1365-2753.2011.01805.x	Specific disease
229	Lewinter, C., Doherty, P., Gale, C. P., Crouch, S., Stirk, L., Lewin, R. J., . . . Bland, J. M. (2015). Exercise-based cardiac rehabilitation in patients with heart failure: a meta-analysis of randomised controlled trials between 1999 and 2013.	Specific disease

Record number	Reference	Reason for exclusion
	European journal of preventive cardiology, 22(12), 1504-1512.	
230	Lighthart, S. A., Richard, E., van Gool, W. A., & Moll van Charante, E. P. (2012). Cardiovascular risk management in community-dwelling elderly: opportunities for prevention. <i>European journal of preventive cardiology</i> , 19(6), 1365-1372. doi:10.1177/1741826711422979	No outcome of interest
231	Liu, M., Yang, J., Yu, X., Huang, X., Vaidya, S., Huang, F., & Xiang, Z. (2015). The role of perioperative oral nutritional supplementation in elderly patients after hip surgery. <i>Clinical interventions in aging</i> , 10, 849-858. doi:10.2147/CIA.S74951	No outcome of interest
232	Loganathan, M., Singh, S., Franklin, B. D., Bottle, A., & Majeed, A. (2011). Interventions to optimise prescribing in care homes: systematic review. <i>Age and ageing</i> , 40(2), 150-162. doi:10.1093/ageing/afq161	No outcome of interest
233	Loh, Z. W. R., Cheen, M. H. H., & Wee, H. L. (2016). Humanistic and economic outcomes of pharmacist-provided medication review in the community-dwelling elderly: A systematic review and meta-analysis. <i>Journal of Clinical Pharmacy & Therapeutics</i> , 41(6), 621-633. doi:10.1111/jcpt.12453	Economic study
234	Lommi, M., Matarese, M., Alvaro, R., Piredda, M., & De Marinis, M. G. (2015). The experiences of self-care in community-dwelling older people: A meta-synthesis. <i>International journal of nursing studies</i> , 52(12), 1854. doi:10.1016/j.ijnurstu.2015.06.012	No outcome of interest
235	Longacre, M. L., Yu-Ning, W., & Fang, C. Y. (2014). Caregiver Psychological Health and Hospitalization Characteristics of Older Adult Care Recipients. <i>Research in Gerontological Nursing</i> , 7(3), 139-147. doi:10.3928/19404921-20140127-01	Not a systematic review
236	Lovink, M. H., Persoon, A., van Vught, A. J. A. H., Koopmans, R. T. C. M., Schoonhoven, L., & Laurant, M. G. H. (2015). Physician substitution by mid-level providers in primary healthcare for older people and long-term care facilities: protocol for a systematic literature review. <i>Journal of advanced nursing</i> , 71(12), 2998-3005. doi:10.1111/jan.12759	Protocol
237	Low, J., Pattenden, J., Candy, B., Beattie, J. M., & Jones, L. (2011). Palliative care in advanced heart failure: an international review of the perspectives of recipients and health professionals on care provision. <i>Journal of cardiac failure</i> , 17(3), 231-252. doi:10.1016/j.cardfail.2010.10.003	Excluded for error
238	Low, L.-F., Yap, M., & Brodaty, H. (2011). A systematic review of different models of home and community care services for older persons. <i>BMC health services research</i> , 11(1), 93-93. doi:10.1186/1472-6963-11-93	No outcome of interest
239	Lowrie, R., Mair, F. S., Greenlaw, N., Forsyth, P., Jhund, P. S., McConnachie, A., . . . McMurray, J. J. V. (2012). Pharmacist intervention in primary care to improve outcomes in patients with left ventricular systolic dysfunction. <i>European heart journal</i> , 33(3), 314-324. doi:10.1093/eurheartj/ehr433	Not a systematic review
240	Ludwig, W., Wolf, K.-H., Duwenkamp, C., Gusew, N., Hellrung, N., Marschollek, M., . . . Haux, R. (2012). Health-enabling technologies for the elderly--an overview of services based on a literature review. <i>Computer methods and programs in biomedicine</i> , 106(2), 70-78. doi:10.1016/j.cmpb.2011.11.001	No outcome of interest
241	Lugnet, K., Pohju, A., Belqaid, K., Brandt, C. F., Nielsen, A. L., Rasmussen, N. M., . . . Beck, A. M. (2016). MON-P116: Multidisciplinary Nutritional Intervention Hospitalization and after Discharge in Elderly Patients - a Meta-Analysis. <i>Clinical Nutrition</i> , 35, S196-S196. doi:10.1016/S0261-5614(16)30750-6	Not a systematic review
242	Lupari, M., Coates, V., Adamson, G., & Crealey, G. E. (2011). 'We're just not getting it right'- how should we provide care to the older person with multi-morbid chronic conditions? <i>Journal of clinical nursing</i> , 20(9/10), 1225-1235. doi:10.1111/j.1365-2702.2010.03620.x	Not a systematic review
243	Lv, L., Shao, Y.-F., & Zhou, Y.-b. (2012). The enhanced recovery after surgery (ERAS) pathway for patients undergoing colorectal surgery: an update of meta-analysis of randomized controlled trials. <i>International journal of colorectal disease</i> , 27(12), 1549-1554. doi:10.1007/s00384-012-1577-5	Hospital intervention
244	Lyons, B. (2014). Nutrition Education Intervention with Community-Dwelling Older Adults: Research Challenges and Opportunities. <i>Journal of Community Health</i> , 39(4), 810-818. doi:10.1007/s10900-013-9810-x	No outcome of interest
245	Lytvyak, E., Olstad, D. L., Schopflocher, D. P., Plotnikoff, R. C., Storey, K. E., Nykiforuk, C. I. J., & Raine, K. D. (2016). Impact of a 3-year multi-centre community-based intervention on risk factors for chronic disease and obesity among free-living adults: the Healthy Alberta Communities study. <i>BMC public health</i> , 16, 344. doi:10.1186/s12889-016-3021-1	Not a systematic review
246	Manafa, E., & Wong, S. (2012). Health literacy programs for older adults: a systematic literature review. <i>Health Education Research</i> , 27(6), 947-960. doi:10.1093/her/cys067	No outcome of interest
247	Manderson, B., McMurray, J., Piraino, E., & Stolee, P. (2012). Navigation roles support chronically ill older adults through healthcare transitions: a systematic review of the literature. <i>Health & social care in the community</i> , 20(2), 113-127. doi:10.1111/j.1365-2524.2011.01032.x	Not a systematic review
248	March, S., Torres, E., Ramos, M., Ripoll, J., Garcia, A., Bullete, O., . . . Llobera, J. (2015). Adult community health-promoting interventions in primary health care: A systematic review. <i>Preventive medicine</i> , 76 Suppl, S94-104. doi:10.1016/j.ypmed.2015.01.016	No outcome of interest
249	Marshall, S., Bauer, J., & Isenring, E. (2014). The consequences of malnutrition following discharge from rehabilitation to the community: a systematic review of current evidence in older adults. <i>Journal of human nutrition and dietetics : the official journal of the British Dietetic Association</i> , 27(2), 133-141. doi:10.1111/jhn.12167	No outcome of interest
250	Marshall, S., Bauer, J., Capra, S., & Isenring, E. (2013). Are informal carers and community care workers effective in managing malnutrition in the older adult community? A systematic review of current evidence. <i>The journal of nutrition, health & aging</i> , 17(8), 645-651. doi:10.1007/s12603-013-0341-z	No outcome of interest
251	Martelly, M. T., & Squires, A. (2014). Effect of Substituting Nurses for Doctors in Primary Care. <i>Journal of Clinical Outcomes Management</i> , 21(9), 398-399.	Not a systematic review

Record number	Reference	Reason for exclusion
252	Martin, D., Schofield, P., Jones, D., McNamee, P., Clarke, A., Anthony, G., & Smith, B. (2013). The effect of Stanford-type self-management programmes on pain and function in older people with persistent pain: A systematic review of randomised controlled trials. <i>Journal of Pain Management</i> , 6(2), 117-122.	No outcome of interest
253	Martin, J. T., Wolf, A., Moore, J. L., Rolenz, E., DiNinno, A., & Reneker, J. C. (2013). The effectiveness of physical therapist-administered group-based exercise on fall prevention: a systematic review of randomized controlled trials. <i>Journal of Geriatric Physical Therapy</i> , 36(4), 182-193. doi:10.1519/JPT.0b013e3182816045	No outcome of interest
254	Martin, R. S., Hayes, B., Gregorevic, K., & Lim, W. K. (2016). The Effects of Advance Care Planning Interventions on Nursing Home Residents: A Systematic Review. <i>Journal of the American Medical Directors Association</i> , 17(4), 284-293. doi:10.1016/j.jamda.2015.12.017	Not a systematic review
255	Martinez-Reig, M., Ahmad, L., & Duque, G. (2012). The orthogeriatrics model of care: systematic review of predictors of institutionalization and mortality in post-hip fracture patients and evidence for interventions. <i>Journal of the American Medical Directors Association</i> , 13(9), 770-777. doi:10.1016/j.jamda.2012.07.011	No outcome of interest
256	Maru, S., Byrnes, J., Carrington, M. J., Stewart, S., & Scuffham, P. A. (2016). Systematic review of trial-based analyses reporting the economic impact of heart failure management programs compared with usual care. <i>European journal of cardiovascular nursing : journal of the Working Group on Cardiovascular Nursing of the European Society of Cardiology</i> , 15(1), 82-90. doi:10.1177/1474515114556031	Economic study
257	McArthur, C., Gibbs, J., Papaioannou, A., Hirdes, J., Milligan, J., Berg, K., & Giangregorio, L. (2015). Scoping review of physical rehabilitation interventions in long-term care: protocol for tools, models of delivery, outcomes and quality indicators. <i>BMJ open</i> , 5(e007528). doi:10.1136/bmjopen-2014-007528	Not a systematic review
258	McDermott, M. S., & While, A. E. (2013). Maximizing the healthcare environment: a systematic review exploring the potential of computer technology to promote self-management of chronic illness in healthcare settings. <i>Patient education and counseling</i> , 92(1), 13-22. doi:10.1016/j.pec.2013.02.014	No outcome of interest
259	McLaren, A. N., LaMantia, M. A., & Callahan, C. M. (2013). Systematic review of non-pharmacologic interventions to delay functional decline in community-dwelling patients with dementia. <i>Aging & mental health</i> , 17(6), 655-666. doi:http://dx.doi.org/10.1080/13607863.2013.781121	No outcome of interest
260	McMahon, S., & Fleury, J. (2012). External validity of physical activity interventions for community-dwelling older adults with fall risk: a quantitative systematic literature review. <i>Journal of advanced nursing</i> , 68(10), 2140-2154. doi:10.1111/j.1365-2648.2012.05974.x	No outcome of interest
261	McReynolds, P., & Jordan, Z. (2014). The effectiveness of audit and feedback as a quality improvement strategy in residential aged care: a systematic review protocol. <i>JBHI Database of Systematic Reviews & Implementation Reports</i> , 12(8), 78-89. doi:10.11124/jbisrir-2014-1047	No outcome of interest
262	Michel, J.-P., Cruz-Jentoft, A. J., & Cederholm, T. (2015). Frailty, Exercise and Nutrition. <i>Clinics in Geriatric Medicine</i> , 31(3), 375-387. doi:10.1016/j.cger.2015.04.006	Not a systematic review
263	Millar, A., Hughes, C., Passmore, A., & Ryan, C. (2014). Intermediate Care: The Role of Medicines Management. <i>Drugs & Aging</i> , 31(1), 21-31. doi:10.1007/s40266-013-0133-5	Not a systematic review
264	Mittag, O., Schramm, S., Bohmen, S., Huppe, A., Meyer, T., & Raspe, H. (2011). Medium-term effects of cardiac rehabilitation in Germany: systematic review and meta-analysis of results from national and international trials. <i>European journal of cardiovascular prevention and rehabilitation : official journal of the European Society of Cardiology, Working Groups on Epidemiology & Prevention and Cardiac Rehabilitation and Exercise Physiology</i> , 18(4), 587-593. doi:10.1177/1741826710389530	No outcome of interest
265	Morilla-Herrera, J. C., Martin-Santos, F. J., Caro-Bautista, J., Saucedo-Figueroa, C., Garcia-Mayor, S., & Morales-Asencio, J. M. (2016). Effectiveness of Food-Based Fortification in Older People. A Systematic Review and Meta-Analysis. <i>The journal of nutrition, health & aging</i> , 20(2), 178-184. doi:10.1007/s12603-015-0591-z	No outcome of interest
266	Morilla-Herrera, J. C., Morales-Asencio, J. M., Martin-Santos, F. J., Garcia-Mayor, S., Rodriguez-Bouza, M., & Gonzalez-Posadas, F. (2013). Effectiveness of advanced practice nursing interventions in older people: protocol for a systematic review and qualitative study. <i>Journal of advanced nursing</i> , 69(7), 1652-1659. doi:doi: 10.1111/jan.12030	Protocol
267	Munk, T., Tolstrup, U., Beck, A. M., Holst, M., Rasmussen, H. H., Hovhannisyan, K., & Thomsen, T. (2016). Individualised dietary counselling for nutritionally at-risk older patients following discharge from acute hospital to home: a systematic review and meta-analysis. <i>Journal of human nutrition and dietetics : the official journal of the British Dietetic Association</i> , 29(2), 196-208. doi:10.1111/jhn.12307	No outcome of interest
268	Murphy, S. M., Irving, C. B., Adams, C. E., & Waqar, M. (2015). Crisis intervention for people with severe mental illnesses. <i>Cochrane Database of Systematic Reviews</i> (12). doi:10.1002/14651858.CD001087.pub5	Population
269	Nakamura, N., Koga, T., & Iseki, H. (2014). A meta-analysis of remote patient monitoring for chronic heart failure patients. <i>Journal of telemedicine and telecare</i> , 20(1), 11-17. doi:10.1177/1357633X13517352	No outcome of interest
270	Naylor, M. D., Aiken, L. H., Kurtzman, E. T., Olds, D. M., & Hirschman, K. B. (2011). The care span: The importance of transitional care in achieving health reform. <i>Health Affairs</i> , 30(4), 746-754. doi:10.1377/hlthaff.2011.0041	Not a systematic review
271	Neyens, J. C., van Haastregt, J. C., Dijcks, B. P., Martens, M., van den Heuvel, W. J., de Witte, L. P., & Schols, J. M. (2011). Effectiveness and implementation aspects of interventions for preventing falls in elderly people in long-term care facilities: a systematic review of RCTs. <i>Journal of the American Medical Directors Association</i> , 12(6), 410-425.	No outcome of interest

Record number	Reference	Reason for exclusion
	doi:10.1016/j.jamda.2010.07.018	
272	Nichol, K., Stacey, D., Kuziemsky, C., & Gifford, W. (2016). Gestion à domicile des symptômes du cancer : revue exploratoire...Cancer symptom management in the home: A scoping review. <i>Canadian Oncology Nursing Journal</i> , 26(1), 4-18. doi:10.5737/236880762611118	No outcome of interest
273	Nicholson, C., Morrow, E. M., Hicks, A., & Fitzpatrick, J. (2017). Supportive care for older people with frailty in hospital: An integrative review. <i>International journal of nursing studies</i> , 66, 60-71. doi:10.1016/j.ijnurstu.2016.11.015	Hospital intervention
274	Niederhauser, A., VanDeusen Lukas, C., Parker, V., Ayello, E. A., Zulkowski, K., & Berlowitz, D. (2012). Comprehensive programs for preventing pressure ulcers: a review of the literature. <i>Advances in skin & wound care</i> , 25(4), 167-190. doi:10.1097/01.ASW.0000413598.97566.d7	No outcome of interest
275	Nuti, L., Turkcan, A., Lawley, M. A., Zhang, L., Sands, L., & McComb, S. (2015). The impact of interventions on appointment and clinical outcomes for individuals with diabetes: a systematic review. <i>BMC health services research</i> , 15, 355. doi:10.1186/s12913-015-0938-5	Population
276	O'Caomh, R., Cornally, N., Weathers, E., O'Sullivan, R., Fitzgerald, C., Orfila, F., . . . Molloy, D. W. (2015). Risk prediction in the community: A systematic review of case-finding instruments that predict adverse healthcare outcomes in community-dwelling older adults. <i>Maturitas</i> , 82(1), 3-21. doi:10.1016/j.maturitas.2015.03.009	No outcome of interest
277	O'Connell Francischetto, E., Damery, S., Davies, S., & Combes, G. (2016). Discharge interventions for older patients leaving hospital: protocol for a systematic meta-review. <i>Systematic reviews</i> , 5(46). doi:10.1186/s13643-016-0222-8	Protocol
278	Panagioti, M., Richardson, G., Small, N., Murray, E., Rogers, A., Kennedy, A., . . . Bower, P. (2014). Self-management support interventions to reduce health care utilisation without compromising outcomes: a systematic review and meta-analysis. <i>BMC health services research</i> , 14(356). doi:10.1186/1472-6963-14-356	Population
279	Papalia, R., Vasta, S., Tecame, A., D'Adamo, S., Maffulli, N., & Denaro, V. (2013). Home-based vs supervised rehabilitation programs following knee surgery: a systematic review. <i>British medical bulletin</i> , 108, 55-72. doi:10.1093/bmb/ldt014	No outcome of interest
280	Parke, B., Beath, A., Slater, L., & Clarke, A. M. (2011). Contextual factors influencing success or failure of emergency department interventions for cognitively impaired older people: a scoping and integrative review. <i>Journal of advanced nursing</i> , 67(7), 1426-1448. doi:10.1111/j.1365-2648.2011.05611.x	Not a systematic review
281	Parkinson, A. M., & Parker, R. (2013). Addressing chronic and complex conditions: what evidence is there regarding the role primary healthcare nurses can play? <i>Australian Health Review</i> , 37(5), 588-593. doi:10.1071/AH12019	Not a systematic review
282	Parsons, C., Alldred, D., Daiello, L., & Hughes, C. (2011). Prescribing for older people in nursing homes: strategies to improve prescribing and medicines use in nursing homes. <i>International journal of older people nursing</i> , 6(1), 55-62. doi:10.1111/j.1748-3743.2010.00263.x	Not a systematic review
283	Parsons, M., Senior, H. E. J., Kerse, N., Chen, M.-H., Jacobs, S., Vanderhoorn, S., . . . Anderson, C. (2012). The Assessment of Services Promoting Independence and Recovery in Elders Trial (ASPIRE): a pre-planned meta-analysis of three independent randomised controlled trial evaluations of ageing in place initiatives in New Zealand. <i>Age and ageing</i> , 41(6), 722-728. doi:10.1093/ageing/afs113	Not a systematic review
284	Partridge, J. S. L., Harari, D., Martin, F. C., & Dhesi, J. K. (2014). The impact of pre-operative comprehensive geriatric assessment on postoperative outcomes in older patients undergoing scheduled surgery: a systematic review. <i>Anaesthesia</i> , 69 Suppl 1, 8-16. doi:10.1111/anae.12494	No outcome of interest
285	Patterson, S. M., Cadogan, C. A., Kerse, N., Cardwell, C. R., Bradley, M. C., Ryan, C., & Hughes, C. (2014). Interventions to improve the appropriate use of polypharmacy for older people. <i>Cochrane Database of Systematic Reviews</i> (10). doi:10.1002/14651858.CD008165.pub3	No outcome of interest
286	Patterson, S. M., Hughes, C., Kerse, N., Cardwell, C. R., & Bradley, M. C. (2012). Interventions to improve the appropriate use of polypharmacy for older people. <i>The Cochrane database of systematic reviews</i> (5). doi:10.1002/14651858.CD008165.pub2	No outcome of interest
287	Peetoom, K. K. B., Lexis, M. A. S., Joore, M., Dirksen, C. D., & De Witte, L. P. (2015). Literature review on monitoring technologies and their outcomes in independently living elderly people. <i>Disability & Rehabilitation: Assistive Technology</i> , 10(4), 271-294. doi:10.3109/17483107.2014.961179	No outcome of interest
288	Peikes, D., Zutshi, A., Genevro, J. L., Parchman, M. L., & Meyers, D. S. (2012). Early Evaluations of the Medical Home: Building on a Promising Start. <i>American Journal of Managed Care</i> , 18(2), 105-a122.	Population
289	Perry, L., Hamilton, S., Williams, J., & Jones, S. (2013). Nursing Interventions for Improving Nutritional Status and Outcomes of Stroke Patients: Descriptive Reviews of Processes and Outcomes. <i>Worldviews on evidence-based nursing</i> , 10(1), 17-40. doi:10.1111/j.1741-6787.2012.00255.x	No outcome of interest
290	Petermans, J., Velghe, A., Gillain, D., Boman, X., & Van Den Noortgate, N. (2011). [Geriatric day hospital: what evidence? A systematic review]. <i>L'hospital de jour gériatrique : quels objectifs, quelle organisation, quelle efficience ? Une revue de la littérature.</i> , 9(3), 295-303. doi:10.1684/pnv.2011.0292	No outcome of interest
291	Pfortmueller, C. A., Lindner, G., & Exadaktylos, A. K. (2014). Reducing fall risk in the elderly: risk factors and fall prevention, a systematic review. <i>Minerva medica</i> , 105(4), 275-281.	No outcome of interest
292	Phelan, E. A., Debnam, K. J., Anderson, L. A., & Owens, S. B. (2015). A systematic review of intervention studies to prevent hospitalizations of community-dwelling older adults with dementia. <i>Medical care</i> , 53(2), 207-213. doi:10.1097/MLR.0000000000000294.	Specific disease
293	Pighills, A., Ballinger, C., Pickering, R., & Chari, S. (2016). A critical review of the effectiveness of environmental assessment and modification in the prevention of falls amongst community dwelling older people. <i>The British Journal of Occupational</i>	No outcome of interest

Record number	Reference	Reason for exclusion
	Therapy, 79(3), 133-143. doi:10.1177/0308022615600181	
294	Pilkington, G., Boland, A., & Dickson, R. (2017). Comprehensive geriatric assessment for older people with cancer. <i>Cancer Nursing Practice</i> , 16(1), 25-30. doi:10.7748/cnp.2017.e1321	No outcome of interest
295	Plummer, P., Zukowski, L. A., Giuliani, C., Hall, A. M., & Zurakowski, D. (2015). Effects of Physical Exercise Interventions on Gait-Related Dual-Task Interference in Older Adults: A Systematic Review and Meta-Analysis. <i>Gerontology</i> , 62(1), 94-117. doi:10.1159/000371577	No outcome of interest
296	Pol, M. C., Poerbodipoero, S., Robben, S., Daams, J., van Hartingsveldt, M., de Vos, R., . . . Buurman, B. M. (2013). Sensor monitoring to measure and support daily functioning for independently living older people: a systematic review and road map for further development. <i>Journal of the American Geriatrics Society</i> , 61(12), 2219-2227. doi:10.1111/jgs.12563	No outcome of interest
297	Poole, C. D., Smith, J. C., & Davies, J. S. (2014). The short-term impact of vitamin D-based hip fracture prevention in older adults in the United Kingdom. <i>Journal of endocrinological investigation</i> , 37(9), 811-817. doi:10.1007/s40618-014-0109-2	No outcome of interest
298	Poole, S. G., Bell, J. S., Jokanovic, N., Kirkpatrick, C. M., & Dooley, M. J. (2015). A systematic review of medication exposure assessment in prospective cohort studies of community dwelling older australians. <i>PLoS one</i> , 10(4). doi:10.1371/journal.pone.0124247	No outcome of interest
299	Prieto-Centurion, V., Markos, M. A., Ramey, N. I., Gussin, H. A., Nyenhuis, S. M., Joo, M. J., . . . Krishnan, J. A. (2014). Interventions to reduce rehospitalizations after chronic obstructive pulmonary disease exacerbations. A systematic review. <i>Annals of the American Thoracic Society</i> , 11(3), 417-424. doi:10.1513/AnnalsATS.201308-254OC	Specific disease
300	Pritchard, E., Brown, T., Lator, A., & Haines, T. (2014). The impact of falls prevention on participation in daily occupations of older adults following discharge: a systematic review and meta-analysis. <i>Disability and rehabilitation</i> , 36(10), 787-796. doi:http://dx.doi.org/10.3109/09638288.2013.814720	No outcome of interest
301	Recognising and managing frailty in primary care. (2015). Health Technology Assessment Database, (4). Retrieved from http://onlinelibrary.wiley.com/doi/10.1111/hta.12147	Not a systematic review
302	Reeder, B., Jane, C., & Stevens-Lapsley, J. (2016). Current Telerehabilitation Research With Older Adults at Home. <i>Journal of gerontological nursing</i> , 42(10), 15-20. doi:10.3928/00989134-20160201-02	No outcome of interest
303	Reeder, B., Meyer, E., Lazar, A., Chaudhuri, S., Thompson, H. J., & Demiris, G. (2013). Framing the evidence for health smart homes and home-based consumer health technologies as a public health intervention for independent aging: a systematic review. <i>International journal of medical informatics</i> , 82(7), 565-579. doi:10.1016/j.ijmedinf.2013.03.007	No outcome of interest
304	Resnick, B., Galik, E., & Boltz, M. (2013). Function focused care approaches: literature review of progress and future possibilities. <i>Journal of the American Medical Directors Association</i> , 14(5), 313-318. doi:10.1016/j.jamda.2012.10.019	No outcome of interest
305	Richards, E. A., & Cai, Y. (2016). Integrative Review of Nurse-Delivered Physical Activity Interventions in Primary Care. <i>Western Journal of Nursing Research</i> , 38(4), 484-507. doi:10.1177/0193945915581861	No outcome of interest
306	Roalfe, A. K., Mant, J., Doust, J. A., Barton, P., Cowie, M. R., Glasziou, P., . . . Hobbs, F. D. R. (2012). Development and initial validation of a simple clinical decision tool to predict the presence of heart failure in primary care: the MICE (Male, Infarction, Crepitations, Edema) rule. <i>European journal of heart failure</i> , 14(9), 1000-1008. doi:10.1093/eurjhf/hfs089	No outcome of interest
307	Robinson, L., Dickinson, C., Rousseau, N., Beyer, F., Clark, A., Hughes, J., . . . Exley, C. (2012). A systematic review of the effectiveness of advance care planning interventions for people with cognitive impairment and dementia. <i>Age and ageing</i> , 41(2), 263-269. doi:10.1093/ageing/afr148	Specific disease
308	Rout, A., Ashby, S., Maslin-Prothero, S., Masterson, A., Priest, H., Beach, M., . . . Sturdy, D. (2011). A literature review of interprofessional working and intermediate care in the uk. <i>Journal of clinical nursing</i> , 20(5/6), 775-783. doi:10.1111/j.1365-2702.2009.03156.x	No outcome of interest
309	Ruppar, T. M., Delgado, J. M., & Temple, J. (2015). Medication adherence interventions for heart failure patients: A meta-analysis. <i>European journal of cardiovascular nursing : journal of the Working Group on Cardiovascular Nursing of the European Society of Cardiology</i> , 14(5), 395-404. doi:10.1177/1474515115571213	No outcome of interest
310	Russell, C. L., Ruppar, T. M., & Matteson, M. (2011). Improving medication adherence: moving from intention and motivation to a personal systems approach. <i>The Nursing clinics of North America</i> , 46(3), 271-281. doi:10.1016/j.cnur.2011.05.004	Not a systematic review
311	Sales, A. E., Bostrom, A.-M., Bucknall, T., Draper, K., Fraser, K., Schalm, C., & Warren, S. (2012). The use of data for process and quality improvement in long term care and home care: a systematic review of the literature. <i>Journal of the American Medical Directors Association</i> , 13(2), 103-113. doi:10.1016/j.jamda.2011.01.004	No outcome of interest
312	Sanders, L., Chang, A., & Ramis, M.-A. (2015). The effectiveness of communication interventions in providing older people with information on access to in-home health and social care services: a systematic review protocol. <i>Journal of systematic reviews and implementation reports</i> , 13(5), 105-117.	No outcome of interest
313	Santesso, N., Carrasco-Labra, A., & Brignardello-Petersen, R. (2014). Hip protectors for preventing hip fractures in older people. <i>Cochrane Database of Systematic Reviews</i> (3). doi:10.1002/14651858.CD001255.pub5	No outcome of interest
314	Savard, L. A., Thompson, D. R., & Clark, A. M. (2011). A meta-review of evidence on heart failure disease management programs: the challenges of describing and synthesizing evidence on complex interventions. <i>Trials</i> , 12(1), 194-194. doi:10.1186/1745-6215-12-194	Specific disease
315	Schell, W. (2014). A Review: Discharge Navigation and Its Effect on Heart Failure Readmissions. <i>Professional Case Management</i> , 19(5), 224-234. doi:10.1097/NCM.000000000000040	Population
316	Schnitker, L., Martin-Khan, M., Beattie, E., & Gray, L. (2013). What is the evidence to guide best practice for the management of older people with cognitive impairment presenting to emergency departments? A systematic review.	No outcome of interest

Record number	Reference	Reason for exclusion
	Advanced emergency nursing journal, 35(2), 154-169. doi:10.1097/TME.0b013e31828c7f4a	
317	Shade, M. Y., Berger, A. M., & Chaperon, C. (2014). Potentially Inappropriate Medications in Community-Dwelling Older Adults. <i>Research in Gerontological Nursing</i> , 7(4), 178-192. doi:10.3928/19404921-20140210-01	No outcome of interest
318	Shepperd, S., Gonçalves-Bradley, D. C., Straus, S. E., & Wee, B. (2016). Hospital at home: home-based end-of-life care. <i>Cochrane Database of Systematic Reviews</i> (2). doi:10.1002/14651858.CD009231.pub2	No outcome of interest
319	Shepperd, S., Iliffe, S., Doll, H. A., Clarke, M. J., Kalra, L., Wilson, A. D., & Gonçalves-Bradley, D. C. (2016). Admission avoidance hospital at home. <i>Cochrane Database of Systematic Reviews</i> (9). doi:10.1002/14651858.CD007491.pub2	No outcome of interest
320	Sherifali, D., Bai, J. W., Kenny, M., Warren, R., & Ali, M. U. (2015). Diabetes self-management programmes in older adults: a systematic review and meta-analysis. <i>Diabetic Medicine</i> , 32(11), 1404-1414. doi:10.1111/dme.12780	No outcome of interest
321	Sherrington, C., Tiedemann, A., Fairhall, N., Close, J. C. T., & Lord, S. R. (2011). Exercise to prevent falls in older adults: an updated meta-analysis and best practice recommendations. <i>New South Wales public health bulletin</i> , 22(3-4), 78-83. doi:10.1071/NB10056	No outcome of interest
322	Silva, R. B., Eslick, G. D., & Duque, G. (2013). Exercise for falls and fracture prevention in long term care facilities: a systematic review and meta-analysis. <i>Journal of the American Medical Directors Association</i> , 14(9), 685-689.e682. doi:10.1016/j.jamda.2013.05.015	No outcome of interest
323	Sinclair, A. J. (2011). Good clinical practice guidelines for care home residents with diabetes: an executive summary. <i>Diabetic Medicine</i> , 28(7), 772-777. doi:10.1111/j.1464-5491.2011.03320.x	No outcome of interest
324	Sinha, S. K., Bessman, E. S., Flomenbaum, N., & Leff, B. (2011). A systematic review and qualitative analysis to inform the development of a new emergency department-based geriatric case management model. <i>Annals of emergency medicine</i> , 57(6), 672-682. doi:10.1016/j.annemergmed.2011.01.021	Not a systematic review
325	Smith, S. M., Wallace, E., O'Dowd, T., & Fortin, M. (2016). Interventions for improving outcomes in patients with multimorbidity in primary care and community settings. <i>Cochrane Database of Systematic Reviews</i> (3). doi:10.1002/14651858.CD006560.pub3	No outcome of interest
326	Smith, T. O., Hameed, Y. A., Cross, J. L., Henderson, C., Sahota, O., & Fox, C. (2015). Enhanced rehabilitation and care models for adults with dementia following hip fracture surgery. <i>Cochrane Database of Systematic Reviews</i> (6). doi:10.1002/14651858.CD010569.pub2	No outcome of interest
327	Snowdon, D., Haines, T. P., & Skinner, E. H. (2014). Preoperative intervention reduces postoperative pulmonary complications but not length of stay in cardiac surgical patients: a systematic review. <i>Journal of physiotherapy</i> , 60(2), 66-77. doi:10.1016/j.jphys.2014.04.002	No outcome of interest
328	Soares, M. M., Jacobs, K., Laugaland, K., Aase, K., & Barach, P. (2012). Interventions to improve patient safety in transitional care - a review of the evidence. <i>Work</i> , 41, 2915-2924. doi:10.3233/WOR-2012-0544-2915	Not a systematic review
329	Specialized services for seniors with alzheimer's disease. (2012). <i>Health Technology Assessment Database</i> , (1). Retrieved from http://onlinelibrary.wiley.com/o/cochrane/clhta/articles/HTA-32012000895/frame.html	No outcome of interest
330	Spinewine, A., Fialova, D., & Byrne, S. (2012). The role of the pharmacist in optimizing pharmacotherapy in older people. <i>Drugs & Aging</i> , 29(6), 495-510. doi:10.2165/11631720-000000000-00000.	Not a systematic review
331	Stamp, K. D. (2011). Self-care in women with heart failure and the effectiveness of nurse-led educational interventions: a review of the literature. <i>Journal of Nursing & Healthcare of Chronic Illnesses</i> , 3(4), 339-351. doi:10.1111/j.1752-9824.2011.01115.x	No outcome of interest
332	Stellefson, M., Chaney, B., Barry, A. E., Chavarria, E., Tennant, B., Walsh-Childers, K., . . . Zagora, J. (2013). Web 2.0 chronic disease self-management for older adults: a systematic review. <i>Journal of medical Internet research</i> , 15(2). doi:10.2196/jmir.2439	No outcome of interest
333	Stevens, Z., Barlow, C., Kendrick, D., Masud, T., Skelton, D. A., Dinan-Young, S., & Iliffe, S. (2014). Effectiveness of general practice-based physical activity promotion for older adults: systematic review. <i>Primary health care research & development</i> , 15(2), 190-201. doi:10.1017/S1463423613000017	No outcome of interest
334	Stolee, P., Lim, S. N., Wilson, L., & Glenn, C. (2012). Inpatient versus home-based rehabilitation for older adults with musculoskeletal disorders: a systematic review. <i>Clinical rehabilitation</i> , 26(5), 387-402. doi:10.1177/0269215511423279	No outcome of interest
335	Stubbs, B., Brefka, S., & Denking, M. D. (2015). What Works to Prevent Falls in Community-Dwelling Older Adults? <i>Umbrella Review of Meta-analyses of Randomized Controlled Trials. Physical therapy</i> , 95(8), 1095-1110. doi:10.2522/ptj.20140461	No outcome of interest
336	Stubbs, B., Denking, M. D., Brefka, S., & Dallmeier, D. (2015). What works to prevent falls in older adults dwelling in long term care facilities and hospitals? An umbrella review of meta-analyses of randomised controlled trials. <i>Maturitas</i> , 81(3), 335-342. doi:10.1016/j.maturitas.2015.03.026	No outcome of interest
337	Sullivan, G. J., & Williams, C. (2017). Older Adult Transitions into Long-Term Care. <i>Journal of gerontological nursing</i> , 43(3), 41-49. doi:10.3928/00989134-20161109-07	No outcome of interest
338	Sun, F., Norman, I. J., & While, A. E. (2013). Physical activity in older people: a systematic review. <i>BMC public health</i> , 13(449). doi:10.1186/1471-2458-13-449	No outcome of interest
339	Swieszek, D., Gedlek, M., & Kenig, J. (2015). The importance of prerrehabilitation in the reduction of postoperative complications of elderly patients undergoing abdominal operations--systematic review. <i>Polski przeglad chirurgiczny</i> , 87(1), 47-52. doi:10.1515/pjs-2015-0018	No outcome of interest
340	Tae Wha, L., Seon Heui, L., Hye Hyun, K., & Soo Jin, K. (2012). Effective Intervention Strategies to Improve Health Outcomes	No outcome

Record number	Reference	Reason for exclusion
	for Cardiovascular Disease Patients with Low Health Literacy Skills: A Systematic Review. <i>Asian Nursing Research</i> , 6(4), 128-136. doi:10.1016/j.anr.2012.09.001	of interest
341	Takeda, A., Taylor, S. J., Taylor, R. S., Khan, F., Krum, H., & Underwood, M. (2012). Clinical service organisation for heart failure. <i>Cochrane Database of Systematic Reviews</i> (9). doi:10.1002/14651858.CD002752.pub3	Specific disease
342	Tappenden, P., Campbell, F., Rawdin, A., Wong, R., & Kalita, N. (2012). The clinical effectiveness and cost-effectiveness of home-based, nurse-led health promotion for older people: a systematic review. <i>Health Technology Assessment</i> , 16(50), 1-72. doi:10.3310/hta16200	No outcome of interest
343	Taylor, N. F., & Harding, K. E. (2015). Pre-discharge home assessment visits in assisting patients' return to community living: A systematic review and meta-analysis. <i>Journal of rehabilitation medicine</i> , 47(4), 289-299. doi:10.2340/16501977-1942	No outcome of interest
344	Taylor, R. S., Dalal, H., Jolly, K., Zawada, A., Dean, S. G., Cowie, A., & Norton, R. J. (2015). Home-based versus centre-based cardiac rehabilitation. <i>The Cochrane database of systematic reviews</i> (8). doi:10.1002/14651858.CD007130.pub3	Specific disease
345	Taylor, R. S., Sagar, V. A., Davies, E. J., Briscoe, S., Coats, A. J., Dalal, H., . . . Singh, S. (2014). Exercise-based rehabilitation for heart failure. <i>Cochrane Database of Systematic Reviews</i> (4). doi:10.1002/14651858.CD003331.pub4	Specific disease
346	Teh, R. C.-A., Mahajan, N., Visvanathan, R., & Wilson, A. (2015). Clinical effectiveness of and attitudes and beliefs of health professionals towards the use of health technology in falls prevention among older adults. <i>International Journal of Evidence-Based Healthcare</i> , 13(4), 213-223. doi:10.1097/XEB.0000000000000029	No outcome of interest
347	Tessier, A., Beaulieu, M.-D., McGinn, C. A., & Latulippe, R. (2016). Effectiveness of Reablement: A Systematic Review. <i>Healthcare Policy</i> , 11(4), 49-59.	No outcome of interest
348	Thiruchelvam, K., Hasan, S. S., Wong, P. S., & Kairuz, T. (2017). Residential Aged Care Medication Review to Improve the Quality of Medication Use: A Systematic Review. <i>Journal of the American Medical Directors Association</i> , 18(1), 87.e81-87.e14. doi:10.1016/j.jamda.2016.10.004	No outcome of interest
349	Thompson Coon, J., Abbott, R., Rogers, M., Whear, R., Pearson, S., Lang, I., . . . Stein, K. (2014). Interventions to Reduce Inappropriate Prescribing of Antipsychotic Medications in People With Dementia Resident in Care Homes: A Systematic Review. <i>Journal of the American Medical Directors Association</i> , 15(10), 706-718. doi:10.1016/j.jamda.2014.06.012	No outcome of interest
350	Tjia, J., Velten, S. J., Parsons, C., Valluri, S., & Briesacher, B. A. (2013). Studies to reduce unnecessary medication use in frail older adults: a systematic review. <i>Drugs & Aging</i> , 30(5), 285-307. doi:10.1007/s40266-013-0064-1	No outcome of interest
351	Toot, S., Devine, M., & Orrell, M. (2011). The effectiveness of crisis resolution/home treatment teams for older people with mental health problems: a systematic review and scoping exercise. <i>International journal of geriatric psychiatry</i> , 26(12), 1221-1230. doi:10.1002/gps.2686	Specific disease
352	Tourigny, A., Bédard, A., Laurin, D., Kröger, E., Durand, P., Bonin, L., . . . Martin, M. (2015). Preventive Home Visits for Older People: A Systematic Review. <i>Canadian Journal on Aging</i> , 34(4), 506-523. doi:10.1017/S0714980815000446	No outcome of interest
353	Turner, S., Arthur, G., Lyons, R. A., Weightman, A. L., Mann, M. K., Jones, S. J., . . . Lannon, S. (2011). Modification of the home environment for the reduction of injuries. <i>Cochrane Database of Systematic Reviews</i> (2). doi:10.1002/14651858.CD003600.pub3	No outcome of interest
354	Uchida, M., Pogorzelska-Maziarsz, M., Smith, P. W., & Larson, E. (2013). Infection prevention in long-term care: a systematic review of randomized and nonrandomized trials. <i>Journal of the American Geriatrics Society</i> , 61(4), 602-614. doi:10.1111/jgs.12175	No outcome of interest
355	van den Berg, N., Schumann, M., Kraft, K., & Hoffmann, W. (2012). Telemedicine and telecare for older patients-A systematic review. <i>Maturitas</i> , 73(2), 94-114. doi:10.1016/j.maturitas.2012.06.010	Not a systematic review
356	van Ee, I. B., Hagedoorn, M., Slaets, J. P. J., & Smits, C. H. M. (2017). Patient navigation and activation interventions for elderly patients with cancer: A systematic review. <i>European Journal of Cancer Care</i> , 26(2). doi:10.1111/ecc.12621	No outcome of interest
357	van het Bolscher-Niehuis, M. J. T., den Ouden, M. E. M., de Vocht, H. M., & Francke, A. L. (2016). Effects of self-management support programmes on activities of daily living of older adults: A systematic review. <i>International journal of nursing studies</i> , 61, 230-247. doi:10.1016/j.ijnurstu.2016.06.014	No outcome of interest
358	Vedel, I., & Khanassov, V. (2015). Transitional Care for Patients With Congestive Heart Failure: A Systematic Review and Meta-Analysis. <i>Annals of family medicine</i> , 13(6), 562-571. doi:10.1370/afm.1844	Specific disease
359	Vedel, I., Akhlaghpour, S., Vaghefi, I., Bergman, H., & Lapointe, L. (2013). Health information technologies in geriatrics and gerontology: a mixed systematic review. <i>Journal of the American Medical Informatics Association : JAMIA</i> , 20(6), 1109-1119. doi:10.1136/amiajnl-2013-001705	No outcome of interest
360	Vlaeyen, E., Coussement, J., Leysens, G., Van der Elst, E., Delbaere, K., Cambier, D., . . . Milisen, K. (2015). Characteristics and effectiveness of fall prevention programs in nursing homes: a systematic review and meta-analysis of randomized controlled trials. <i>Journal of the American Geriatrics Society</i> , 63(2), 211-221. doi:10.1111/jgs.13254	No outcome of interest
361	Wakefield, B. J., Boren, S. A., Groves, P. S., & Conn, V. S. (2013). Heart Failure Care Management Programs: A Review of Study Interventions and Meta-Analysis of Outcomes. <i>Journal of Cardiovascular Nursing</i> , 28(1), 8-19. doi:10.1097/JCN.0b013e318239f9e1	Specific disease
362	Wales, K., Clemson, L., Lannin, N. A., & Cameron, I. D. (2012). Functional assessments used by occupational therapists with older adults at risk of activity and participation limitations: a systematic review and evaluation of measurement properties. <i>Systematic reviews</i> , 1. doi:10.1186/2046-4053-1-45	Protocol
363	Wallace, E., Hinchey, T., Dimitrov, B. D., Bennett, K., Fahey, T., & Smith, S. M. (2013). A systematic review of the probability of repeated admission score in community-dwelling adults. <i>Journal of the American Geriatrics Society</i> , 61(3), 357-364. doi:10.1111/jgs.12150	No outcome of interest

Record number	Reference	Reason for exclusion
364	Wallis, M. (2011). Further research is required to provide evidence of the effectiveness and feasibility of the nurse-led, case management approach to the care of older adults with chronic comorbid conditions. <i>Evidence Based Nursing</i> , 14(4), 109-110. doi:10.1136/ebn.2011.100119	Not a systematic review
365	Walsh, B. (2013). Unplanned admissions and readmissions in older people: a review of recent evidence on identifying and managing high-risk individuals. <i>Reviews in clinical gerontology</i> , 23(2), 228-237. doi:10.1017/S0959259814000082	Not a systematic review
366	Walsh, K. A., O'Riordan, D., Kearney, P. M., Timmons, S., & Byrne, S. (2016). Improving the appropriateness of prescribing in older patients: a systematic review and meta-analysis of pharmacists' interventions in secondary care. <i>Age and ageing</i> , 45(2), 201-209. doi:10.1093/ageing/afv190	No outcome of interest
367	Warner, G., Killian, L., Doble, S., McKenzie, J. E., Versnel, J., & Packer, T. (2012). Community-based self-management programs for improving participation in life activities in older adults with chronic conditions. <i>Cochrane Database of Systematic Reviews</i> (9). doi:10.1002/14651858.CD010097	No outcome of interest
368	Warner, G., Packer, T., Villeneuve, M., Auduly, A., & Versnel, J. (2015). A systematic review of the effectiveness of stroke self-management programs for improving function and participation outcomes: self-management programs for stroke survivors. <i>Disability & Rehabilitation</i> , 37(23), 2141-2163. doi:10.3109/09638288.2014.996674	No outcome of interest
369	Welsh, S. M., Sherriff, A., & Flodgren, G. (2015). The champion for improved delivery of care to older people in long-term care settings: effects on professional practice, quality of care and resident outcomes. <i>Cochrane Database of Systematic Reviews</i> (11). doi:10.1002/14651858.CD011956	Protocol
370	Winter, H., Watt, K., & Peel, N. M. (2013). Falls prevention interventions for community-dwelling older persons with cognitive impairment: a systematic review. <i>International psychogeriatrics</i> , 25(2), 215-227. doi:10.1017/S1041610212001573	No outcome of interest
371	Wion, R. K., & Loeb, S. J. (2016). End-of-Life Care Behind Bars: A Systematic Review. <i>The American journal of nursing</i> , 116(3), 24-37. doi:10.1097/01.NAJ.0000481277.99686.82.	Population
372	Wysocki, A., Butler, M., Kane, R., Kane, R., Shippee, T., & Sainfort, F. (2012). Long-term care for older adults: A review of home and community-based services versus institutional care. <i>Comparative Effectiveness Review No. 81</i> . (Prepared by the Minnesota Evidence-based Practice Center under Contract No. 290-2007-10064-I.). Retrieved from Rockville, MD: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009844	No outcome of interest
373	You, E. C., Dunt, D., Doyle, C., & Hsueh, A. (2012). Effects of case management in community aged care on client and carer outcomes: a systematic review of randomized trials and comparative observational studies. <i>BMC health services research</i> , 12. doi:10.1186/1472-6963-12-395	No outcome of interest
374	You, E., Dunt, D. R., & Doyle, C. (2013). Case Managed Community Aged Care: What Is the Evidence for Effects on Service Use and Costs? <i>Journal of Aging & Health</i> , 25(7), 1204-1242. doi:10.1177/0898264313499931	No outcome of interest
375	Young, C., Hall, A. M., Gonçalves-Bradley, D. C., Quinn, T. J., Hooft, L., van, M. B. C., & Stott, D. J. (2017). Home or foster home care versus institutional long-term care for functionally dependent older people. <i>Cochrane Database of Systematic Reviews</i> (4). doi:10.1002/14651858.CD009844.pub2	No outcome of interest
376	Young, C., van, d. G. E. M., Quinn, T. J., Hooft, L., Legg, L. A., van, M. B. C., & Stott, D. J. (2012). At-home versus institutional long-term-care for chronic functionally dependent older people. <i>Cochrane Database of Systematic Reviews</i> (6). doi:10.1002/14651858.CD009844	Protocol
377	Young, K., Bunn, F., Trivedi, D., & Dickinson, A. (2011). Nutritional education for community dwelling older people: a systematic review of randomised controlled trials. <i>International journal of nursing studies</i> , 48(6), 751-780. doi:10.1016/j.ijnurstu.2011.03.007	No outcome of interest
378	Zhuang, C.-L., Ye, X.-Z., Zhang, X.-D., Chen, B.-C., & Yu, Z. (2013). Enhanced recovery after surgery programs versus traditional care for colorectal surgery: a meta-analysis of randomized controlled trials. <i>Diseases of the colon and rectum</i> , 56(5), 667-678. doi:10.1097/DCR.0b013e3182812842	Hospital intervention
379	Zimmerman, S., Anderson, W. L., Brode, S., Jonas, D., Lux, L., Beeber, A. S., . . . Sloane, P. D. (2013). Systematic review: Effective characteristics of nursing homes and other residential long-term care settings for people with dementia. <i>Journal of the American Geriatrics Society</i> , 61(8), 1399-1409. doi:10.1111/jgs.12372	No outcome of interest
380	Zwijzen, S. A., Niemeijer, A. R., & Hertogh, C. M. P. M. (2011). Ethics of using assistive technology in the care for community-dwelling elderly people: an overview of the literature. <i>Aging & mental health</i> , 15(4), 419-427. doi:10.1080/13607863.2010.543662	Ethical study

A5.2 Records identified through grey literature

Record number	Reference	Reason for exclusion
1	Althaus, F., Paroz, S., Hugli, O., Ghali, W. A., Daeppen, J. B., Peytremann-Bridevaux, I., & Bodenmann, P. (2011). Effectiveness of interventions targeting frequent users of emergency departments: a systematic review. <i>Annals of Emergency Medicine</i> , 58(1), 41-52.e42. doi:10.1016/j.annemergmed.2011.03.007	Population
2	ACEP Transitions of Care Task Force. (2012). Transitions of Care Task Force Report. Retrieved from https://www.acep.org/administration/personnel--team-management/transitions-of-care-resources/#sm.000141soidilselwzha2ayp34fvad	Not a systematic review
3	American College of Emergency Physicians. (2015). Transitions of Care Resources : Rapid Integration of Care Toolkit. Retrieved from https://www.acep.org/transitionsofcare/#sm.000141soidilselwzha2ayp34fvad	Not a systematic review
4	American College of Emergency Physicians. (2017). Emergency Medicine Crowding and Boarding. Retrieved from https://www.acep.org/Clinical---Practice-Management/Emergency-Medicine-Crowding-and-Boarding/	Not a systematic review
5	American College of Emergency Physicians, The American Geriatrics Society, Emergency Nurses Association, & the Society for Academic Emergency Medicine. (2013). Geriatric Emergency Department Guidelines. Retrieved from https://www.acep.org/geriEDguidelines/	Not a systematic review
6	Axon, R. N., & Williams, M. V. (2017). [Eliminating Hospital Readmissions: "No Hospital Left Behind"].	Not a systematic review
7	Bångsbo, A., Dunér, A., Dahlin-Ivanoff, S., & Lidén, E. (2017). Collaboration in discharge planning in relation to an implicit framework. <i>Applied Nursing Research</i> , 36, 57-62. doi:10.1016/j.apnr.2017.05.010	Not a systematic review
8	Benbassat, J., & Taragin, M. I. (2013). The effect of clinical interventions on hospital readmissions: a meta-review of published meta-analyses. <i>Israel Journal of Health Policy Research</i> , 2(1). doi:10.1186/2045-4015-2-1	Not a systematic review
9	Boult, C., Boult, L. B., Pacala, J. T., Snyder, C., & Leff, B. (2009). Successful Models of Comprehensive Care for Older Adults with Chronic Conditions: Evidence for the Institute of Medicine's "Retooling for an Aging America" Report. <i>Journal of the American Geriatrics Society</i> , 57(12), 2328-2337. doi:10.1111/j.1532-5415.2009.02571.x	Older than 2011
10	Boutwell, A., Griffin, F., Hwu, S., & Shannon, D. (2009). Effective interventions to reduce rehospitalizations: A compendium of 15 promising interventions. Retrieved from Cambridge, MA: http://www.ih.org/resources/Pages/Changes/EffectiveInterventionsToReduceRehospitalizationsCompendium15PromisingInterventions.aspx	Not a systematic review
11	Briggs, M. C. E., & McElhaney, J. E. (2014). Health workforce educational needs for seniors care: Interprofessional education and collaborative practice. Retrieved from http://staging.cou.on.ca/wp-content/uploads/2014/08/Health-Workforce-Educational-Needs-for-Seniors-Care-Interprofessional-Education-and-Collaborative-Practice.pdf	Not a systematic review
12	Canadian Agency for Drugs and Technologies in Health. (2011). Patient Care Pathways: Clinical Effectiveness and Guidelines. Retrieved from https://www.cadth.ca/patient-care-pathways-clinical-effectiveness-and-guidelines	Population
13	Canadian Agency for Drugs and Technologies in Health. (2014). Interventions for Non-Elderly Patients who are High Users of Ambulatory and Emergency Medical Services: Clinical and Cost-Effectiveness. Retrieved from https://www.cadth.ca/interventions-non-elderly-patients-who-are-high-users-ambulatory-and-emergency-medical-services	Population
14	Carpenter, C. R., & Platts-Mills, T. F. (2013). Evolving prehospital, emergency department, and "inpatient" management models for geriatric emergencies. <i>Clinics in Geriatric Medicine</i> , 29(1), 31-47. doi:10.1016/j.cger.2012.09.003	Not a systematic review
15	Carrier, E., Yee, T., & Holzwart, R. A. (2011). Coordination Between Emergency and Primary Care Physicians. Retrieved from Washington, DC: http://nihcr.org/analysis/improving-care-delivery/prevention-improving-health/ed-coordination/	Not a systematic review
16	Centers for Medicare & Medicaid Services. (2017, 05/11/2017 2:12 PM). Program of All-Inclusive Care for the Elderly (PACE). Retrieved from https://www.cms.gov/medicare/health-plans/pace/overview.html	Not a systematic review
17	Centre for Reviews and Dissemination. (2013). Advance care planning. Retrieved from https://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?AccessionNumber=32014001370&UserID=11570	Not a systematic review
18	Centre for Reviews and Dissemination. (2014). Inpatient rehabilitation services for the frail elderly. Retrieved from https://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?AccessionNumber=32014001365&UserID=11570	No outcome of interest
19	Centre for Reviews and Dissemination. (2014). Primary care 'in-reach' in hospital settings. Retrieved from https://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?AccessionNumber=32014001371&UserID=11570	Population
20	Chalkley, M., McCormick, B., Anderson, R., Aragon, M. J., Nessa, N., Nicodemo, C., . . . Wittenberg, R. (2017). Elective hospital admissions: secondary data analysis and modelling with an emphasis on policies to moderate growth. <i>Health Services and Delivery Research</i> , 5(7).	Not a systematic review
21	Couturier, B., Carrat, F., & Hejblum, G. (2016). A systematic review on the effect of the organisation of hospital discharge on patient health outcomes. <i>BMJ Open</i> , 6(12). doi:10.1136/bmjopen-2016-012287	Not a systematic review
22	Craven, E., & Conroy, S. (2015). Hospital readmissions in frail older people. <i>Reviews in Clinical Gerontology</i> , 25(2), 107-116. doi:10.1017/S0959259815000064	No outcome of interest
23	Damiani, M., & Dixon, J. (2002). Managing the Pressure: Emergency hospital admissions in London 1997-2001. Retrieved from https://www.kingsfund.org.uk/publications/managing-pressure	Not a systematic review
24	Davies, S. L., Goodman, C., Bunn, F., Victor, C., Dickinson, A., Iliffe, S., . . . Froggatt, K. (2011). A systematic review of integrated working between care homes and health care services. <i>BMC Health Services Research</i> , 11(320).	No outcome of interest

Record number	Reference	Reason for exclusion
	doi:10.1186/1472-6963-11-320	
25	Delisle, D. R. (2017). Care transitions programs: A review of hospital-based programs targeted to reduce readmissions. <i>Professional Case Management</i> , 18(6), 273-283. doi:10.1097/NCM.0b013e31829d9cf3	Not a systematic review
26	Ghosh, A., Shchmitz, R., & Brown, R. (2015). Effect of PACE on Costs, Nursing Home Admissions, and Mortality: 2006-2011. Retrieved from https://aspe.hhs.gov/pdf-report/effect-pace-costs-nursing-home-admissions-and-mortality-2006-2011	Not a systematic review
27	Goodwin, N., Ross, S., & Curry, N. (2011). Case management: What it is and how it can best be implemented. Retrieved from https://www.kingsfund.org.uk/publications/case-management	Not a systematic review
28	Guo, B., & Harstall, C. (2006). Strategies to reduce emergency department overcrowding (1-894927-34-6). Retrieved from Edmonton, AB: http://www.ihe.ca/advanced-search/strategies-to-reduce-emergency-department-overcrowding	Population
29	Halter, M., Chatters, R., Konioutou, M., & Evans, B. (2015). A systematic review of literature on the care of older people who fall and use out-of-hospital emergency services. <i>Emergency Medicine Journal</i> , 32(5), e3. doi:10.1136/emered-2015-204880.7	Not published
30	Hazarika, R., & Purdy, S. (2015). Integrated care: demonstrating value and valuing patients. <i>Future Hospital Journal</i> , 2(2), 132-136. doi:10.7861/futurehosp.2-2-132	Not a systematic review
31	Hesselink, G., Schoonhoven, L., Barach, P., Spijker, A., Gademan, P., Kalkman, C., . . . Wollersheim, H. (2017). Improving Patient Handovers From Hospital to Primary Care: A Systematic Review. <i>Annals of Internal Medicine</i> , 157(6), 417-428. doi:10.7326/0003-4819-157-6-201209180-00006	Population
32	Humphries, R., Thorlby, R., Holder, H., Hall, P., & Charles, A. (2016). Social care for older people: Home truths. Retrieved from https://www.kingsfund.org.uk/publications/social-care-older-people	Not a systematic review
33	Imison, C., Poteliakhoff, E., & Thompson, J. (2012). Older people and emergency bed use: Exploring variation. Retrieved from https://www.kingsfund.org.uk/publications/older-people-and-emergency-bed-use	Not a systematic review
34	Institut canadien d'information sur la santé. (2014). Sources des visites potentiellement évitables aux services d'urgence. Retrieved from Ottawa, ON: https://secure.cihi.ca/estore/productFamily.htm?locale=fr&pf=PFC2708	Not a systematic review
35	Institute of Medicine. (2008). Retooling for an aging america: Building the health care workforce. Washington, D.C.: The National Academies Press.	Older than 2011
36	Jodoin, Y. (2008). Approche gériatrique transhospitalière. Retrieved from Montréal, QC: https://cap.banq.qc.ca/notice?id=p::usmarcdef_0003675934	Older than 2011
37	Jokanovic, N., Tan, E. C. K., Sudhakaran, S., Kirkpatrick, C., M., Dooley, M. J., Ryan-Atwood, T. E., & Bell, J. S. (2017). Pharmacist-led medication review in community settings: An overview of systematic reviews. <i>Research in Social and Administrative Pharmacy</i> , 13(4), 661-685. doi:10.1016/j.sapharm.2016.08.005	Population
38	Kansagara, D., Chiovaro, J. C., Kagen, D., Jencks, S., Rhyne, K., O'Neil, M., . . . Englander, H. (2015). Transitions of care from hospital to home: An overview of systematic reviews and recommendations for improving transitional care in the veterans health administration (VA-ESP Project #05-225). Retrieved from Washington, DC: https://www.hsrd.research.va.gov/publications/esp/h2h.cfm	Population
39	Kansagara, D., Chiovaro, J. C., Kagen, D., Jencks, S., Rhyne, K., O'Neil, M., . . . Englander, H. (2017). So many options, where do we start? An overview of the care transitions literature. <i>Journal of Hospital Medicine</i> , 11(3), 221-230. doi:10.1002/jhm.2502	Population
40	Katz, E. B., Carrier, E. R., Umscheid, C. A., & Pines, J. M. (2012). Comparative effectiveness of care coordination interventions in the emergency department: a systematic review. <i>Annals of Emergency Medicine</i> , 60(1), 12-23.e11. doi:10.1016/j.annemergmed.2012.02.025	Population
41	Khangura, J. K., Flodgren, G., Perera, R., Rowe, B. H., & Shepperd, S. (2012). Primary care professionals providing non-urgent care in hospital emergency department. <i>The Cochrane database of systematic reviews</i> , 11(CD002097). doi:10.1002/14651858.CD002097.pub3	Population
42	Kripalani, S., Theobald, C. N., Anctil, B., & Vasilevskis, E. E. (2014). Reducing Hospital Readmission Rates: Current Strategies and Future Directions. <i>Annual Reviews of Medicine</i> , 65, 471-485. doi:10.1146/annurev-med-022613-090415	Not a systematic review
43	Kumar, G. S., & Klein, R. (2013). Effectiveness of case management strategies in reducing emergency department visits in frequent user patient populations: a systematic review. <i>Journal of Emergency Medicine</i> , 44(3), 717-729. doi:10.1016/j.jemermed.2012.08.035	Population
44	Lawrie, M., & Battye, F. (2012). Older people's experience of emergency hospital readmission. Retrieved from London, UK: http://www.scie-socialcareonline.org.uk/older-peoples-experience-of-emergency-hospital-readmission-research-report/r/a11G00000017zULIAY	Not a systematic review
45	Lehnbom, E. C., Stewart, M. J., Manias, E., & Westbrook, J. I. (2014). Impact of Medication Reconciliation and Review on Clinical Outcomes. <i>Annals of Pharmacotherapy</i> , 48(10), 1298-1312. doi:10.1177_1060028014543485	Population
46	Lim, F., Foust, J., & Cleave, J. V. (2012). Transitional care. In M. Boltz, E. Capezuti, T. Fulmer, & D. Zwicker (Eds.), <i>Evidence-Based Geriatric Nursing Protocols for Best Practice</i> (4th ed.). New York, NY: Springer Publishing Company.	No outcome of interest
47	Lowthian, J. (2017). How do we optimise care transition of frail older people? <i>Age and Ageing</i> , 46(1), 2-4. doi:10.1093/ageing/afw171	Not a systematic review
48	MacAdam, M. (2008). Frameworks of integrated care for the elderly: A systematic review. Retrieved from http://tools.hhr-rhs.ca/index.php?option=com_mtree&task=viewlink&link_id=7284&Itemid=109&lang=en	Older than 2011
49	Martin, C. M., Vogel, C., Hederman, L., Smith, K., Zarabzadeh, A., Grady, D., & Su, J. (2017). Avoidable hospitalizations	Not a systematic

Record number	Reference	Reason for exclusion
	in older adults. In J. Sturmberg & C. Martin (Eds.), <i>Handbook of Systems and Complexity in Health</i> (pp. 445-465). New York, NY: Springer.	review
50	McCusker, J., Roberge, D., Aarnaert, A., Brown, B., Brunet, J., Ciampi, A., . . . Verdon, J. (2008). Le congé sécuritaire des aînés du département d'urgence vers la communauté. Retrieved from Montreal, QC: http://pnq.banq.qc.ca/sdx/pnq/document.xsp?app=ca.BANQ.sdx.pgq&db=notice&id=b6b9a41ca39fe165c1f886faef8372db9e7e3aeb&n=21&col=*&dbrv3=&order=descendant&dbrv2=%C3%A2g%C3%A9es&dbrv1=urgence*+OU+hospita li*&dbrd2=&dbrd1=&type=*&dbrn=5&dbrf3=xtgw_auteur&dbrf2=xtgw_sujet&dbrf1=xtgw_sujet&sortfield=sdxscore &p=2&chpp=20&dbrqp=search_notice&qid=sdx_q2	Not a systematic review
51	McHugh, M., VanDyke, K., McClelland, M., & Moss, D. (2011). Improving patient flow and reducing emergency department crowding: A guide for hospitals. (Prepare by the Health Research & Education Trust, an affiliate of the American Hospital Association, under contract 290-200-600022, Task Order No. 6) (AHRQ Publication No. 11(12)-0094). Retrieved from Rockville, MD: https://www.ahrq.gov/research/findings/final-reports/ptflow/index.html	Not a systematic review
52	Morath, B., Mayer, T., Send, A. F. J., Hoppe-Tichy, T., Haefeli, W. E., & Seidling, H. M. (2017). Risk factors of adverse health outcomes after hospital discharge modifiable by clinical pharmacist interventions - a review with a systematic approach. <i>British Journal of Clinical Pharmacology</i> , 83(10), 2163-2178. doi:10.1111/bcp.13318	Population
53	National Institute for Health and Care Excellence. (2015). Home care: delivering personal care and practical support to older people living in their own homes (NG21). Retrieved from https://www.nice.org.uk/guidance/ng21	No outcome of interest
54	National Institute for Health and Care Excellence. (2016). Transition between inpatient hospital settings and community or care home settings for adults with social care needs (QS136). Retrieved from https://www.nice.org.uk/guidance/qs136	Population
55	National Institute for Health and Care Excellence. (2016). Transition between inpatient mental health settings and community or care home settings (NG53). Retrieved from https://www.nice.org.uk/guidance/ng53	Population
56	Nuckols, T. K., Keeler, E., Morton, S., Anderson, L., Doyle, B. J., Pevnick, J., . . . Shekelle, P. (2017). Economic evaluation of quality improvement interventions designed to prevent hospital readmission: A systematic review and meta-analysis. <i>JAMA Internal Medicine</i> , 177(7), 975-985. doi:10.1001/jamainternmed.2017.1136	Population
57	Pinkney, J., Rance, S., Bengler, J., Brant, H., Joel-Edgar, S., Swancutt, D., . . . Byng, R. (2016). How can frontline expertise and new models of care best contribute to safely reducing avoidable acute admissions? A mixed-methods study of four acute hospitals. <i>Health Services and Delivery Research</i> , 4(3). doi:10.3310/hsdr04030	Not a systematic review
58	Poteliakhoff, E., & Thompson, J. (2011). Emergency bed use: what the numbers tell us. Retrieved from https://www.kingsfund.org.uk/publications/data-briefing-emergency-bed-use	Not a systematic review
59	Purdy, S. (2010). Avoiding hospital admissions: What does the research evidence say? Retrieved from https://www.kingsfund.org.uk/publications/avoiding-hospital-admissions	Not a systematic review
60	Registered Nurses' Association of Ontario. (2014). Care transitions. Retrieved from Toronto, ON: https://nao.ca/bpg/guidelines/care-transitions	Population
61	Rennke, S., Nguyen, O. K., Shoeb, M. H., Magan, Y., Wachter, R. M., & Ranji, S. R. (2017). Hospital-initiated transitional care interventions as a patient safety strategy: A systematic review. <i>Annals of Internal Medicine</i> , 158(5 Part 2), 433-440. doi:10.7326/0003-4819-158-5-201303051-00011	Population
62	Riverin, B. D., Li, P., Naimi, A. I., & Strumpf, E. (2017). Team-based versus traditional primary care models and short-term outcomes after hospital discharge. <i>Canadian Medical Association Journal</i> , 189(16), E585-E593. doi:10.1503/cmaj.160427	Not a systematic review
63	Roberts, E. (2000). Improving services for older people: What are the issues for PCGs. Retrieved from https://www.kingsfund.org.uk/publications/improving-services-older-people	Not a systematic review
64	Roper, K. L., Ballard, J., Rankin, W., & Cardarelli, R. (2015). Systematic Review of Ambulatory Transitional Care Management (TCM) Visits on Hospital 30-Day Readmission Rates. <i>American Journal of Medical Quality</i> , 32(1), 19-26. doi: https://doi.org/10.1177/1062860615615426	Population
65	Rowe, B. H., Bond, K., M.B., O., Blitz, S., Friesen, C., Schull, M., . . . Sinclair, D. (2006). Emergency department overcrowding in Canada: what are the issues and what can be done? (Technology overview no 21). Retrieved from Ottawa: https://www.cadth.ca/emergency-department-overcrowding-canada-what-are-issues-and-what-can-be-done-1	Older than 2011
66	Ruiz, S., Snyder, L. P., Rotondo, C., Cross-Barnet, C., Murphy Colligan, E., & Giuriceo, K. (2017). Innovative Home Visit Models Associated With Reductions In Costs, Hospitalizations, And Emergency Department Use. <i>Health Affairs</i> , 36(3), 425-432. doi:10.1377/hlthaff.2016.1305	Not a systematic review
67	Service de l'évaluation des technologies et des modes d'intervention en santé (ETMIS). (2014). Indicateurs de suivi des interventions visant à favoriser l'autonomie et la mobilité des personnes âgées hospitalisées - Prepared by Simon Deblois and Luigi Lepanto. Retrieved from Montreal, QC: https://www.chumontreal.qc.ca/	No outcome of interest
68	Shang, M. (2012). Recension des écrits portant sur la planification du congé de personnes âgées à partir de l'urgence. Retrieved from Longueuil, QC: http://extranet.santemontregie.qc.ca/depot/document/3772/Recension%20planif%20du%20cong%C3%A9%20V F%202012%2007%2003.pdf	Not a systematic review
69	Snooks, H. A., Anthony, R., Chatters, R., Dale, J., Fothergill, R., Gaze, S., . . . Russell, I. T. (2010). Support and Assessment for Fall Emergency Referrals (SAFER) 2: a cluster randomised trial and systematic review of clinical effectiveness and cost-effectiveness of new protocols for emergency ambulance paramedics to assess older people	Specific disease

Record number	Reference	Reason for exclusion
	following a fall with referral to community-based care when appropriate. <i>Health Technology Assessment</i> , 21(13).	
70	Social Care Institute for Excellence. (2005). Involving individual older patients and their carers in the discharge process from acute to community care: implications for intermediate care. Retrieved from http://www.scie.org.uk/publications/briefings/briefing12/	Not a systematic review
71	Social Care Institute for Excellence. (2013). Evidence review on partnership working between GPs, care home residents and care homes. Retrieved from London, UK: www.scie.org.uk	No outcome of interest
72	Social Care Institute for Excellence. (2014). Commissioning home care for older people. Retrieved from London, UK: www.scie.org.uk	Not a systematic review
73	Somme, D., Trouve, H., Passadori, Y., Corvez, A., Jeandel, C., Aline Bloch, M., . . . De Stampa, M. (2013). Prise de position de la Société Française de Gériatrie et Gériologie sur le concept d'intégration: Résumé. <i>La Revue de gériatrie</i> , 38(5), 323-330.	Not a systematic review
74	Tian, Y., Dixon, A., & Gao, H. (2012). Emergency hospital admissions for ambulatory care-sensitive conditions: identifying the potential for reductions. Retrieved from https://www.kingsfund.org.uk/publications/data-briefing-emergency-hospital-admissions-ambulatory-care-sensitive-conditions	Not a systematic review
75	Unité d'évaluation des technologies et des modes d'intervention en santé du CHU de Québec – Université Laval (UETMISCHU de Québec – Université Laval. (2015). Évaluation d'un mode d'organisation des services dans les unités d'urgence selon le concept de zone d'évaluation rapide - Assessment report prepared by Martin Bussi�eres, Sylvain Bussi�eres, Martin Coulombe and Marc Rhains (03-15). Retrieved from Québec, QC: https://www.chudequebec.ca/professionnels-de-la-sante/evaluation/publications.aspx	No outcome of interest
76	Van den Heede, K., & Van de Voorde, C. (2016). Interventions to reduce emergency department utilisation: A review of reviews. <i>Health Policy</i> , 120(12), 1337–1349. doi:10.1016/j.healthpol.2016.10.002	Population
77	Wilson, A., Baker, R., Bankart, J., Banerjee, J., Bhamra, R., Conroy, S., . . . Waring, J. (2015). Establishing and implementing best practice to reduce unplanned admissions in those aged 85 years and over through system change [Establishing System Change for Admissions of People 85+ (ESCAPE 85+)]: a mixed-methods case study approach. <i>Health Services and Delivery Research</i> , 3(37).	Not a systematic review
78	Wilson, M. G., & Waddell, K. (2016). Evidence brief: strengthening care for frail older adults in canada. Retrieved from Hamilton, ON: https://macsphere.mcmaster.ca/handle/11375/21195	Not a systematic review

Appendix 6: Quality assessment

Author	Domain 1: Study eligibility criteria	Domain 2: Identification and selection of studies	Domain 3: Data extraction and study appraisal	Domain 4: Synthesis and findings	Overall Risk of bias	Reason for high or unclear risk of bias rating
Mayo-Wilson (2014)	Low	Low	Unclear	Unclear	Unclear	<p><u>Data collection and study appraisal bias:</u> There are errors in data collection, which raise the concern about how the double checking or the independent extraction of data was done. Some non-relevant studies were included using wrong data which could bias the results.</p> <p><u>Synthesis and findings bias:</u> Some errors were detected in the meta-analysis, and there was no mentioning for a sensitivity analysis and no demonstration for their results.</p>
Stall (2014)	Low	Unclear	High	High	High	<p><u>Identification and selection of studies:</u> they limited their study inclusion to English language. They did not justify this decision and they might have missed important studies published in other languages.</p> <p><u>Data extraction and study appraisal bias:</u> No information about how the data extraction was performed and the evaluation of the quality was conducted. With the errors detected in the review, we estimated that there was a high risk of extraction bias</p> <p><u>Synthesis and finding bias:</u> There was no discussion to address potential bias. There was also no information regarding a predefined analysis.</p> <p><u>Overall:</u> the authors did not address the previous concern in the interpretation of finding</p>
Totten (2016)	Low	Low	Low	Low	Low	

Quality assessment of individual systematic reviews by ROBIS. The table includes the risk of bias of the systematic review as assessed by the 4 domains of the ROBIS as well as the overall risk of bias. Risk of bias was rated as either low, unclear, or high. A justification was provided if a study was assessed to have a high or unclear risk of bias for specific domain.