Supplementary Online Content

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eAppendix 1. Hospital Readmissions Search Strategy

PubMed

("re-admission" OR "re-admit*" OR readmission* OR readmit*) AND (planning OR intervention*) AND random* (in Process, or publisher supplied)

("re-admission" OR "re-admit*" OR readmission* OR readmit* OR rehospital* OR "re-hospital*) AND (intervention* OR prevent*) AND (rct* OR randomi*) NOT (child* OR infant* OR Pediatri* OR paediatr* OR schizophren* OR mental*) NOT MEDLINE[sb]

Scopus

Your query: (TITLE-ABS-KEY((**readmission*** OR **"re-admission*"** OR **rehospital*** OR **"re-hospital*"**) AND **discharg***) AND TITLE-ABS-KEY(**random*** OR **rct***) AND TITLE-ABS-KEY(**intervention*** OR **education*** OR **care** OR **support*** OR **telephone** OR **telemedicine** OR **home** OR **"social work*"** OR **exercise** OR **"physical therapy"** OR **followup** OR **"follow-up"** OR **"30 day"** OR **"30 days"** OR **socioeconomic*** OR **risk**)) AND NOT TITLE-ABS-KEY(**child*** OR **psychiatr*** OR **pediatr***) AND PUBYEAR > **1989** AND NOT (PMID(**1*** OR **2*** OR **3*** OR **4*** OR **5*** OR **6*** OR **7*** OR **8*** OR **9***))

(TITLE-ABS-KEY((**readmission*** OR **"re-admission*"** OR **rehospital*** OR **"re-hospital*"**) AND (**random*** OR **rct***)) AND TITLE-ABS-KEY(**error*** OR **complian*** OR **reconcil***) AND NOT TITLE-ABS-KEY(**schizophreni*** OR **mental***))

Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations and Ovid MEDLINE(R) 1946 to Present

1	patient discharge/ or "hospital discharge".mp.
2	1 and patient care planning/
3	(readmit* or readmission*).mp. or patient readmission/ or (re adj (admit* or admission* or hospital*)).mp. or rehospital*.mp. or postdischarge*.mp. or (post adj discharge).mp.
4	3 and (intervention*.ti,ab. or interventional study.pt.)
5	discharge planning or "discharge instruction*" or "individuali?ed plan").mp.
6	aftercare or after care or ((discharge or care) adj2 bundle*)).mp.
7	("30" adj day*1).mp.
8	patient care management/ or primary health care/ or patient education as topic/ or "patient education".mp. or "care plan*1".mp. or "care pathway*".mp.
9	continuity of patient care/ or geriatric assessment/ or mobility limitation/ or exp rehabilitation/ or exp physical therapy modalities/
10	(telephone or telemonitor* or telemedicine).mp. or home care services/ or house calls/ or support*.mp. or physical fitness.mp. or exercise/ or exercise therapy/ or activities of daily living/ or self care/
11	((care or case or self) adj manage*).mp. or disability evaluation/ or "social work*".mp. or primary care team/ or community health services/ or "care transition".mp. or counseling.mp. or coaching.mp. or remind*.mp. or health services for the elderly/
12	"Appointments and Schedules"/
13	risk reduction behavior/ or risk assessment/ or risk factors/ or health knowledge attitudes/ or patient satisfaction/ or "home visit*".mp. or home nursing.mp. or pharmacist*.mp. or medication reconciliation/ or (hospital adj2 home).mp. or barrier*.mp. or family practice/ or physicians, family/ or "follow-up".mp.
14	(socioeconomic factors or literacy).mp. or marital status/ or "social adj support".mp.
15	1 and 3 and (intervention*.mp. or patient care planning/)
16	or/4-14
17	(readmit* or readmission*).ti. or patient readmission/ or (re adj (admit* or admission* or hospital*)).ti. or rehospital*.ti. or postdischarge*.ti. or (post adj discharge).ti.
18	3 and 16
19	17 and 18
20	19 and (randomized controlled trial.pt. or randomized controlled trial as topic/ or randomi?ed.mp.)

21	limit 20 to ("adult (19 to 44 years)" or "young adult and adult (19-24 and 19-44)" or "middle age (45 to 64 years)" or "middle aged (45 plus years)" or "all aged (65 and over)" or "aged (80 and over)")
22	4 and (randomized controlled trial.pt. or randomized controlled trial as topic/ or randomi?ed.mp.)
23	limit 22 to ("adult (19 to 44 years)" or "young adult and adult (19-24 and 19-44)" or "middle age (45 to 64 years)" or "middle aged (45 plus years)" or "all aged (65 and over)" or "aged (80 and over)")
24	21 or 23
25	24 not psychiatr*.mp.
26	25 not mental*.ti.
27	limit 26 to yr="1990 - 2013"
28	27 not (child* or pediatr* or infant* or neonat* or paediatr* or adolescen*).mp.
29	Remove duplicates from 28

Key
.mp. = title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier
Slash (/) = subject heading
ADJ = adjacency
Asterisk (*) = wild card truncation when at the end of a word
Asterisk (*) = Major focus of subject heading at the beginning
.Ti,ab. = term in the title or abstract
Pt = publication type

EBM Reviews - Cochrane Central Register of Controlled Trials March 2013

1	patient discharge/ or "hospital discharge".mp.
2	1 and patient care planning/
3	(readmit* or readmission*).mp. or patient readmission/ or (re adj (admit* or admission* or hospital*)).mp. or rehospital*.mp. or postdischarge*.mp. or (post adj discharge).mp.
4	3 and (intervention*.ti,ab. or interventional study.pt.)
5	(discharge planning or "discharge instruction*" or "individuali?ed plan").mp.
6	(aftercare or after care or ((discharge or care) adj2 bundle*)).mp.
7	("30" adj day*1).mp.
8	patient care management/ or primary health care/ or patient education as topic/ or "patient education".mp. or "care plan*1".mp. or "care pathway*".mp.
9	continuity of patient care/ or geriatric assessment/ or mobility limitation/ or exp rehabilitation/ or exp physical therapy modalities/
10	(telephone or telemonitor* or telemedicine).mp. or home care services/ or house calls/ or support*.mp. or physical fitness.mp. or exercise/ or exercise therapy/ or activities of daily living/ or self care/
11	((care or case or self) adj manage*).mp. or disability evaluation/ or "social work*".mp. or primary care team/ or community health services/ or "care transition".mp. or counseling.mp. or coaching.mp. or remind*.mp. or health services for the elderly/
12	"Appointments and Schedules"/
13	risk reduction behavior/ or risk assessment/ or risk factors/ or health knowledge attitudes/ or patient satisfaction/ or "home visit*".mp. or home nursing.mp. or pharmacist*.mp. or medication reconciliation/ or (hospital adj2 home).mp. or barrier*.mp. or family practice/ or physicians, family/ or "follow-up".mp.
14	socioeconomic factors or literacy).mp. or marital status/ or "social adj support".mp.

15	or/4-14
16	3 and 15 and randomized controlled trial.pt.
17	limit 16 to ("all adult (19 plus years)" or "adult (19 to 44 years)" or "young adult and adult (19-24 and 19-44)" or "middle age (45 to 64 years)" or "middle aged (45 plus years)" or "all aged (65 and over)" or "aged (80 and over)") [Limit not valid; records were retained]
18	limit 17 to yr="1990 - 2013"
19	(readmit* or readmission*).ti. or patient readmission/ or (re adj (admit* or admission* or hospital*)).ti. or rehospital*.ti. or postdischarge*.ti. or (post adj discharge).ti.
20	18 and 19
21	*Hospitals, Psychiatric/
22	exp "schizophrenia and disorders with psychotic features"/
23	20 not (21 or exp *"schizophrenia and disorders with psychotic features"/)
24	23 not psychiatr*.ti.
25	1 and 3 and (patient care planning/ or intervention*.mp.)
26	18 and 25
27	24 or 26
28	27 and (adult* or aged*).mp.
29	28 not (infant* or neonat* or child* or pediatr* or paediatr* or adolescen*).mp.

Embase 1988 to 2013 Week 14

1	patient discharge/ or "hospital discharge".mp.
2	1 and patient care planning/
3	(readmit* or readmission*).mp. or patient readmission/ or (re adj (admit* or admission* or hospital*)).mp. or rehospital*.mp. or postdischarge*.mp. or (post adj discharge).mp.
4	3 and (intervention*.ti,ab. or interventional study.pt.)
5	(discharge planning or "discharge instruction*" or "individuali?ed plan").mp.
6	(aftercare or after care or ((discharge or care) adj2 bundle*)).mp.
7	("30" adj day*1).mp.
8	patient care management/ or primary health care/ or patient education as topic/ or "patient education".mp. or "care plan*1".mp. or "care pathway*".mp.
9	continuity of patient care/ or geriatric assessment/ or mobility limitation/ or exp rehabilitation/ or exp physical therapy modalities/
10	(telephone or telemonitor* or telemedicine).mp. or home care services/ or house calls/ or support*.mp. or physical fitness.mp. or exercise/ or exercise therapy/ or activities of daily living/ or self care/
11	((care or case or self) adj manage*).mp. or disability evaluation/ or "social work*".mp. or primary care team/ or community health services/ or "care transition".mp. or counseling.mp. or coaching.mp. or remind*.mp. or health services for the elderly/
12	"Appointments and Schedules"/
13	risk reduction behavior/ or risk assessment/ or risk factors/ or health knowledge attitudes/ or patient satisfaction/ or "home visit*".mp. or home nursing.mp. or pharmacist*.mp. or medication reconciliation/ or (hospital adj2 home).mp. or barrier*.mp. or family practice/ or physicians, family/ or "follow-up".mp.
14	socioeconomic factors or literacy).mp. or marital status/ or "social adj support".mp.
15	1 and 3 and (intervention*.mp. or patient care planning/)
16	or/4-14

17	3 and 16 and randomized controlled trial/
18	15 or 17
19	randomized controlled trial/
20	18 and 19
21	limit 20 to (adult <18 to 64 years> or aged <65+ years>)
22	(readmit* or readmission*).ti. or patient readmission/ or (re adj (admit* or admission* or hospital*)).ti. or rehospital*.ti. or postdischarge*.ti. or (post adj discharge).ti.
23	21 and 22
24	hospital readmission/ and 21
25	23 or 24
26	21 and hospital readmission*.mp.
27	25 or 26
28	21 and (systematic review/ or meta-analysis/)
29	27 or 28
30	29 not psychiatr*.ti.

CINAHL

S1	(MH "Readmission") OR "readmission"
S2	(MH "Randomized Controlled Trials")
S3	S1 AND S2
S4	(MH "Discharge Planning+") OR (MH "Discharge Planning (Iowa NIC)") OR (MH "Patient Discharge Education") OR (MH "Early Patient Discharge")
S5	(MH "Intervention Scheme (Omaha)+") OR (MH "Intervention Trials") OR "intervention"
S6	S5 AND S4 AND S2
S7	TI discharge* AND (TI(program* OR service OR procedur*))
S8	S1 OR S4 OR S7
S9	S5 AND S8
S10	S2 AND S9
S11	S3 OR S6 OR S10
S12	"random*" OR (MH "Randomized Controlled Trials")
S13	S9 AND S12
S14	S11 OR S13 Limit by Age Group All Adult
S15	readmission OR rehospital* OR readmit*
S16	S14 AND S15

eAppendix 2. Excluded Full Text Articles and Rationale

Excluded Full Text Articles: although articles may have had multiple reasons for exclusion, a single reason was arbitrarily chosen for display here

*Denotes studies initially included but excluded after further clarification with author

~Denotes studies initially set aside for author contact but ultimately excluded

Reason For Exclusion: Duplicate data or Secondary Analysis/Review	
Ref ID: 9	F. K. Wong, J. Chau, C. So, S. K. Tam, S. McGhee. Cost-effectiveness of a health-social partnership transitional program for post-discharge medical patients. BMC Health Serv Res. 2012. 12:479
Ref ID: 33	D. Bonnet-Zamponi, L. d'Arailh, C. Konrat, S. Delpierre, D. Lieberherr, A. Lemaire, F. Tubach, S. Lacaille, S. Legrain, AGEd study group Optimization of Medication in. Drug-related readmissions to medical units of older adults discharged from acute geriatric units: results of the Optimization of Medication in AGEd multicenter randomized controlled trial. Journal of the American Geriatrics Society. 2013. 61:113-21
Ref ID: 146	B. J. Wakefield, J. E. Holman, A. Ray, M. Scherubel, T. L. Burns, M. G. Kienzle, G. E. Rosenthal. Outcomes of a home telehealth intervention for patients with heart failure. Journal of Telemedicine & Telecare. 2009. 15:46-50
Ref ID : ~171	B. Aldamiz-Echevarria Iraurgui, J. Muniz, J. A. Rodriguez-Fernandez, L. Vidan-Martinez, M. Silva-Cesar, F. Lamelo-Alfonsin, J. L. Diaz-Diaz, V. Ramos-Polledo, A. Castro-Beiras. [Randomized controlled clinical trial of a home care unit intervention to reduce readmission and death rates in patients discharged from hospital following admission for heart failure]. Revista Espanola de Cardiologia. 2007. 60:914-22
Ref ID: 192	S. C. Inglis, S. Pearson, S. Treen, T. Gallasch, J. D. Horowitz, S. Stewart. Extending the horizon in chronic heart failure: effects of multidisciplinary, home-based intervention relative to usual care. Circulation. 2006. 114:2466-73
Ref ID: 209	S. Pearson, S. C. Inglis, S. N. McLennan, L. Brennan, M. Russell, D. Wilkinson, D. R. Thompson, S. Stewart. Prolonged effects of a home-based intervention in patients with chronic illness. Archives of Internal Medicine. 2006. 166:645-50
Ref ID: 236	D. Sofer. APNs: improved outcomes at lower costs: older adults with heart failure fare better with transitional care after hospitalization. American Journal of Nursing. 2004. 104:19
Ref ID: 247	S. Inglis, S. McLennan, A. Dawson, L. Birchmore, J. D. Horowitz, D. Wilkinson, S. Stewart. A new solution for an old problem? Effects of a nurse-led, multidisciplinary, home-based intervention on readmission and mortality in patients with chronic atrial fibrillation. Journal of Cardiovascular Nursing. 2004. 19:118-27
Ref ID: 262	S. P. Wright, H. Walsh, K. M. Ingley, S. A. Muncaster, G. D. Gamble, A. Pearl, G. A. Whalley, N. Sharpe, R. N. Doughty. Uptake of self-management strategies in a heart failure management programme. European Journal of Heart Failure. 2003. 5:371-80
Ref ID: 286	S. Stewart, J. D. Horowitz. Home-based intervention in congestive heart failure: long-term implications on readmission and survival. Circulation. 2002. 105:2861-6
Ref ID: 304	S. Cossette, N. Frasure-Smith, F. Lesperance. Clinical implications of a reduction in psychological distress on cardiac prognosis in patients participating in a

	psychosocial intervention program. Psychosomatic Medicine. 2001. 63:257-66
Ref ID: ~329	S. Stewart, A. J. Vandenbroek, S. Pearson, J. D. Horowitz. Prolonged beneficial effects of a home-based intervention on unplanned readmissions and mortality among patients with congestive heart failure. Archives of Internal Medicine. 1999. 159:257-61
Ref ID: 326	J. E. Mahoney, M. A. Sager, M. Jalaluddin. Use of an ambulation assistive device predicts functional decline associated with hospitalization. Journals of Gerontology Series A-Biological Sciences & Medical Sciences. 1999. 54:M83-8
Ref ID: 335	M. D. Naylor, K. M. McCauley. The effects of a discharge planning and home follow-up intervention on elders hospitalized with common medical and surgical cardiac conditions. Journal of Cardiovascular Nursing. 1999. 14:44-54
Ref ID: ~342	S. Stewart, S. Pearson, J. D. Horowitz. Effects of a home-based intervention among patients with congestive heart failure discharged from acute hospital care. Archives of Internal Medicine. 1998. 158:1067-72
Ref ID: 350	M. W. Rich, D. B. Gray, V. Beckham, C. Wittenberg, P. Luther. Effect of a multidisciplinary intervention on medication compliance in elderly patients with congestive heart failure. American Journal of Medicine. 1996. 101:270-6
Ref ID: 351	J. Townsend, A. Frank, M. Piper. Continuing rise in emergency admissions. Visiting elderly patients at home immediately after discharge reduces emergency readmissions. BMJ. 1996. 313:302
Ref ID: 385	R. B. Dunn, P. A. Lewis, N. J. Vetter, P. M. Guy, C. S. Hardman, R. W. Jones. Health visitor intervention to reduce days of unplanned hospital re-admission in patients recently discharged from geriatric wards: the results of a randomised controlled study. Archives of gerontology and geriatrics. 1994. 18:15-23
Ref ID: 451	H. M. Krumholz. Telemonitoring did not reduce readmissions or mortality in patients recently hospitalized for heart failure. Annals of Internal Medicine. 2011. 154:JC3-8
Ref ID: 492	S. Kinkade. An exercise and telephone follow-up programme reduced emergency readmissions and improved quality of life in older people. Evidence-Based Medicine. 2009. 14:120
Ref ID: 520	M. W. Friedberg. Nurse-led counseling had no effect on heart failure outcomes. Journal of Clinical Outcomes Management. 2008. 15:170-171
Ref ID: 597	. NewsCAP-Telemonitoring may not improve outcomes in heart failure patients. American Journal of Nursing. 2011. 111:17-17
Ref ID: 605	M. Edwards. Hospital and home rehabilitation did not differ for functional competence in activities of daily living. Evidence Based Nursing. 2009. 12:84-84
Ref ID: 608	D. R. Thompson. Telehome monitoring reduced readmissions and improved quality of life in heart failure or angina. Evidence Based Nursing. 2008. 11:86-86
Ref ID: 618	C. Doucette. A discharge planning intervention improved outcomes in older people admitted to hospital for hip fracture after a fall. Evidence Based Nursing. 2006. 9:89-89
Ref ID: 630	P. Griffiths. Advanced practice nurse directed transitional care reduced readmission or death in elderly patients admitted to hospital with heart failure. Evidence Based Nursing. 2004. 7:116-116
Ref ID: 632	J. E. Scullion. A time limited, nurse led intervention reduced hospital readmissions in patients with asthma and a history of frequent admissions. Evidence Based Nursing. 2004. 7:76-77
Ref ID: 711	. Structured discharge instructions reduce hospital use. Journal of the National

	Medical Association. 2009. 101:974
Ref ID: 740	J. K. Ghali. A community-based disease management program for postmyocardial infarction reduces hospital readmissions compared with usual care. Evidence-Based Healthcare. 2004. 8:119-121
Ref ID: 892	K. M. McCauley, M. B. Bixby, M. D. Naylor. Advanced practice nurse strategies to improve outcomes and reduce cost in elders with heart failure. Disease Management. 2006. 9:302-10
Reason For Exclusion: Not English/Spanish	
Ref ID: 189	M. Wierzchowiecki, K. Poprawski, A. Nowicka, M. Kandziora, A. Piatkowska, M. Jankowiak, B. Michalowicz, W. Stawski, D. Kaszuba. [New multidisciplinary heart failure care program (six-month preliminary observation)]. Polski Merkuriusz Lekarski. 2006. 21:511-5
Ref ID: 237	R. Valle, E. Carbonieri, P. Tenderini, C. Zanella, F. De Cian, G. Ginocchio, S. Cannas, D. Milan, L. Milani. [A comprehensive management system for heart failure improves clinical outcomes and reduces medical resource utilization]. Italian Heart Journal Supplement. 2004. 5:282-91
Ref ID: 245	R. Valle, E. Carbonieri, P. Tenderini, C. Zanella, F. De Cian, G. Ginocchio, S. Cannas, D. Milan, L. Milani. [Proposed protocol for the ambulatory management of patients discharged with heart failure diagnosis: collaborative project Venice-HF]. Italian Heart Journal Supplement. 2004. 5:282-91
Ref ID: 274	S. R. Giliarevskii, V. A. Orlov, L. K. Khamaganova, N. G. Bendeliani, O. A. Boeva, E. M. Seredenina. [Effect of therapeutic education of patients with chronic heart failure on quality of life and requirement of rehospitalizations. Results of 12-months randomized study]. Kardiologiia. 2002. 42:56-61
Ref ID: 299	H. E. Andersen, K. Schultz-Larsen Jurgensen, S. Kreiner, B. H. Forchhammer, K. Eriksen, A. Brown. [Can readmission after apoplexy be prevented? Post-hospital follow-up intervention for apoplexy patients]. Ugeskrift for Laeger. 2001. 163:6421-7
Ref ID: 381	R. Hansen. [Social intervention at discharge. Cooperation between a hospital department, general practice and the social sector]. Ugeskrift for Laeger. 1990. 152:2506-10
Ref ID: 517	T. Jaarsma, M. H. Lvan Der Wal, I. Lesman-Leegte, M. L. Luttik, J. Hogenhuis, N. J. Veeger, R. Sanderman, A. W. Hoes, W. H. Van Gilst, D. J. A. Lok, P. H. J. M. Dunselman, J. G. P. Tijssen, H. L. Hillege, D. J. Van Veldhuisen. Value of basic or intensive management of patients with heart failure confirmed in a randomised controlled clinical trial. [Dutch] Waarde van lichte en intensieve begeleiding van patienten met hartfalen; resultaten van het COACH-onderzoek. Nederlands Tijdschrift voor Geneeskunde. 2008. 152:2016-2021
Ref ID: 603	J. Shao, H. Yeh. The effectiveness of self-management programs for elderly people with heart failure [Chinese]. Tzu Chi Nursing Journal. 2010. 9:71-79
Ref ID: 726	B. Metzler, A. Köhler, K. Schindelwig, E. Wechselberger, R. Zwick, O. Pachinger, G. Pölzl. Feasibility and efficacy of a hybrid post-discharge service for patients with acute heart failure - The tyrolean model. Journal fur Kardiologie. 2007. 14:13-17
Ref ID: 757	Th Nikolaus, M. Bach, N. Specht-Leible, P. Oster, G. Schlierf. Possible Strategies of Cooperation between Geriatric Departments and Home Care. - A Prospective Study. Munchener Medizinische Wochenschrift. 1997. 139:36-39
Ref ID: 871	T. Jaarsma, M. H. van der Wal, I. Lesman-Leegte, M. L. Luttik, J. Hogenhuis, N. J.

	Veeger, R. Sanderman, A. W. Hoes, W. H. van Gilst, D. J. Lok, P. H. Dunselman, J. G. Tijssen, H. L. Hillege, D. J. van Veldhuisen, Advising Coordinating Study Evaluating Outcomes of, Investigators Counseling in Heart Failure. Effect of moderate or intensive disease management program on outcome in patients with heart failure: Coordinating Study Evaluating Outcomes of Advising and Counseling in Heart Failure (COACH).[Reprint in Ned Tijdschr Geneeskd. 2008 Sep 13;152(37):2016-21; PMID: 18825890]. Archives of Internal Medicine. 2008. 168:316-24
Ref ID: 951	S. Johansen, L. A. Baumbach, T. Jorgensen, I. Willaing. [The effect of psychosocial rehabilitation after acute myocardial infarction. A randomized controlled trial]. Ugeskrift for Laeger. 2003. 165:3229-33
Reason For Exclusion: Wrong Population (OB, children, psych)	
Ref ID: 282	L. M. Osman, C. Calder, D. J. Godden, J. A. Friend, L. McKenzie, J. S. Legge, J. G. Douglas. A randomised trial of self-management planning for adult patients admitted to hospital with acute asthma. Thorax. 2002. 57:869-74
Ref ID: 344	C. S. Ghosh, P. Ravindran, M. Joshi, S. C. Stearns. Reductions in hospital use from self management training for chronic asthmatics. Social Science & Medicine. 1998. 46:1087-93
Ref ID: 375	R. L. Evans, R. D. Hendricks. Evaluating hospital discharge planning: a randomized clinical trial. Medical Care. 1993. 31:358-70
Ref ID: 3001	J. S. Tripp. Development and Evaluation of Notifications to Inform Primary Care Providers of Summary Documentation for Their Patients' Hospital Visits. Department of Biomedical Informatics. 2009. Doctor of Philosophy:211
Reason for Exclusion: Not RCT (protocol, observational, retrospective, etc)	
Ref ID: 63	S. P. Wang, L. C. Lin, C. M. Lee, S. C. Wu. Effectiveness of a self-care program in improving symptom distress and quality of life in congestive heart failure patients: a preliminary study. Journal of Nursing Research. 2011. 19:257-66
Ref ID: 790	R. W. Besdine, T. F. Wetle. Opportunities to improve healthcare outcomes for elderly people and reduce re-hospitalization. Aging-Clinical & Experimental Research. 2011. 23:427-30
Ref ID: 1075	F. Gwadry-Sridhar, G. Guyatt, B. O'Brien, J. M. Arnold, S. Walter, E. Vingilis, L. MacKeigan. TEACH: Trial of Education And Compliance in Heart dysfunction chronic disease and heart failure (HF) as an increasing problem. Contemporary Clinical Trials. 2008. 29:905-918
Ref ID: 1092	C. Brotons, M. Martinez, E. Rayó, C. Morralla, E. Ballarín, E. Pérez. Randomised clinical trial to evaluate the efficacy of a multi-factorial intervention to reduce hospitalisation and improve the quality of life of patients with heart failure. Atencion Primaria. 2005. 36:280-283
Ref ID: 1105	T. Jaarsma, D. J. van Veldhuisen, M. H. van der Wal. NHF-COACH multicenter trial in The Netherlands: searching for underlying potentially beneficial mechanisms in nurse led heart failure management. Progress in cardiovascular nursing. 2002. 17:96-98
Reason for Exclusion: Wrong Place (in community or discharged from ER, rehab, ICU)	
Ref ID: 23	S. S. Saleh, C. Freire, G. Morris-Dickinson, T. Shannon. An effectiveness and cost-benefit analysis of a hospital-based discharge transition program for elderly

	Medicare recipients. J Am Geriatr Soc. 2012. 60:1051-6
Ref ID: 43	P. Y. Takahashi, J. L. Pecina, B. Upatising, R. Chaudhry, N. D. Shah, H. Van Houten, S. Cha, I. Croghan, J. M. Naessens, G. J. Hanson. A randomized controlled trial of telemonitoring in older adults with multiple health issues to prevent hospitalizations and emergency department visits. Archives of Internal Medicine. 2012. 172:773-9
Ref ID: 93	S. I. Chaudhry, J. A. Mattera, J. P. Curtis, J. A. Spertus, J. Herrin, Z. Lin, C. O. Phillips, B. V. Hodshon, L. S. Cooper, H. M. Krumholz. Telemonitoring in patients with heart failure.[Erratum appears in N Engl J Med. 2011 Feb 3;364(5):490]. New England Journal of Medicine. 2010. 363:2301-9
Ref ID: 143	T. Eaton, P. Young, W. Fergusson, L. Moodie, I. Zeng, F. O'Kane, N. Good, L. Rhodes, P. Poole, J. Kolbe. Does early pulmonary rehabilitation reduce acute health-care utilization in COPD patients admitted with an exacerbation? A randomized controlled study. Respirology. 2009. 14:230-8
Ref ID: 184	N. A. Lannin, L. Clemson, A. McCluskey, C. W. Lin, I. D. Cameron, S. Barras. Feasibility and results of a randomised pilot-study of pre-discharge occupational therapy home visits. BMC Health Services Research. 2007. 7:42
Ref ID: 205	C. R. Torp, S. Vinkler, K. D. Pedersen, F. R. Hansen, T. Jorgensen, I. Willaing, J. Olsen. Model of hospital-supported discharge after stroke.[Erratum appears in Stroke. 2006 Sep;37(9):2443 Note: Willaing, Ingrid [added]]. Stroke. 2006. 37:1514-20
Ref ID: 216	B. J. Daly, S. L. Douglas, C. G. Kelley, E. O'Toole, H. Montenegro. Trial of a disease management program to reduce hospital readmissions of the chronically critically ill. Chest. 2005. 128:507-17
Ref ID: 221	A. Ducharme, O. Doyon, M. White, J. L. Rouleau, J. M. Brophy. Impact of care at a multidisciplinary congestive heart failure clinic: a randomized trial. CMAJ Canadian Medical Association Journal. 2005. 173:40-5
Ref ID: 223	A. J. Sinclair, S. P. Conroy, M. Davies, A. J. Bayer. Post-discharge home-based support for older cardiac patients: a randomised controlled trial. Age & Ageing. 2005. 34:338-43
Ref ID: 224	J. G. Cleland, A. A. Louis, A. S. Rigby, U. Janssens, A. H. Balk, Ten-Hms Investigators. Noninvasive home telemonitoring for patients with heart failure at high risk of recurrent admission and death: the Trans-European Network-Home-Care Management System (TEN-HMS) study. Journal of the American College of Cardiology. 2005. 45:1654-64
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Ref ID: 330	E. C. Rainville. Impact of pharmacist interventions on hospital readmissions for heart failure. American Journal of Health-System Pharmacy. 1999. 56:1339-42
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Ref ID: 366	F. Martin, A. Oyewole, A. Moloney. A randomized controlled trial of a high

	support hospital discharge team for elderly people. Age & Ageing. 1994. 23:228-34
Ref ID: 368	J. F. Fitzgerald, D. M. Smith, D. K. Martin, J. A. Freedman, B. P. Katz. A case manager intervention to reduce readmissions. Archives of Internal Medicine. 1994. 154:1721-9
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Ref ID: 573	R. Belardinelli, I. Paolini, G. Cianci, R. Piva, D. Georgiou, A. Purcaro. Exercise training intervention after coronary angioplasty: The ETICA trial. Journal of the American College of Cardiology. 2001. 37:1891-1900
Ref ID: 587	D. M. Smith, M. Weinberger, B. P. Katz, P. S. Moore. Postdischarge care and readmissions. Medical care. 1988. 26:699-708
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eTable 1. Activity-Based Coding of Interventions

Activity-Based Coding of Analyzed Interventions																				
Study, Ref	Discharge Plan	Case Man.	Telephone	Telemonitoring	Education	Self Man.	Pharmacist	Home Visits	Follow Up	Pt-Centered	Provider	Timely Follow	Timely PCP	Pt Hotline	Rehab	Streamlining	Making	Other	Description of Other	Sum
Melton, (22)	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0		**1**
Marusic, (23)	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0		**2**
Altfeld, (24)	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		**2**
Davis, (25)	0	1	1	0	0	1	1	0	0	1	0	0	0	0	0	0	0	0		**5**
Bowles, (26)	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0		**1**
Finn, (27)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0		**2**
Wong, (28)	0	1	1	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0		**4**
Leventhal, (29)	0	0	1	0	0	1	0	1	0	1	0	0	1	0	0	0	0	0		**5**
Rytter, (30)	0	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0	1	0		**4**
Koehler, (31)	0	1	1	0	0	1	1	0	0	1	0	0	0	0	0	0	1	0		**6**
Braun, (32)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		**1**
Courtney, (33)	0	1	1	0	0	0	0	1	0	0	0	0	0	1	1	0	1	0		**6**
Jack, (34)	0	1	1	0	0	0	1	0	0	1	0	0	0	0	0	1	1	0		**6**
Wakefield, (35)	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0		**2**
Balaban, (36)	0	0	1	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0		**3**
Wong, (37)	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0		**2**
Coleman, (38)	0	0	1	0	0	1	1	1	0	1	0	0	0	0	0	0	0	0		**5**
Linne, (39)	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0		**2**
Casas, (40)	0	1	1	0	1	1	0	1	0	0	1	0	0	1	0	0	0	0		**7**
Riegel, (41)	0	1	1	0	0	1	0	0	0	1	0	0	0	0	0	0	1	0		**5**

Koelling, (42)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0		**2**
Mejhert, (43)	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	1	0		**3**
Kwok, (44)	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0		**4**
Doughty, (45)	0	0	0	0	1	0	0	0	1	1	1	1	0	1	0	0	0	0		**6**
Jaarsma, (46)	0	0	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0		**3**
Naylor, (47)	0	1	1	0	1	0	0	1	0	0	0	0	0	1	0	0	0	0		**5**
Stewart, (48)	0	1	0	0	1	0	1	1	0	0	0	0	0	0	0	0	0	1	Risk-targeting	**5**
Dunn, (49)	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0		**2**
Rich, (50)	0	1	1	0	1	0	1	1	0	0	0	0	0	0	0	0	1	0		**6**
Naylor-Med, (51)	0	1	1	0	1	0	0	0	0	0	0	0	0	1	0	0	1	0		**5**
Naylor-Surg, (51)	0	1	1	0	1	0	0	0	0	0	0	0	0	1	0	0	1	0		**5**
Naylor, (52)	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0		**4**
Kulshreshtha, (53)	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0		**2**
Graumlich, (54)	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	1	0		**3**
Atienza, (55)	0	0	0	1	1	1	0	0	0	0	0	1	0	1	0	0	0	0		**5**
Riegel, (56)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	Peer mentors	**1**
Stowasser, (57)	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0	0	0		**3**
Li, (58)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	Caregiver training	**1**
Shyu, (59)	0	1	0	0	0	0	0	1	0	0	0	0	0	0	1	0	1	0		**4**
Angermann, (60)	0	0	1	0	0	1	0	0	0	0	0	0	0	1	0	0	0	1	Caregiver training	**4**
Naylor,	0	1	0	0	1	0	0	1	0	1	1	0	0	0	0	1	0	0		**6**

(61)																				
Stromberg, (62)	0	0	0	0	1	1	0	0	0	0	0	1	0	1	0	0	1	0		**5**
Hansen, (63)	0	0	0	0	0	0	0	1	0	0	0	1	0	0	1	0	0	1	Patient-initiated	**4**
Maslove, (64)	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0		**2**
Forster, (65)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0		**3**
Dudas, (66)	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0		**2**
Parry, (67)	0	0	1	0	0	1	1	1	0	1	0	0	0	0	0	0	0	0		**5**
TOTALS	**0**	**17**	**24**	**3**	**15**	**13**	**10**	**17**	**1**	**13**	**4**	**6**	**4**	**11**	**3**	**6**	**19**	**5**		
1=activity observed in intervention; 0=activity not observed in intervention																				

eTable 2. Risk of Bias of Individual Studies

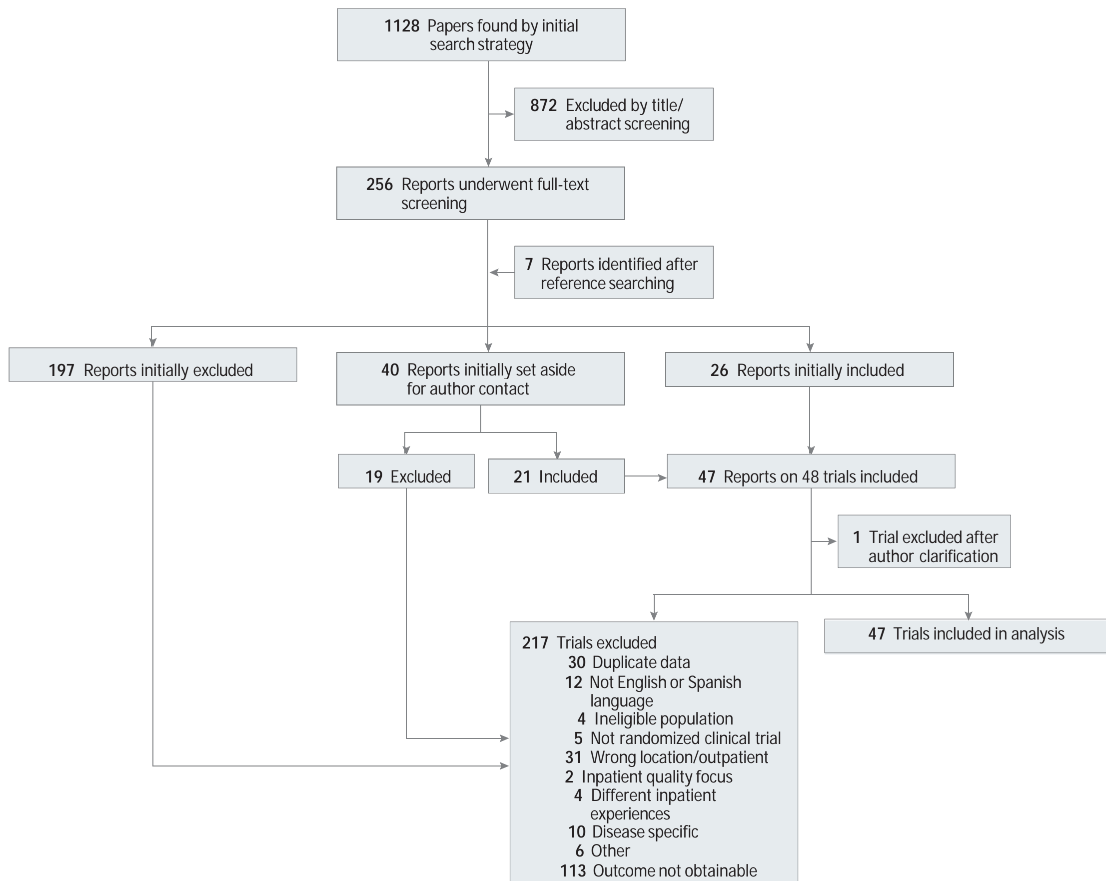
Risk of Bias of Individual Studies					
AUTHOR	RAND	ALLO	BLIND	DATA	LTF
Melton (22)	L	U	L	L	L
Marusic (23)	L	L	L	L	L
Altfeld (24)	L	U	U	H	H
Davis (25)	U	U	L	H	L
Bowles (26)	L	U	L	H	U
Finn (27)	U	U	L	L	U
Wong (28)	L	L	L	H	U
Leventhal (29)	L	L	L	H	L
Rytter (30)	L	L	L	L	L
Koehler (31)	L	L	L	H	L
Braun (32)	H	H	U	H	H
Courtney (33)	L	L	L	L	L
Jack (34)	L	L	L	L	L
Wakefield (T) (35)	L	L	L	H	L
Wakefield (V) (35)	L	L	L	H	L
Balaban (36)	U	U	L	H	U
Wong (37)	L	U	L	U	L
Coleman (38)	L	U	L	L	U
Linne and Liedholm (39)	L	L	L	L	L
Casas (40)	L	L	U	L	L
Riegel (41)	L	L	L	L	L
Koelling (42)	L	L	U	L	L
Mejhert (43)	U	U	L	L	U
Kwok (44)	L	L	L	L	U
Doughty (45)	L	U	U	L	U
Jaarsma (46)	L	U	L	H	U
Naylor (47)	L	L	L	L	L
Stewart (48)	L	L	L	H	L
Dunn (49)	U	U	L	H	H
Rich (50)	L	L	U	U	U
Naylor (Med) (51)	U	U	U	H	U
Naylor (Surg) (51)	U	U	U	H	U
Naylor (52)	U	L	U	U	U
Kulshreshtha (53)	H	H	L	H	U
Graumlich (54)	L	L	L	L	L
Atienza (55)	L	U	U	L	L
Riegel (56)	L	U	L	H	U

For outcome assessor blinding, risk of bias was “high” if data was elicited from patients only but was low if it was completely obtained from an objective source; anything in between these extremes was considered unclear.
For missing outcomes, if outcomes were patient-reported only and losses to follow up were high, it was considered high risk of bias; if patient-reported only and LTF was not reported it was considered unclear; if patient reported and LTF was low, we considered it low risk of bias.
For losses to follow-up, 15% at 30 days was used as the cut-off for high risk of bias; if payer data was used to assess outcomes, LTF was assumed to be low.

Stowasser (57)	L	U	L	L	U
Li (58)	L	L	U	U	U
Shyu (59)	L	H	U	L	L
Angermann (60)	L	L	L	U	L
Naylor (61)	L	L	L	L	U
Stromberg (62)	L	L	L	U	U
Hansen (63)	L	U	U	U	U
Maslove (64)	L	U	L	H	U
Forster (65)	L	L	U	L	L
Dudas (66)	U	U	L	H	U
Parry (67)	L	U	L	L	L

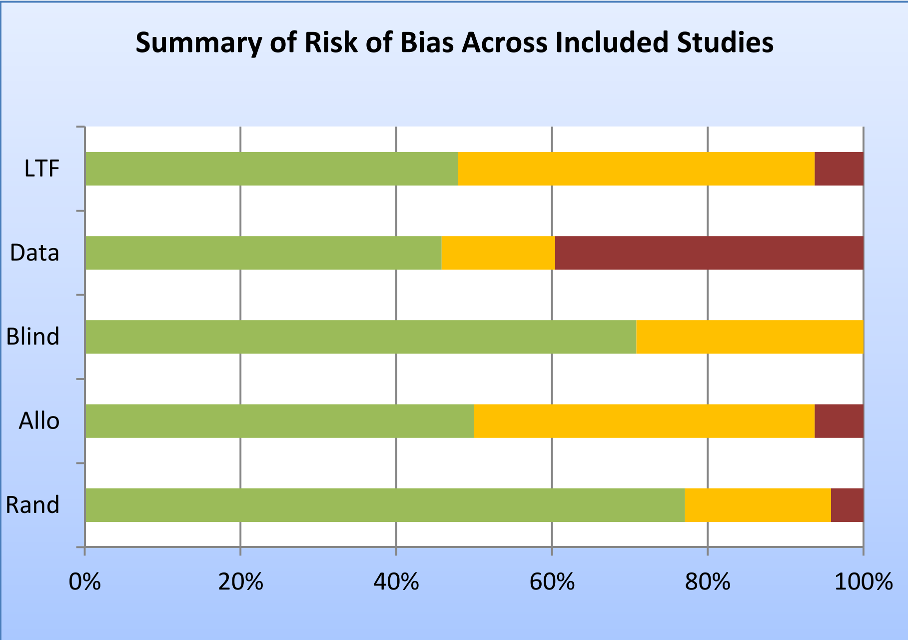
RAND=randomization sequence generation; ALLO=allocation concealment; BLIND=blinding of outcome assessors; DATA=strategy to prevent missing data; LTF=percent lost to follow-up; L, U, and H=low, unclear, and high risk of bias, respectively

eFigure 1. Summary of Evidence Search and Selection



Note that typical papers initially set aside for author inclusion were those that did not report the outcome of interest within 30 days but reported other outcomes within this time, reported the outcome within a survival analysis graph but without information about the number of patients at risk, or reported the outcome as a component of a composite outcome.

eFigure 2. Summary of Risk of Bias Across Included Studies



LTF=losses to follow-up; Data=source of outcome data; Blind=outcome assessor blinding; Allo=allocation concealment; Rand=randomization sequence generation

eFigure 3. Funnel Plot: Publication Bias Plot Suggestive of Underpublication of Small Negative Trials