

APPENDIXES

Appendix A: Exact Search Strings

PubMed® search strategy (last search run November 22, 2010):

((myocardial infarction[mesh] OR stroke[mesh] AND ("last 10 years"[PDat]))) AND (((("critical pathways"[mesh] AND ("last 10 years"[PDat]))) OR ("physical therapy modalities"[mesh] OR "case management"[mesh] OR "rehabilitation"[mesh] OR "continuity of patient care"[mesh] OR "patient discharge"[mesh] OR "patient transfer"[mesh] OR "skilled nursing facilities"[mesh] OR "assisted living facilities"[mesh] OR transition* OR postdischarge OR post-discharge OR coordination OR coordinate OR transfer OR post-acute care OR postacute care OR skilled nursing OR post-hospital* OR posthospital* OR subacute care OR sub-acute care OR discharge OR referral OR continuity AND ("last 10 years"[PDat])) AND ("last 10 years"[PDat]))) AND ("case-control studies"[mesh] OR "clinical trial"[publication type] OR "clinical trials as topic"[mesh] OR "meta-analysis as topic"[mesh] OR "comparative study"[publication type] OR "multicenter study"[publication type] OR "cohort studies"[mesh] OR "cross-over studies"[mesh] OR "follow-up studies"[mesh] OR "cross-sectional studies"[mesh] OR "evaluation studies"[publication type] OR "consensus development conference"[publication type] OR meta-analysis[ptyp] OR systematic[sb] OR (randomized[title/abstract] AND controlled[title/abstract] AND trial[title/abstract]) OR cohort[title/abstract]) AND ("last 10 years"[PDat]))

Limits: published in the last 10 years

Critical path search:

(((((myocardial infarction[mesh] OR stroke[mesh])) AND ("physical therapy modalities"[mesh] OR "case management"[mesh] OR "rehabilitation"[mesh] OR "continuity of patient care"[mesh] OR "patient discharge"[mesh] OR "patient transfer"[mesh] OR "skilled nursing facilities"[mesh] OR "assisted living facilities"[mesh] OR transition* OR postdischarge OR post-discharge OR coordination OR coordinate OR transfer OR post-acute care OR postacute care OR skilled nursing OR post-hospital* OR posthospital* OR subacute care OR sub-acute care OR discharge OR referral OR continuity)))) AND ("case-control studies"[mesh] OR "clinical trial"[publication type] OR "clinical trials as topic"[mesh] OR "meta-analysis as topic"[mesh] OR "comparative study"[publication type] OR "multicenter study"[publication type] OR "cohort studies"[mesh] OR "cross-over studies"[mesh] OR "follow-up studies"[mesh] OR "cross-sectional studies"[mesh] OR "evaluation studies"[publication type] OR "consensus development conference"[publication type] OR meta-analysis[ptyp] OR systematic[sb] OR (randomized[title/abstract] AND controlled[title/abstract] AND trial[title/abstract]) OR cohort[title/abstract])) AND ("last 10 years"[PDat]))

Limits: published in the last 10 years

CINAHL[®] search strategy (last search run November 22, 2010):

((Myocardial infarction OR (MH "Myocardial Infarction")) OR heart attack) OR (stroke OR (MH "Stroke")) AND ((Physical therapy modalities OR (MH "Physical Therapy+")) OR (Case management OR (MH "Case Management")) OR (Rehabilitation OR (MH "Rehabilitation")) OR (Continuity of patient care OR (MH "Continuity of Patient Care+")) OR ((Patient discharge OR (MH "Patient Discharge+")) OR patient transfer) OR (Skilled nursing facilities OR (MH "Skilled Nursing Facilities")) OR (Assisted Living Facilities OR (MH "Assisted Living")) OR (Transition* OR (MH "Health Transition")) OR ((Postdischarge OR post-discharge) OR (MH "After Care")) OR (Coordination OR Coordinate OR transfer OR post-acute care OR postacute care OR skilled nursing OR post-hospital* OR posthospital* OR subacute care OR sub-acute care OR discharge OR referral OR continuity)) OR (Readmission OR (MH "Readmission")) OR (Recurrence OR (MH "Recurrence")) OR (Patient readmission)

AND

Limiters – Human; Publication Type: Clinical Trial, Systematic Review; Language: English

Embase[®] search strategy (last search run December 3, 2010):

'heart infarction'/exp OR 'myocardial infarction'/exp OR 'stroke'/exp OR 'heart attack'/exp AND ('controlled study'/exp OR 'comparative study'/exp OR 'observational study'/exp OR 'randomized controlled trial'/exp OR 'clinical study'/exp OR 'cohort analysis'/exp OR 'cross-sectional study'/exp OR 'practice guideline'/exp OR 'multicenter study'/exp OR 'systematic review'/exp OR 'meta analysis'/exp OR (randomized AND controlled AND trial) OR cohort) AND ('readmission'/exp OR 'rehospitalization'/exp OR 'recurrence'/exp OR 'quality of care' OR 'secondary prevention'/exp) AND ('physiotherapy'/exp OR 'case management'/exp OR 'rehabilitation'/exp OR 'rehabilitation care'/exp OR 'hospital discharge'/exp OR 'patient transport'/exp OR 'residential home'/exp OR 'assisted living facility'/exp OR 'nursing home'/exp OR 'rehabilitation center'/exp OR transition OR transitional OR postdischarge OR 'post discharge' OR 'coordination'/exp OR coordinate OR transfer OR 'post-acute care' OR 'postacute care' OR 'skilled nursing' OR 'post-hospital' OR 'posthospital' OR 'subacute care'/exp OR discharge OR 'referral'/exp OR continuity) AND [humans]/lim AND [english]/lim NOT [medline]/lim NOT ('case report'/exp OR 'editorial'/exp OR 'letter'/exp OR 'note'/exp) AND [embase]/lim AND [2000-2011]/py

Critical path search:

'myocardial infarction'/exp OR 'myocardial infarction' OR 'stroke'/exp OR stroke OR 'heart attack'/exp OR 'heart attack' OR 'cerebrovascular accident'/exp OR 'cerebrovascular accident' AND ('controlled study'/exp OR 'comparative study'/exp OR 'observational study'/exp OR 'randomized controlled trial'/exp OR 'clinical study'/exp OR 'cohort analysis'/exp OR 'cross-sectional study'/exp OR 'practice guideline'/exp OR 'multicenter study'/exp OR 'systematic review'/exp OR 'meta analysis'/exp OR (randomized AND controlled AND trial) OR cohort) AND ('readmission'/exp OR readmission OR 'rehospitalization'/exp OR rehospitalization OR 'recurrence'/exp OR recurrence) AND ('physiotherapy'/exp OR 'case management'/exp OR 'rehabilitation'/exp OR 'rehabilitation care'/exp OR 'hospital discharge'/exp OR 'patient transport'/exp OR 'residential home'/exp OR 'assisted living facility'/exp OR 'nursing home'/exp OR 'rehabilitation center'/exp OR transition OR transitional OR postdischarge OR 'post discharge' OR 'coordination'/exp OR coordination OR coordinate OR transfer OR 'post-acute care' OR 'postacute care' OR 'skilled nursing' OR 'post-hospital' OR 'posthospital' OR 'subacute care'/exp OR 'subacute care' OR discharge OR 'referral'/exp OR referral OR continuity)

Appendix B: Data Abstraction Elements

I. Citation identifiers

- Total number of subjects across all arms
- Study design
- Funding source

II. Study sites

- Geographical location
- Number of sites
- General setting

III. Study population characteristics

- Stroke
- Myocardial infarction
- Both stroke and MI
- Other mix (specify)
- Severity description provided? (Y/N/NR)
 - If Y, admission, discharge, NR
 - How measured?
- Age (mean, median, range)
- Sex (%)
- Ethnicity
- Race
- Living arrangement (alone, with someone)
- Has support system?
- Work status
 - Home by choice
 - Home not by choice
 - Working
 - NR
 - Other (specify)

IV. Insurance status

- Medicare
- Medicaid
- Private insurance
- VA
- National healthcare system
- None
- NR
- Other (specify)

V. Followup assessments

- 3 months
- 6 months
- 1 year
- NR
- Other (specify)

VI. Intervention characteristics

- FROM specific setting—Defined as the specific setting or environment FROM which the patient or population is transitioning:
 - Hospital (includes stroke unit and CCU)
 - Inpatient rehabilitation
 - Outpatient rehabilitation
 - Skilled nursing facility
 - ED
 - Other setting (specify)
- TO specific setting—Defined as the specific setting or environment TO which the patient or population is transitioning:
 - Inpatient rehabilitation
 - Outpatient rehabilitation
 - Skilled nursing facility
 - Home
 - Home care
 - Long-term care
 - Other setting (specify)

VII. Components of transitional services

- Education and training of provider
- Education and training of caregiver
- Discharge planning (including procurement of equipment and services, referrals for followup care, and education about community resources)
- Self-management tools (alleviate patient and caregiver burden managing transitions between care environments)
- Care pathways (to organize treatment and rehabilitation across care settings)
- Systems for shared access to patient information to allow multiple health care providers across settings to access patient information and to coordinate care
- Referrals to specialty care providers based on patient needs
- Referral back to primary care providers
- Home caregiver support
- Post discharge followup (phone, mail, etc.)
- Other service (specify)

VIII. Intervention provider

- Generalist (MD/DO)
- Specialist (MD/DO) (specify specialty)
- Advance practice nurse (APN)
- Nurse
- Nurse practitioner/physician assistant
- Pharmacist
- Physical therapist
- Occupational therapist
- Case manager
- Lay practitioner
- Other provider (specify)

IX. Comparator

- Has comparator of usual care (care that does not include transitional services that coordinate care among multiple providers; for example, a simple recommendation for followup with primary care and other HCPs, or direct discharge to home or other health care facility)
- Other comparator (specify)

X. Study arm characteristics

- # of arms
- N per arm
- Mean age per arm
- Median age per arm
- Age range per arm
- Sex distribution per arm
- Ethnicity per arm
- Race per arm
- Other (specify)

XI. Intervention impact

- Intervention improved outcome
- Intervention worsened outcome
- Intervention had no impact
- Not reported

XII. KQ applicability

- KQ 1 (Y/N)
- KQ 2 (Y/N)
- KQ 3 (Y/N)
- KQ 4 (Y/N)
- KQ 5 (Y/N)

XIII. KQ outcomes and results

- KQ 1: Theoretical framework? If Y, specify
- KQs 2–5 (primary outcomes):
 - Death at 3 months, 6 months, or 1 year following the event
 - Hospital readmission at 3 months, 6 months, or 1 year following the event
 - Continuity of health care with specialist
 - Continuity of health care with general HCPs
- KQs 2–5 (secondary outcomes):
 - Hospital-free days
 - Increase total # of services for a patient
 - Return to pre-morbid status
 - Return to pre-morbid functional ability
 - Return to pre-morbid quality of life (if Y, how measured?)
 - Barthel index
 - SF-36, SF-12, etc.
 - Modified Rankin score
 - PHQ depression scale
 - FIM
 - NR
 - Other (specify)

XIV. Adverse events/harms/risks

- Hospital readmission
- Delayed discharge
- Failure to improve from baseline
- Increased utilization with failure to improve
- Increased patient/caregiver burden
- Lost to followup
- Overreferred
- Dropped from insurance
- Other harm [specify]

XV. Improvements (specify results for all that apply)

- Efficiency of referrals for followup care
- Timely appointments
- Communication among HCPs
- Coordination of patient care across HCPs
- Care pathways
- Shared access to patient information
- Other (specify)

XVI. Reductions (specify results for all that apply)

- ER visits
- Hospital readmissions
- Morbidity
- Mortality
- Delayed discharge
- Caregiver burden

- Insurance issues
- Other (specify)

XVII. Quality and applicability assessments

A. Study-level quality assessment: Please assign each study an overall quality rating of “Good,” “Fair,” or “Poor” based on the following definitions:

- A Good study has the least bias and results are considered valid. A good study has a clear description of the population, setting, interventions, and comparison groups; uses a valid approach to allocate patients to alternative treatments; has a low dropout rate; and uses appropriate means to prevent bias; measure outcomes; analyze and report results.
- A Fair study is susceptible to some bias, but probably not sufficient to invalidate the results. The study may be missing information, making it difficult to assess limitations and potential problems. As the fair-quality category is broad, studies with this rating vary in their strengths and weaknesses. The results of some fair-quality studies are possibly valid, while others are probably valid.
- A Poor rating indicates significant bias that may invalidate the results. These studies have serious errors in design, analysis, or reporting; have large amounts of missing information; or have discrepancies in reporting. The results of a poor-quality study are at least as likely to reflect flaws in the study design as to indicate true differences between the compared interventions.

If a study is rated as “Fair” or “Poor,” please note any important limitations on internal validity based on the USPSTF criteria, as adapted here:

- Initial assembly of comparable groups:
 - *For RCTs:* adequate randomization, including concealment and whether potential confounders were distributed equally among groups.
 - *For cohort studies:* consideration of potential confounders with either restriction or measurement for adjustment in the analysis; consideration of inception cohorts.
- Maintenance of comparable groups (includes attrition, crossovers, adherence, contamination)
- Important differential loss to followup or overall high loss to followup.
- Measurements: equal, reliable, and valid (includes masking of outcome assessment).
- Clear definition of interventions.
- All important outcomes considered.
- Analysis: adjustment for potential confounders for cohort studies, or intention-to-treat analysis for RCTs.

B. Applicability assessment: Do not assign an overall applicability score. Instead, list the most important (up to 3) limitations affecting applicability, if any, based on the following list. (Bolded criteria are prioritized for this project.)

1) Setting of the study

- **In which country (or countries) was the study conducted?**
- **In what health care system (or systems) was the study conducted?**
- Were patients recruited from the primary, secondary, or tertiary care settings?
- How were study centers selected for participation?

- How were study clinicians selected for participation?

2) Selection of participants

- How were participants diagnosed and identified for eligibility screening before random allocation?
- What were the study eligibility criteria?
- What were the study exclusion criteria?
- Did the study require a run-in period with the control or placebo intervention?
- Did the study require a run-in period with the active intervention?
- Did the study selectively recruit participants who demonstrated a history of favorable or unfavorable response to drug or other interventions for the condition?
- Did the study report the ratio of randomly allocated participants to nonallocated participants (who were eligible)?
- Did the study report the proportion of eligible participants who declined random allocation?

3) Characteristics of study participants

- **Did the study report participants' baseline characteristics?**
- Did the study report participants' race?
- Did the study report participants' underlying pathology?
- Did the study report participants' stage in the natural history of the disease?
- **Did the study report participants' severity of disease?**
- **Did the study report participants' comorbid conditions?**
- Did the study report participants' absolute risk of a poor outcome in the control arm?

4) Differences between the study protocol and routine clinical practice

- **Were the study interventions (active arm) similar to interventions used in routine clinical practice?**
- **Was the timing of the intervention similar to the timing in routine clinical practice?**
- **Was the study's control arm appropriate and relevant in relation to routine clinical practice?**
- **Were the study's cointerventions—which were not randomly allocated—adequate to reflect routine clinical practice?**
- **Were any interventions prohibited by the study routinely used in clinical practice?**
- **Have there been diagnostic or therapeutic advances used in routine practice since the study was conducted?**

5) Outcome measures and followup

- **If applicable, did the study use a clinically relevant surrogate outcome?**
- **If applicable, did the study use a scale that is clinically relevant, valid, and reproducible?**
- **If applicable, was the intervention beneficial on the most relevant components of the composite outcome?**
- Which clinician measured the outcome (e.g., treating physician or surgeon)?
- Did the study use patient-centered outcomes?

- **How frequently were participants followed in the study?**
- **Was the duration of participant followup adequate?**

6) Adverse effects of treatment

- How completely did the study report the occurrence of relevant adverse effects?
- Did the study report the rates of treatment discontinuations?
- Were the study centers and/or clinicians selected on the basis of their skill or experience?
- Did the study exclude participants at elevated risk of intervention complications?
- Did the study exclude participants who suffered adverse effects during the run-in period?
- Did the study monitor participants intensively for early signs of adverse effects?

Appendix C: List of Included Studies

Allen K, Hazelett S, Jarjoura D, et al. A randomized trial testing the superiority of a postdischarge care management model for stroke survivors. *J Stroke Cerebrovasc Dis* 2009;18(6):443-52.

Allen KR, Hazelett S, Jarjoura D, et al. Effectiveness of a postdischarge care management model for stroke and transient ischemic attack: a randomized trial. *J Stroke Cerebrovasc Dis* 2002;11(2):88-98.

Andersen HE, Eriksen K, Brown A, et al. Follow-up services for stroke survivors after hospital discharge--a randomized control study. *Clin Rehabil* 2002;16(6):593-603.

Andersen HE, Schultz-Larsen K, Kreiner S, et al. Can readmission after stroke be prevented? Results of a randomized clinical study: a postdischarge follow-up service for stroke survivors. *Stroke* 2000;31(5):1038-45.

Askim T, Morkved S, Indredavik B. Does an extended stroke unit service with early supported discharge have any effect on balance or walking speed? *J Rehabil Med* 2006;38(6):368-74.

Askim T, Rohweder G, Lydersen S, et al. Evaluation of an extended stroke unit service with early supported discharge for patients living in a rural community. A randomized controlled trial. *Clin Rehabil* 2004;18(3):238-48.

Ayana M, Pound P, Lampe F, et al. Improving stroke patients' care: a patient held record is not enough. *BMC Health Serv Res* 2001;1(1):1.

Bambauer KZ, Aupont O, Stone PH, et al. The effect of a telephone counseling intervention on self-rated health of cardiac patients. *Psychosom Med* 2005;67(4):539-45.

Barlow JH, Turner AP, Gilchrist M. A randomised controlled trial of lay-led self-management for myocardial infarction patients who have completed cardiac rehabilitation. *Eur J Cardiovasc Nurs* 2009;8(4):293-301.

Bautz-Holtert E, Sveen U, Rygh J, et al. Early supported discharge of patients with acute stroke: a randomized controlled trial. *Disabil Rehabil* 2002;24(7):348-55.

Boter H. Multicenter randomized controlled trial of an outreach nursing support program for recently discharged stroke patients. *Stroke* 2004;35(12):2867-72.

Claiborne N. Effectiveness of a care coordination model for stroke survivors: a randomized study. *Health Soc Work* 2006;31(2):87-96.

Clark MS, Rubenach S, Winsor A. A randomized controlled trial of an education and counselling intervention for families after stroke. *Clin Rehabil* 2003;17(7):703-12.

Costa e Silva R, Pellanda L, Portal V, et al. Transdisciplinary approach to the follow-up of patients after myocardial infarction. *Clinics (Sao Paulo)* 2008;63(4):489-96.

Donnelly M, Power M, Russell M, et al. Randomized controlled trial of an early discharge rehabilitation service: the Belfast Community Stroke Trial. *Stroke* 2004;35(1):127-33.

Eagle KA, Montoye CK, Riba AL, et al. Guideline-based standardized care is associated with substantially lower mortality in medicare patients with acute myocardial infarction: the American College of Cardiology's Guidelines Applied in Practice (GAP) Projects in Michigan. *J Am Coll Cardiol* 2005;46(7):1242-8.

Ertel KA, Glymour MM, Glass TA, et al. Frailty modifies effectiveness of psychosocial intervention in recovery from stroke. *Clin Rehabil* 2007;21(6):511-22.

Fjaertoft H, Indredavik B, Johnsen R, et al. Acute stroke unit care combined with early supported discharge. Long-term effects on quality of life. A randomized controlled trial. *Clin Rehabil* 2004;18(5):580-6.

Fjaertoft H, Indredavik B, Lydersen S. Stroke unit care combined with early supported discharge: long-term follow-up of a randomized controlled trial. *Stroke* 2003;34(11):2687-91.

Fjaertoft H, Indredavik B, Magnussen J, et al. Early supported discharge for stroke patients improves clinical outcome. Does it also reduce use of health services and costs? One-year follow-up of a randomized controlled trial. *Cerebrovasc Dis* 2005;19(6):376-83.

Gallagher R, McKinley S, Dracup K. Effects of a telephone counseling intervention on psychosocial adjustment in women following a cardiac event. *Heart Lung* 2003;32(2):79-87.

Geddes JM, Chamberlain MA. Home-based rehabilitation for people with stroke: a comparative study of six community services providing co-ordinated, multidisciplinary treatment. *Clin Rehabil* 2001;15(6):589-99.

Glass TA, Berkman LF, Hiltunen EF, et al. The Families In Recovery From Stroke Trial (FIRST): primary study results. *Psychosom Med* 2004;66(6):889-97.

Grasel E, Biehler J, Schmidt R, et al. Intensification of the transition between inpatient neurological rehabilitation and home care of stroke patients. Controlled clinical trial with follow-up assessment six months after discharge. *Clin Rehabil* 2005;19(7):725-36.

Grasel E, Schmidt R, Biehler J, et al. Long-term effects of the intensification of the transition between inpatient neurological rehabilitation and home care of stroke patients. *Clin Rehabil* 2006;20(7):577-83.

Hall JP, Wiseman VL, King MT, et al. Economic evaluation of a randomised trial of early return to normal activities versus cardiac rehabilitation after acute myocardial infarction. *Heart Lung Circ* 2002;11(1):10-8.

Hanssen TA, Nordrehaug JE, Eide GE, et al. Improving outcomes after myocardial infarction: a randomized controlled trial evaluating effects of a telephone follow-up intervention. *Eur J Cardiovasc Prev Rehabil* 2007;14(3):429-37.

Hanssen TA, Nordrehaug JE, Eide GE, et al. Does a telephone follow-up intervention for patients discharged with acute myocardial

infarction have long-term effects on health-related quality of life? A randomised controlled trial. *J Clin Nurs* 2009;18(9):1334-45.

Ho PM, Luther SA, Masoudi FA, et al. Inpatient and follow-up cardiology care and mortality for acute coronary syndrome patients in the Veterans Health Administration. *Am Heart J* 2007;154(3):489-94.

Hoffmann T, McKenna K, Worrall L, et al. Randomised trial of a computer-generated tailored written education package for patients following stroke. *Age Ageing* 2007;36(3):280-6.

Holmqvist LW, von Koch L, de Pedro-Cuesta J. Use of healthcare, impact on family caregivers and patient satisfaction of rehabilitation at home after stroke in southwest Stockholm. *Scand J Rehabil Med* 2000;32(4):173-9.

Indredavik B, Fjaertoft H, Ekeberg G, et al. Benefit of an extended stroke unit service with early supported discharge: A randomized, controlled trial. *Stroke* 2000;31(12):2989-94.

Johnston M, Bonetti D, Joice S, et al. Recovery from disability after stroke as a target for a behavioural intervention: results of a randomized controlled trial. *Disabil Rehabil* 2007;29(14):1117-27.

Joubert J, Joubert L, Reid C, et al. The positive effect of integrated care on depressive symptoms in stroke survivors. *Cerebrovasc Dis* 2008;26(2):199-205.

Joubert J, Reid C, Barton D, et al. Integrated care improves risk-factor modification after stroke: initial results of the Integrated Care for the Reduction of Secondary Stroke model. *J Neurol Neurosurg Psychiatry* 2009;80(3):279-84.

Joubert J, Reid C, Joubert L, et al. Risk factor management and depression post-stroke: the value of an integrated model of care. *J Clin Neurosci* 2006;13(1):84-90.

Kotowycz MA, Cosman TL, Tartaglia C, et al. Safety and feasibility of early hospital discharge in ST-segment elevation myocardial infarction--a prospective and randomized trial in low-risk primary percutaneous coronary intervention patients (the Safe-Depart Trial). *Am Heart J* 2010;159(1):117 e1-6.

- Kovoor P, Lee AK, Carrozzi F, et al. Return to full normal activities including work at two weeks after acute myocardial infarction. *Am J Cardiol* 2006;97(7):952-8.
- Lacey EA, Musgrave RJ, Freeman JV, et al. Psychological morbidity after myocardial infarction in an area of deprivation in the UK: evaluation of a self-help package. *Eur J Cardiovasc Nurs* 2004;3(3):219-24.
- Luszczynska A. An implementation intentions intervention, the use of a planning strategy, and physical activity after myocardial infarction. *Soc Sci Med* 2006;62(4):900-8.
- Mant J, Carter J, Wade DT, et al. Family support for stroke: a randomised controlled trial. *Lancet* 2000;356(9232):808-13.
- Mant J, Winner S, Roche J, et al. Family support for stroke: one year follow up of a randomised controlled trial. *J Neurol Neurosurg Psychiatry* 2005;76(7):1006-8.
- Mayo NE, Nadeau L, Ahmed S, et al. Bridging the gap: the effectiveness of teaming a stroke coordinator with patient's personal physician on the outcome of stroke. *Age Ageing* 2008;37(1):32-8.
- Mayo NE, Wood-Dauphinee S, Cote R, et al. There's no place like home : an evaluation of early supported discharge for stroke. *Stroke* 2000;31(5):1016-23.
- Mayou RA, Thompson DR, Clements A, et al. Guideline-based early rehabilitation after myocardial infarction. A pragmatic randomised controlled trial. *J Psychosom Res* 2002;52(2):89-95.
- Oranta O, Luutonen S, Salokangas RK, et al. The outcomes of interpersonal counselling on depressive symptoms and distress after myocardial infarction. *Nord J Psychiatry* 2010;64(2):78-86.
- Petrie KJ, Cameron LD, Ellis CJ, et al. Changing illness perceptions after myocardial infarction: an early intervention randomized controlled trial. *Psychosom Med* 2002;64(4):580-6.
- Ricauda NA, Bo M, Molaschi M, et al. Home hospitalization service for acute uncomplicated first ischemic stroke in elderly patients: a randomized trial. *J Am Geriatr Soc* 2004;52(2):278-83.
- Robertson K, Kayhko K, Kekki P. A supportive-education home follow-up programme for post MI patients. *J Community Nurs* 2003;17(6):4.
- Robertson KA, Kayhko K. Cost analysis of an intensive home follow-up program for first-time post-myocardial infarction patients and their families. *Dynamics* 2001;12(4):25-31.
- Rogers AM, Ramanath VS, Grzybowski M, et al. The association between guideline-based treatment instructions at the point of discharge and lower 1-year mortality in Medicare patients after acute myocardial infarction: the American College of Cardiology's Guidelines Applied in Practice (GAP) initiative in Michigan. *Am Heart J* 2007;154(3):461-9.
- Sahebalzamani M, Aliloo L, Shakibi A. The efficacy of self-care education on rehabilitation of stroke patients. *Saudi Med J* 2009;30(4):550-4.
- Sinclair AJ, Conroy SP, Davies M, et al. Post-discharge home-based support for older cardiac patients: a randomised controlled trial. *Age Ageing* 2005;34(4):338-43.
- Sulch D, Evans A, Melbourn A, et al. Does an integrated care pathway improve processes of care in stroke rehabilitation? A randomized controlled trial. *Age Ageing* 2002;31(3):175-9.
- Sulch D, Melbourn A, Perez I, et al. Integrated care pathways and quality of life on a stroke rehabilitation unit. *Stroke* 2002;33(6):1600-4.
- Sulch D, Perez I, Melbourn A, et al. Randomized controlled trial of integrated (managed) care pathway for stroke rehabilitation. *Stroke* 2000;31(8):1929-34.
- Teng J, Mayo NE, Latimer E, et al. Costs and caregiver consequences of early supported discharge for stroke patients. *Stroke* 2003;34(2):528-36.
- Torp CR, Vinkler S, Pedersen KD, et al. Model of hospital-supported discharge after stroke. *Stroke* 2006;37(6):1514-20.
- Torres-Arreola Ldel P, Doubova Dubova SV, Hernandez SF, et al. Effectiveness of two

rehabilitation strategies provided by nurses for stroke patients in Mexico. *J Clin Nurs* 2009;18(21):2993-3002.

von Koch L, de Pedro-Cuesta J, Kostulas V, et al. Randomized controlled trial of rehabilitation at home after stroke: one-year follow-up of patient outcome, resource use and cost. *Cerebrovasc Dis* 2001;12(2):131-8.

von Koch L, Holmqvist LW, Wottrich AW, et al. Rehabilitation at home after stroke: a descriptive study of an individualized intervention. *Clin Rehabil* 2000;14(6):574-83.

Young W, Rewa G, Goodman SG, et al. Evaluation of a community-based inner-city disease management program for postmyocardial infarction patients: a randomized controlled trial. *CMAJ* 2003;169(9):905-10.

Appendix D: Quality and Applicability of Included Studies

Table D-1. Quality, Applicability, and Relevant Key Questions (KQs) for Stroke Studies

Study	Type of intervention	Quality	Limitations to applicability	KQ 1	KQ 2	KQ 3	KQ4	KQ5
Askim et al., 2004 ¹ Askim et al., 2006 ²	Hospital-based preparation	Fair Fair	<ul style="list-style-type: none"> • Setting – non-U.S. (Norway) • Comparator – usual care with more followup services than U.S. • Population – no description of race or ethnicity 	X X	X X	X		X
Bautz-Holtert et al., 2002 ³	Hospital-based preparation	Fair	<ul style="list-style-type: none"> • Setting – non-U.S. (Norway) • Comparator – usual care with more followup services than U.S. 	X	X		X	
Fjaertoft et al., 2003 ⁴ Fjaertoft et al., 2004 ⁵ Fjaertoft et al., 2005, ⁶ Indredavik et al., 2000 ⁷	Hospital-based preparation	Fair Fair Fair Fair	<ul style="list-style-type: none"> • Setting – non-U.S. (Norway) • Intervention – broad, nonspecific intervention • Population – characteristics of participants at baseline and disease severity not described 	X X X X	X X X X		X	X X
Grasel et al., 2005 ⁸ Grasel et al., 2006 ⁹	Hospital-based preparation	Poor Poor	<ul style="list-style-type: none"> • Methods – small sample size, nonrandomized, incomplete followup, not intention-to-treat analysis 	X X	X X			
Holmqvist et al., 2000 ¹⁰ von Koch et al., 2000 ¹¹ von Koch et al., 2001 ¹²	Hospital-based preparation	Poor Good Fair	<ul style="list-style-type: none"> • Setting – non-U.S (Sweden) • Intervention – not fully described • Comparator – usual care with more followup services than U.S. • Population – characteristics of participants not described 	X X X	X	X	X	X
Mayo et al., 2000 ¹³ Teng et al., 2003 ¹⁴	Hospital-based preparation	Good Fair	<ul style="list-style-type: none"> • Setting – non-U.S. (Canada) • Population – excluded patients not ready for discharge by 28 days, those who needed 2 people to assist with walking, and those without a caregiver 	X X	X	X		X

Study	Type of intervention	Quality	Limitations to applicability	KQ 1	KQ 2	KQ 3	KQ4	KQ5
Sulch et al., 2000 ¹⁵ Sulch et al., 2002 ¹⁶ Sulch et al., 2002 ¹⁷	Hospital-based preparation	Fair Fair Fair	<ul style="list-style-type: none"> Setting – non-U.S. (England) Population – few demographic details provided Method – small sample size, no mention of statistical correction for multiple analyses 	X X X	X X		X	
Torp et al., 2006 ¹⁸	Hospital-based preparation	Fair	<ul style="list-style-type: none"> Setting – non-U.S. (Denmark) Population – few details about participant demographics; e.g., race/ethnicity 	X	X		X	X
Clark et al., 2003 ¹⁹	Patient/family education (home-based)	Fair	<ul style="list-style-type: none"> Population – participants had to have living spouse Intervention – nonspecific, generalized social worker support 	X	X			
Hoffmann et al., 2007 ²⁰	Patient/family education (hospital-based)	Fair	<ul style="list-style-type: none"> Population – hemorrhagic and ischemic stroke included 	X	X			
Johnston et al., 2007 ²¹	Patient/family education (home-based)	Fair	<ul style="list-style-type: none"> Population – stroke type not specified 	X	X			
Mant et al., 2000 ²² Mant et al., 2005 ²³	Patient/family education (home-based)	Fair Fair	<ul style="list-style-type: none"> Setting – non-U.S. (United Kingdom) Intervention – not clearly described Population – participants not fully described Method – not intention-to-treat analysis, incomplete followup 	X X	X X		X	X
Sahebalzamani et al., 2009 ²⁴	Patient/family education (home-based)	Poor	<ul style="list-style-type: none"> Population – participant demographics not fully described Method – outcomes measured at 45 days posthospitalization 	X				
Allen et al., 2002 ²⁵ Allen et al., 2009 ²⁶	Community-based support	Fair Fair	<ul style="list-style-type: none"> Population – participant demographics not fully described Methods – groups not balanced, small sample size 	X X	X X	X X		X

Study	Type of intervention	Quality	Limitations to applicability	KQ 1	KQ 2	KQ 3	KQ4	KQ5
Andersen et al., 2000 ²⁷ Andersen et al., 2002 ²⁸	Community-based support	Fair Fair	<ul style="list-style-type: none"> Setting – non-U.S. (Denmark) Population – different race/ethnicity distribution Methods – combined two intervention groups in analysis, no adjustment for multiple analyses 	X X	X		X	X
Ayana et al., 2001 ²⁹	Community-based support	Fair	<ul style="list-style-type: none"> Comparator – description of usual care group was limited Methods – time series design 	X		X		
Boter et al., 2004 ³⁰	Community-based support	Fair	<ul style="list-style-type: none"> Setting – non-U.S. (Netherlands) Population – participant demographics not fully described 	X	X	X		
Claiborne et al., 2006 ³¹	Community-based support	Poor	<ul style="list-style-type: none"> Intervention – multiple persons delivered intervention without description of what they actually did Population – not balanced by age, sex, and race 	X	X			
Donnelly et al., 2004 ³²	Community-based support	Fair	<ul style="list-style-type: none"> Population – participant demographics not fully described 	X	X		X	
Ertel et al., 2007 ³³ Glass et al., 2004 ³⁴	Community-based support	Good Good	<ul style="list-style-type: none"> Intervention – delivered by multiple types of practitioners (psychologist and social work) Population – hemorrhagic and ischemic stroke included 	X X	X X			X
Geddes et al., 2001 ³⁵	Community-based support	Poor	<ul style="list-style-type: none"> Population – participants from six systems of care Intervention – not a discrete intervention, evaluated models of care Comparator – cross comparisons due to multiple overlapping components 	X				X

Study	Type of intervention	Quality	Limitations to applicability	KQ 1	KQ 2	KQ 3	KQ4	KQ5
Mayo et al., 2008 ³⁶	Community-based support	Good	<ul style="list-style-type: none"> None 	X	X		X	
Ricauda et al., 2004 ³⁷	Community-based support	Good	<ul style="list-style-type: none"> Setting – non-U.S. (Italy) Population – participant demographics not fully described 	X	X			
Torres-Arreola Ldel et al., 2009 ³⁸	Community-based support	Fair	<ul style="list-style-type: none"> Setting – non-U.S. (Mexico) 	X	X			
Joubert et al., 2006 ³⁹	Chronic disease management	Fair	<ul style="list-style-type: none"> Setting – non-U.S. (Australia) Population – excluded participants with cognitive impairment Methods – imbalance in treatment allocation 	X	X			
Joubert et al., 2008 ⁴⁰	Chronic disease management	Fair	<ul style="list-style-type: none"> Setting – non-U.S. (Australia) (Intervention – not fully described) Population – included ischemic and hemorrhagic stroke, and TIA 	X	X			
Joubert et al., 2009 ⁴¹	Chronic disease management	Fair	<ul style="list-style-type: none"> Setting – non-U.S. (Australia) Methods – imbalance in treatment allocation 	X	X			

Table D-2. Quality, Applicability, and Key Questions (KQs) for Myocardial Infarction Studies

Study	Type of intervention	Quality	Limitations to applicability	KQ 1	KQ 2	KQ 3	KQ4	KQ5
Eagle et al., 2005 ⁴² Rogers et al., 2007 ⁴³	Hospital-based preparation	Fair Fair	<ul style="list-style-type: none"> Population – Medicare population only Method – not randomized clinical trial 	X X	X X			
Ho et al., 2007 ⁴⁴	Hospital-based preparation	Good	<ul style="list-style-type: none"> Setting – Veterans Affairs Comparator – not fully described 	X	X		X	
Kotowycz et al., 2010 ⁴⁵	Hospital-based preparation	Fair	<ul style="list-style-type: none"> Setting – non-U.S. (Canada) Method – small sample size; pilot study to demonstrate feasibility and safety 	X	X		X	
Petrie et al., 2002 ⁴⁶	Hospital-based preparation	Good	<ul style="list-style-type: none"> Setting – non-U.S. (New Zealand) Method – small sample size Comparator – description of usual care not provided 	X	X			
Young et al., 2003 ⁴⁷	Hospital-based preparation	Fair	<ul style="list-style-type: none"> Methods – small sample size, unblinded outcomes 	X	X		X	
Mayou et al., 2002 ⁴⁸	Patient/family education (hospital-based)	Poor	<ul style="list-style-type: none"> Setting – non-U.S. (United Kingdom) Comparator – usual care not fully described Methods – small sample size 	X	X			
Lacey et al., 2004 ⁴⁹	Patient/family education (home-based)	Fair	<ul style="list-style-type: none"> Setting – non-U.S. (United Kingdom) Methods – small sample size, outcomes not fully described 	X	X			

Study	Type of intervention	Quality	Limitations to applicability	KQ 1	KQ 2	KQ 3	KQ4	KQ5
Bambauer et al., 2005 ⁵⁰	Community-based support	Fair	<ul style="list-style-type: none"> Population – included chronic ischemic heart disease with myocardial infarction population 	X	X			
Costa e Silva et al., 2008 ⁵¹	Community-based support	Fair	<ul style="list-style-type: none"> Setting – non-U.S. (Brazil) Population – no race/ethnicity data Methods – small sample size, short followup period 	X	X			
Gallagher et al., 2003 ⁵²	Community-based support	Good	<ul style="list-style-type: none"> Population – female only 	X				X
Hanssen et al., 2007 ⁵³ Hanssen et al., 2009 ⁵⁴	Community-based support	Good Fair	<ul style="list-style-type: none"> Setting – non-U.S. (Norway) Methods – small sample size, short followup period 	X X	X X		X	
Hall et al., 2002 ⁵⁵ Kovoor et al., 2006 ⁵⁶	Community-based support	Poor Fair	<ul style="list-style-type: none"> Setting – non-U.S. (Australia) Methods – nonrandom allocation Population – small sample with hemorrhagic and ischemic stroke 	X X	X X		X X	
Luszczynska et al., 2006 ⁵⁷	Community-based support	Fair	<ul style="list-style-type: none"> Setting – non-U.S. (Poland) Population – control population not fully described 	X	X			X
Oranta et al., 2009 ⁵⁸	Community-based support	Fair	<ul style="list-style-type: none"> Setting – non-U.S. (Finland) Design – nonrandomized Methods – outcomes of depressed and nondepressed patients not analyzed 	X				
Robertson et al., 2001 ⁵⁹ Robertson et al., 2003 ⁶⁰	Community-based support	Fair Poor	<ul style="list-style-type: none"> Setting – non-U.S. (Canada) Population – participant demographics not fully described Methods – statistical analysis not described Comparator – not fully described 	X X	X X		X	

Study	Type of intervention	Quality	Limitations to applicability	KQ 1	KQ 2	KQ 3	KQ4	KQ5
Sinclair et al., 2005 ⁶¹	Community-based support	Poor	<ul style="list-style-type: none"> • Setting – non-U.S. (United Kingdom) • Comparator – not fully described • Methods – small sample size, not powered to show statistical differences 	X	X		X	
Barlow et al., 2009 ⁶²	Chronic disease management	Fair	<ul style="list-style-type: none"> • Setting – non-U.S. (United Kingdom) • Population – recruitment from tertiary care cardiac rehabilitation units 	X	X			X

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Appendix E: List of Excluded Studies

All studies listed below were reviewed in their full-text version and excluded. Following each reference, in italics, is the reason for exclusion. Reasons for exclusion signify only the usefulness of the articles for this study and are not intended as criticisms of the articles.

Abbott KC, Bohem EM, Yuan CM, et al. Use of beta-blockers and aspirin after myocardial infarction by patient renal function in the Department of Defense health care system. *Am J Kidney Dis* 2006;47(4):593-603. *Exclude - not system-level transitional intervention*

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Aben L, Busschbach JJ, Ponds RW, et al. Memory self-efficacy and psychosocial factors in stroke. *J Rehabil Med* 2008;40(8):681-3. *Exclude - not system-level transitional intervention*

Abete P, Ferrara N, Cacciatore F, et al. High level of physical activity preserves the cardioprotective effect of preinfarction angina in elderly patients. *J Am Coll Cardiol* 2001;38(5):1357-65. *Exclude - not system-level transitional intervention*

Abraham WT. Switching to evidence-based once-daily beta-blockers for improved adherence to medication across the continuum of post-myocardial infarction left ventricular dysfunction and heart failure. *Congest Heart Fail* 2008;14(5):272-80. *Exclude - not original peer-reviewed data*

Acevedo M, Sprecher DL, Lauer MS, et al. Routine statin treatment after acute coronary syndromes? *Am Heart J* 2002;143(6):940-2. *Exclude - not original peer-reviewed data*

Ada L, Dean CM, Hall JM, et al. A treadmill and overground walking program improves walking in persons residing in the community after stroke: a placebo-controlled, randomized trial. *Arch Phys Med Rehabil* 2003;84(10):1486-91. *Exclude - not system-level transitional intervention*

Ada L, Dean CM, Lindley R, et al. Improving community ambulation after stroke: the

AMBULATE Trial. *BMC Neurol* 2009;9:8. *Exclude - not system-level transitional intervention*

Ada L, Dean CM, Morris ME, et al. Randomized trial of treadmill walking with body weight support to establish walking in subacute stroke: the MOBILISE trial. *Stroke* 2010;41(6):1237-42. *Exclude - not system-level transitional intervention*

Ada L, Foongchomcheay A. Efficacy of electrical stimulation in preventing or reducing subluxation of the shoulder after stroke: a meta-analysis. *Aust J Physiother* 2002;48(4):257-67. *Exclude - not system-level transitional intervention*

Adamczyk K, Lorencowicz R, Turowski K. Evaluation of motor efficiency with respect to self-care of neurological patients. *Ann Univ Mariae Curie Sklodowska Med* 2004;59(2):219-23. *Exclude - not system-level transitional intervention*

Adams HP, Jr., Leira EC, Torner JC, et al. Treating patients with 'wake-up' stroke: the experience of the AbESTT-II trial. *Stroke* 2008;39(12):3277-82. *Exclude - not system-level transitional intervention*

Adlbrecht C, Distelmaier K, Bonderman D, et al. Long-term outcome after thrombectomy in acute myocardial infarction. *Eur J Clin Invest* 2010;40(3):233-41. *Exclude - not system-level transitional intervention*

Adunsky A, Levenkron S, Fleissig Y, et al. In-hospital referral source and rehabilitation outcome of elderly stroke patients. *Aging (Milano)* 2001;13(6):430-6. *Exclude - not system-level transitional intervention*

Afolabi BA, Novaro GM, Pinski SL, et al. Use of the prehospital ECG improves door-to-balloon times in ST segment elevation myocardial infarction irrespective of time of day or day of week. *Emerg Med J* 2007;24(8):588-91. *Exclude - not system-level transitional intervention*

Agarwal P, Kumar S, Hariharan S, et al. Hyperdense middle cerebral artery sign: can it be used to select

intra-arterial versus intravenous thrombolysis in acute ischemic stroke? *Cerebrovasc Dis* 2004;17(2-3):182-90. *Exclude - not system-level transitional intervention*

Agarwal V, McRae MP, Bhardwaj A, et al. A model to aid in the prediction of discharge location for stroke rehabilitation patients. *Arch Phys Med Rehabil* 2003;84(11):1703-9. *Exclude - not system-level transitional intervention*

Ahmed N, Wahlgren N, Brainin M, et al. Relationship of blood pressure, antihypertensive therapy, and outcome in ischemic stroke treated with intravenous thrombolysis: retrospective analysis from Safe Implementation of Thrombolysis in Stroke-International Stroke Thrombolysis Register (SITS-ISTR). *Stroke* 2009;40(7):2442-9. *Exclude - not system-level transitional intervention*

Ahmed R, Zuberi BF, Afsar S. Stroke scale score and early prediction of outcome after stroke. *J Coll Physicians Surg Pak* 2004;14(5):267-9. *Exclude - not system-level transitional intervention*

Ahrens J. Italian study concludes "home hospitalization" benefits stroke patients. *Caring* 2004;23(8):40-2; quiz 44-5. *Exclude - not original peer-reviewed data*

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