

Evidence *in* Context

Issue: Home-based Palliative Care
Released: February, 2021

Health research — synthesized and contextualized for use in Newfoundland & Labrador

ONLINE COMPANION DOCUMENT Home-based Palliative End-of Life Care *in* Newfoundland & Labrador

Newfoundland & Labrador Centre for
**APPLIED
HEALTH
RESEARCH**
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Home-based Palliative End-of-Life Care in Newfoundland and Labrador: ONLINE COMPANION DOCUMENT

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The Home-based Palliative End-of-Life Care Project

ABOUT THIS REPORT

This Online Companion Document provides more extensive detail about the search strategies, filtering process and critical appraisal of the research literature included in the following *Evidence in Context Report* of the Contextualized Health Research Synthesis Program at the NL Centre for Applied Health Research:

Pesut, B., Stone, K., Bornstein, S., Walsh, C., Lasisi, W. (2021). Home-based Palliative End-of-Life Care in Newfoundland & Labrador. St. John's, NL: Newfoundland & Labrador Centre for Applied Health Research, Memorial University

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RESEARCH QUESTION:

“What does the scientific evidence tell us about the effectiveness of home-based palliative end-of-life care in maximizing the likelihood of death at home and minimizing symptom burden and about which resources are required for its effective delivery?”

Research Design & Publication Dates

Project Parameters:

- a focus on systematic review literature published within the past 10 years (2009-2019) and very recent primary research studies;
- search strategies based on the PubMed, CINAHL, Embase, Cochrane periodical indexes, and grey literature sources according to the CADTH Grey Matters list
- any additional referrals, e.g., from Google Scholar or periodical index “related articles”;
- and available in English.

Selection Criteria

The research team collectively agreed on the following inclusion criteria for selection of articles:

PICO

Population: Adult palliative end-of-life care patients & caregivers

Intervention: End-of-life palliative care at home

Comparator: End-of-life palliative care at an institution

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Outcomes: Likelihood of death at home (Place of death); Symptom burden; Quality of Life; Resources needed to deliver an effective program

PICO Search Terms

Population:

Patient:

"Terminally ill"[Mesh] OR "Terminal care"[Mesh] OR "Terminally ill"[tw] OR "Terminal care"[tw] OR "Terminal disease"[tw] OR

"Advanced disease"[tw] OR "Advanced illness"[tw] OR "Serious illness"[tw] OR "Serious disease"[tw] OR "Irreversible illness"[tw] OR "Irreversible disease"[tw] OR "dying people"[tw] OR "end stage illness"[tw] OR "end stage disease"[tw]

Caregiver:

"Caregivers"[Mesh] OR "Caregivers"[tw] OR "Caregiver"[tw] OR "Care giver"[tw] OR "Family"[tw]

Intervention:

"Home health nursing"[Mesh] OR "Home nursing"[Mesh] OR "Home care services"[Mesh] OR "Home health nursing"[tw] OR "home nursing"[tw] OR "home care services"[tw] OR "Home palliative care"[tw] OR "palliative home care"[tw] OR "home end of life care"[tw] OR "end of life home care"[tw] OR "home hospice care"[tw] OR "hospice home care"[tw] OR "home based end of life care"[tw] OR "home based palliative care"[tw] OR "home nursing"[tw] OR "home respite care"[tw] OR ("home care"[tw] AND "death"[tw]) OR "specialized home care"[tw]

Outcomes:

Symptom Burden:

"Quality of life"[Mesh] OR "Quality of life"[tw] OR "symptom burden"[tw] OR "symptom"[tw] OR "symptoms"[tw] OR "symptom management"[tw] OR "symptom control"[tw]

Place of death:

"Place of death"[tw] OR "home death"[tw] OR "dying at home"[tw] OR "death at home"[tw]

Limits: Systematic reviews, meta-analyses

meta-analysis[ptyp] OR systematic[sb] OR (systematic review[Title/Abstract] NOT medline[sb]) OR (meta-analysis[Title/Abstract] NOT medline[sb])

Dates:

"2008/01/01"[Pdat] : "2019/08/14"[Pdat]

Search Strategy & Article Selection:

To identify relevant articles we searched the PubMed, CINAHL, Embase, and Cochrane periodical indexes, and grey literature sources according to the CADTH Grey Matters list. We focused on systematic review literature published within the past 10 years (2009-2019) and very recent primary research studies; any additional referrals, e.g., from Google Scholar or periodical index “related articles”; and available in English.

“Home health nursing”[Mesh] OR “Home nursing”[Mesh] OR “Home care services”[Mesh] OR “Home health nursing”[tw] OR “home nursing”[tw] OR “home care services”[tw] OR “Home palliative care”[tw] OR “palliative home care”[tw] OR “home end of life care”[tw] OR “end of life home care”[tw] OR “home hospice care”[tw] OR “hospice home care”[tw] OR “home based end of life care”[tw] OR “home based palliative care”[tw] OR “home nursing”[tw] OR “home respite care”[tw] OR (“home care”[tw] AND “death”[tw]) OR “specialized home care”[tw]

AND

“Quality of life”[Mesh] OR “Quality of life”[tw] OR “symptom burden”[tw] OR “symptom”[tw] OR “symptoms”[tw] OR “symptom management”[tw] OR “symptom control”[tw] OR “Place of death”[tw] OR “home death”[tw] OR “dying at home”[tw] OR “death at home”[tw] OR “location of death”[tw]

AND

meta-analysis[ptyp] OR systematic[sb] OR (systematic review[Title/Abstract] NOT medline[sb]) OR (meta-analysis[Title/Abstract] NOT medline[sb])

AND

"2008/01/01"[PDat] : "2019/08/14"[PDat]

RESULTS: 27 Items

Included (SRs that included outcomes – Quality of Life, Symptom burden & Place of death):

- [Davis et al. 2015](#)
- [Diop et al. 2017](#)
- [Gomes et al. 2013](#)
- [Luckett et al. 2013](#)
- [Miranda et al. 2019](#)
- [Nordly et al. 2016](#)
- [Shepperd et al. 2016](#)

Included (SRs that included outcome – Determinant of home death):

- [Costa et al. 2016](#)

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Included (Qualitative systematic reviews):

- [Saramento et al. 2017](#)
- [Wahid et al. 2018](#)

PudMed Search (Librarian's suggestions):

"Palliative care"[Mesh] OR "Palliative care"[tw] OR "Palliative"[tw] OR "Terminal care"[Mesh]
OR "Terminal care"[tw] OR "Terminal"[tw] OR "end of life care"[tw] OR "end of life"[tw] OR
"hospice care"[Mesh] OR "hospice care"[tw] OR "hospice"[tw]

AND

"Quality of life"[Mesh] OR "Quality of life"[tw] OR "symptom burden"[tw] OR "symptom"[tw]
"symptoms"[tw] OR "symptom management"[tw] OR "symptom control"[tw] OR "Place of
death"[tw] OR "home death"[tw] OR "dying at home"[tw] OR "death at home"[tw] OR "location
of death"[tw]

AND

"home"[tw] OR "homecare"[tw] OR "home care"[tw] OR "homebased"[tw] OR "home
based"[tw] OR "homebased care"[tw] OR "home based care"[tw]

AND

meta-analysis[ptyp] OR systematic[sb] OR (systematic review[Title/Abstract] NOT medline[sb])
OR (meta-analysis[Title/Abstract] NOT medline[sb])

AND

"2008/01/01"[PDat] : "2019/08/23"[PDat]

RESULTS: 22 Items (with suggested limit)

- Results missing some papers identified in original search

RESULTS: 36 Items (with original limit)

- Results contain all the papers from original search and additional papers

RESULTS: 43 Items (with "community")

- No additional relevant articles

Final PudMed Search:

("Palliative care"[Mesh] OR "Palliative care"[tw] OR "Palliative"[tw] OR "Terminal care"[Mesh] OR "Terminal care"[tw] OR "Terminal"[tw] OR "end of life care"[tw] OR "end of life"[tw] OR "hospice care"[Mesh] OR "hospice care"[tw] OR "hospice"[tw]) **AND** ("Quality of life"[Mesh] OR "Quality of life"[tw] OR "symptom burden"[tw] OR "symptom"[tw] "symptoms"[tw] OR "symptom management"[tw] OR "symptom control"[tw] OR "Place of death"[tw] OR "home death"[tw] OR "dying at home"[tw] OR "death at home"[tw] OR "location of death"[tw]) **AND** ("home"[tw] OR "homecare"[tw] OR "home care"[tw] OR "homebased"[tw] OR "home based"[tw] OR "homebased care"[tw] OR "home based care"[tw]) **AND** (meta-analysis[ptyp] OR systematic[sb] OR (systematic review[Title/Abstract] NOT medline[sb]) OR (meta-analysis[Title/Abstract] NOT medline[sb])) **AND** ("2008/01/01"[PDat] : "2019/08/23"[PDat])

RESULTS – 37 ITEMS

Embase Search

Embase – Emtree Terms

- Palliative therapy
- Palliative nursing
- Terminal care
- Terminal disease
- Terminally ill patient
- Hospice care
- Home care
- Community care
- Community health nursing
- Quality of life

Embase – Candidate Terms

- End of life
- Symptom burden
- Symptom management
- Home death
- Place of death

Intervention:

'palliative therapy'/exp OR 'palliative therapy' OR 'palliative nursing'/exp 'palliative nursing' OR 'terminal care'/exp OR 'terminal care' OR 'hospice care'/exp OR 'hospice care' OR 'palliative care' OR 'end of life care'/exp OR 'end of life care'

Outcomes:

'quality of life'/exp OR 'quality of life' OR 'symptom burden'/exp OR 'symptom burden' OR 'symptom' OR 'symptoms' OR 'symptom management'/exp OR 'symptom management' OR 'symptom control' OR

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'home death'/exp OR 'home death' OR 'place of death'/exp OR 'place of death' OR 'dying at home' OR 'death at home' OR 'location of death'

Setting:

'home' OR 'homecare' OR 'home care' OR 'homebased' OR 'home based' OR 'homebased care' OR 'home based care'

Limit:

Alternative Filter (ASTED(3S)/CHLA Literature reviews and meta-analysis search filter [2018]) [LINK](#)

(systematic OR state-of-the-art OR scoping OR literature OR umbrella) ADJ (review* OR overview* OR assessment*)

("review* of reviews" OR meta-analy* OR metaanaly*)

((systematic OR evidence) ADJ1 assess*) OR "research evidence" OR metasynthe* OR meta-synthe*).tw.)

(systematic review/ OR "systematic review (topic)"/ OR meta analysis/ OR "meta analysis (topic)"/)

((systematic OR state-of-the-art OR scoping OR literature OR umbrella) ADJ (review* OR overview* OR assessment*)) OR "review* of reviews" OR meta-analy* OR metaanaly* OR ((systematic OR evidence) ADJ1 assess*) OR "research evidence" OR metasynthe* OR meta-synthe*.tw. OR systematic review OR "systematic review (topic)" OR meta analysis OR "meta analysis (topic)"

Date:

[2008-2019]/py

Results: 242 Items

After screening, 2 additional results identified

- Bainbridge et al. 2016
- [Candy et al. 2011](#)

**** Filters to identify systematic reviews**

<https://sites.google.com/a/york.ac.uk/issg-search-filters-resource/filters-to-identify-systematic-reviews>

Final Embase Search:

((('palliative therapy'/exp OR 'palliative therapy' OR 'palliative nursing'/exp) AND 'palliative nursing' OR 'terminal care'/exp OR 'terminal care' OR 'hospice care'/exp OR 'hospice care' OR 'palliative care' OR 'end of life care'/exp OR 'end of life care') AND ('quality of life'/exp OR 'quality of life' OR 'symptom burden'/exp OR 'symptom burden' OR 'symptom' OR 'symptoms' OR 'symptom management'/exp OR 'symptom management' OR 'symptom control' OR 'home death'/exp OR 'home death' OR 'place of

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death'/exp OR 'place of death' OR 'dying at home' OR 'death at home' OR 'location of death') AND ('home'/exp OR 'home' OR 'homecare'/exp OR 'homecare' OR 'home care'/exp OR 'home care' OR 'homebased' OR 'home based' OR 'homebased care' OR 'home based care') AND ((systematic OR 'state of the art' OR scoping OR 'literature'/exp OR literature OR umbrella) AND adj AND (review* OR overview* OR assessment*)) OR 'review* of reviews' OR 'meta analy*' OR metaanaly* OR ((systematic OR 'evidence'/exp OR evidence) AND adj1 AND assess*) OR 'research evidence' OR metasynthe* OR 'meta synthe*.tw.' OR 'systematic review'/exp OR 'systematic review' OR (systematic AND ('review'/exp OR review)) OR 'systematic review (topic)'/exp OR 'systematic review (topic)' OR 'meta analysis'/exp OR 'meta analysis' OR (meta AND ('analysis'/exp OR analysis)) OR 'meta analysis (topic)'/exp OR 'meta analysis (topic)') AND [2008-2019]/py

RESULTS – 252 ITEMS

CINAHL Search

Terms

- Palliative care
- Hospice and palliative nursing
- Terminal care
- Hospices
- Quality of life
- Symptoms
- Symptom status (Iowa NOC)
- Symptom severity (Iowa NOC)

Intervention:

MH “palliative care” OR TX “palliative care” OR TX “palliative” OR MH “Terminal care” or TX “Terminal care” OR TX “Terminal” OR TX “end of life care” OR TX “end of life” OR MH “Hospice and palliative nursing” OR MH “Hospices” OR TX “hospice care” OR TX “hospice” OR TX “palliative nursing”

Outcomes:

MH “Quality of life” OR TX “quality of life” OR MH “symptoms” OR TX “symptoms” OR TX “symptoms” OR TX “symptoms” OR TX “symptom burden” OR TX “symptom management” OR TX “symptom control” OR TX “place of death” OR TX “home death” OR TX “dying at home” OR TX “death at home” OR TX “location of death” OR TX “symptom severity”

Setting:

TX “home” OR TX “homecare” OR TX “home care” OR TX “homebased” OR TX “home based” OR TX “homebased care” OR TX “home based care”

Limits: Systematic reviews and meta-analyses

TI (((systematic OR state-of-the-art OR scoping OR literature OR umbrella) W0 (review OR reviews OR overview* OR assessment*)) OR "review* of reviews" OR meta-analy* OR

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metaanaly* OR ((systematic OR evidence) N1 assess*) OR "research evidence" OR metasynthe* OR meta-synthe*) OR AB (((systematic OR state-of-the-art OR scoping OR literature OR umbrella) W0 (review OR reviews OR overview* OR assessment*)) OR "review* of reviews" OR meta-analy* OR metaanaly* OR ((systematic OR evidence) N1 assess*) OR "research evidence" OR metasynthe* OR meta-synthe*) OR KW (((systematic OR state-of-the-art OR scoping OR literature OR umbrella) W0 (review OR reviews OR overview* OR assessment*)) OR "review* of reviews" OR meta-analy* OR metaanaly* OR ((systematic OR evidence) N1 assess*) OR "research evidence" OR metasynthe* OR meta-synthe*) OR MH ("Review Literature as Topic" OR "Review" OR "Meta-Analysis as Topic" OR "Meta-Analysis" OR "systematic review")

AND

01/2008 - 09/2019 ; Exclude MEDLINE records

Final CINAHL Search:

(MH "palliative care" OR TX "palliative care" OR TX "palliative" OR MH "Terminal care" OR TX "Terminal care" OR TX "Terminal" OR TX "end of life care" OR TX "end of life" OR MH "Hospice and palliative nursing" OR MH "Hospices" OR TX "hospice care" OR TX "hospice" OR TX "palliative nursing") **AND** (MH "Quality of life" OR TX "quality of life" OR MH "symptoms" OR TX "symptoms" OR TX "symptoms" OR TX "symptoms" OR TX "symptom burden" OR TX "symptom management" OR TX "symptom control" OR TX "place of death" OR TX "home death" OR TX "dying at home" OR TX "death at home" OR TX "location of death" OR TX "symptom severity") **AND** (TX "home" OR TX "homecare" OR TX "home care" OR TX "homebased" OR TX "home based" OR TX "homebased care" OR TX "home based care") **AND** (TI (((systematic OR state-of-the-art OR scoping OR literature OR umbrella) W0 (review OR reviews OR overview* OR assessment*)) OR "review* of reviews" OR meta-analy* OR metaanaly* OR ((systematic OR evidence) N1 assess*) OR "research evidence" OR metasynthe* OR meta-synthe*) OR AB (((systematic OR state-of-the-art OR scoping OR literature OR umbrella) W0 (review OR reviews OR overview* OR assessment*)) OR "review* of reviews" OR meta-analy* OR metaanaly* OR ((systematic OR evidence) N1 assess*) OR "research evidence" OR metasynthe* OR meta-synthe*) OR KW (((systematic OR state-of-the-art OR scoping OR literature OR umbrella) W0 (review OR reviews OR overview* OR assessment*)) OR "review* of reviews" OR meta-analy* OR metaanaly* OR ((systematic OR evidence) N1 assess*) OR "research evidence" OR metasynthe* OR meta-synthe*) OR MH ("Review Literature as Topic" OR "Review" OR "Meta-Analysis as Topic" OR "Meta-Analysis" OR "systematic review"))

Limits:

Exclude MEDLINE records

01/2008 - 09/2019

RESULTS – 400 ITEMS

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Grey Matter Search:

Keywords:

- Palliative Care

We used the CADTH resource *Grey Matters: a practical tool for searching health-related grey literature* to search for Grey Literature. For further information and access to the document please see:

<https://www.cadth.ca/resources/finding-evidence/grey-matters>

i. **Canada**

CADTH (<https://www.cadth.ca/search?keywords>): searched for "palliative care" nothing relevant found

Health Quality Ontario (<https://www.hqontario.ca/Evidence-to-Improve-Care/Health-Technology-Assessment>): searched for "palliative care" results may be of peripheral interest

- Health Quality Ontario. Palliative Care at the End of Life: Report Update 2019 [Internet]. Health Quality Ontario; 2019 p. 17. Available from:
<https://www.hqontario.ca/Portals/0/documents/system-performance/palliative-care-report-2019-en.pdf>

Institut national d'excellence en santé et en services sociaux

(<http://www.inesss.qc.ca/en/publications/publications.html>): searched for "palliative care" nothing relevant found

Institute of Health Economics (<http://www.ihe.ca/index.php?publications>): searched for "palliative care" nothing relevant found

Manitoba Centre for Health Policy (<http://mchp-appserv.cpe.umanitoba.ca/deliverablesList.html>): searched for "palliative care" nothing relevant found

Ottawa Hospital Research Institute (<http://www.ohri.ca/ksgroup/Publications.aspx>): searched for "palliative care" nothing relevant found

Therapeutics Initiative (<http://www.ti.ubc.ca/TherapeuticsLetter>): searched for "palliative care" nothing relevant found

University of British Columbia: Centre for Health Services and Policy Research

(<http://chspr.ubc.ca/pubs/pub-search>): searched for "palliative care" nothing relevant found

Public Health Agency of Canada: Economic Burden of Illness in Canada

(<https://www.canada.ca/en/public-health/services/chronic-diseases/chronic-disease-knowledge-development-exchange/economic-burden-illness-canada.html>): searched for "palliative care" results may be of peripheral interest

- NL Palliative Care Association Website (<https://www.nlpalliativecareassociation.net/>)

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- Health Canada. Action plan on palliative care: building on the framework on palliative care in Canada. Health Canada; 2019. Available from:
http://publications.gc.ca/collections/collection_2019/sc-hc/H22-4-19-2019-eng.pdf

Alberta Medical Association: Toward Optimized Practice

(<http://www.topalbertadoctors.org/cpgs.php?sid=1>): searched for "palliative care" nothing relevant found

British Columbia Ministry of Health: BC Guidelines

(<https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines>): searched for "palliative care" results may be of peripheral interest

- Palliative Care for the Patient with Incurable Cancer or Advanced Disease - Part 1: Approach to Care (<https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/palliative-care-approach>)
- Palliative Care for the Patient with Incurable Cancer or Advanced Disease - Part 2: Pain and Symptom Management (<https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/palliative-pain-management>)
- Palliative Care for the Patient with Incurable Cancer or Advanced Disease - Part 3: Grief and Bereavement (<https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/palliative-grief-and-bereavement>)

Canadian Medical Association: Clinical Practice Guidelines (<https://www.cma.ca/En/Pages/clinical-practice-guidelines.aspx>): searched for "palliative care" nothing relevant found

Canadian Partnership Against Cancer Corporation: Cancer Guidelines Resource

(<https://www.partnershipagainstcancer.ca/tools/cancer-guidelines-database/#>): manual search nothing relevant found

Registered Nurses' Association of Ontario: Nursing Best Practice Guidelines (<https://rnao.ca/bpg>): searched for "palliative care" nothing relevant found

ii. **International**

EuroScan Secretariat (<https://www.euroscan.org/index.php/en/>): searched for "palliative care" nothing relevant found

International Network of Agencies for Health Technology Assessment

(<https://www.inahta.org/publications/>): searched for "palliative care" nothing relevant found

World Health Organization Regional Office for Europe (<https://www.euro.who.int/en/data-and-evidence/evidence-informed-policy-making/publications/by-keyword>): searched for "palliative care" nothing relevant found

iii. **Australia**

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Australian Government Department of Health and Ageing

(<http://www.horizonscanning.gov.au/internet/horizon/publishing.nsf/Content/technologies-assessed-lp-2>): searched for "palliative care" nothing relevant found

Australian Government Department of Health and Ageing: Medical Services Advisory Committee

(<http://www.msac.gov.au/internet/msac/publishing.nsf/Content/completed-assessments>): searched for "palliative care" nothing relevant found

Joanna Briggs Institute (<http://connect.jbiconnectplus.org/Search.aspx>): searched for "palliative care" nothing relevant found

Monash Health: Centre for Clinical Effectiveness (<http://www.monashhealth.org/page/Current>):

searched for "palliative care" nothing relevant found

Queensland Government: Health Policy Advisory Committee on Technology

(<https://www.health.qld.gov.au/>): searched for "palliative care" results may be of peripheral interest

- <https://www.qld.gov.au/health/support/end-of-life/care/care-at-home>

iv. **Ireland**

Health Information and Quality Authority: Health Technology Assessments

(<http://www.hiqa.ie/healthcare/health-technology-assessment/assessments>): searched for "palliative care" nothing relevant found

Health Service Executive: Irish Health Repository (<http://www.lenus.ie/hse/>): searched for "palliative care" results may be of peripheral interest

- Murray E, McLoughlin K, Foley S. Access to specialist palliative care services place of death in Ireland: What the data tells us. The Irish Hospice Foundation; 2013 May.

v. **U.K.**

Healthcare Improvement Scotland (<http://www.healthcareimprovementscotland.org/>): searched for "palliative care" results may be of peripheral interest

- The Scottish Palliative Care Guidelines (<https://www.palliativecareguidelines.scot.nhs.uk/>)
- Strategic Framework for Action on Palliative and End of Life Care 2016-2021 (<https://www2.gov.scot/Resource/0049/00491388.pdf>)

National Institute for Health and Care Excellence (<http://www.nice.org.uk/>): searched for "palliative care" nothing relevant found

UK Department of Health: International Resource for infection Control

(<https://www.nric.org.uk/resources>): searched for "palliative care" nothing relevant found

vi. **U.S.**

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Agency for Healthcare Research and Quality (<https://www.ahrq.gov/cpi/about/index.html>): searched for "palliative care" nothing relevant found

Centre for Medicare & Medicaid Services: Technology Assessments (<https://www.cms.gov/medicare-coverage-database/indexes/technology-assessments-index.aspx?TAId=85&bc=AAAQAAAAAAAA&>): searched for "palliative care" nothing relevant found

Emergency Care Research Institute (<https://www.ecri.org/>): searched for "palliative care" nothing relevant found

No new Systematic Reviews retrieved.

List of Included Papers:

Papers for Data Extraction (Quantitative SRs with main outcomes)

1. Candy 2011 (Quantitative & Qualitative)
2. Davis 2015
3. Diop 2017
4. Gomes 2013
5. Lockett 2013
6. Miranda 2019
7. Nordly 2016
8. Shepperd 2016

Papers for Data Extraction (Qualitative SRs with main outcomes)

9. Saramento 2017
10. Wahid 2018

Papers mentioning Determinants, Factors or Resources

11. Costa 2016 – Determinant of home death

Papers for Background, Discussion, Overview or Other

1. Beasley 2019 – Models of non-hospice palliative care (review)
2. Billingham and Billingham 2013 – Congruence between preferred place of death in cancer patients
3. Bolt 2019 – Scoping Review; Resources
4. Davies 2019 – Socioeconomic position
5. Green 2016 – Factors that influence hospital visits from palliative patients
6. Hofmeister 2018 – Scoping review of study quality and outcomes for palliative care at home
7. Lam 2017 – Determinants of home death (literature review)
8. Loew 2017 – Music therapy in terminally ill

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9. Morgan 2018 – Facilitators and challenges of dying at home with dementia (narrative synthesis)
10. Neergaard 2019 – Socioeconomic factors
11. Procter 2019 – Review of literature on family decision-making at end of life before hospital admission
12. Rainsford 2016 – Place of death in rural palliative care
13. Rhee 2016 – Factors associated with home death
14. Seow and Bainbridge 2018 – Essential components in palliative care at home
15. Sugimoto 2018 – Aged care facilities
16. Thomas 2017 – Patient transfer from hospital or hospice to care home
17. Turner and Flemming 2019 – Socioeconomic factors and preferred place of death
18. Ugalde 2011 – Caregiver support

List of Papers to AMSTAR:

Papers for AMSTAR (Database Search)

1. Candy 2011
2. Costa 2016
3. Davis 2015
4. Diop 2017
5. Gomes 2013
6. Lockett 2013
7. Miranda 2019
8. Nordly 2016
9. Saramento 2017
10. Shepperd 2016
11. Wahid 2018

Critical Appraisal

As stated in the main report, our critical appraisal methodology for systematic reviews employs AMSTAR¹, a validated measurement tool for evaluating the methodological quality of systematic reviews. AMSTAR scores range from 0 to 11. Higher scores can be taken as an indicator that the various stages of the review –e.g., literature searching, pooling of data, critical appraisal, etc. –were conducted appropriately. Each included systematic review was scored independently by the CHRSP researchers using the AMSTAR tool. We then met and compared their appraisals, review by review, and resolved any discrepancies in score via a consensus procedure. Below we provide a blank version of the AMSTAR scoring sheet, a table that illustrates how each review was scored, and the data extraction tables.

The CHRSP researchers also conducted Downs and Black for each of the Primary Studies synthesized in the report. They assessed each study independently and subsequently compared their appraisals, study by study, and resolved any discrepancies via a consensus procedure.

The results of these assessments, along with blank samples of AMSTAR and Downs & Black tools, are presented below.

AMSTAR Sample:

AUTHOR NAME: REVIEW DATE:		COCHRANE?		AMSTAR Score.
#	Item	Description	Criteria	Kappa
1	Was an 'a priori' design provided?	The research question and inclusion criteria should be established before the conduct of the review.	A. Research question B. Inclusion criteria C. Previously published protocol, ethics approval, or research objectives	
2	Was there duplicate study selection and data extraction?	There should be at least two independent data extractors and a consensus procedure for disagreements should be in place.	A. Duplicate/checked study selection B. Duplicate/checked data extraction C. Consensus process	
3	Was a comprehensive literature search performed?	At least two electronic sources should be searched. The report must include years and databases used (e.g. Central, EMBASE, and MEDLINE). Key words and/or MESH terms must be stated and where feasible the search strategy should be provided. All searches should be supplemented by consulting current contents, reviews, textbooks, specialized registers, or experts in the particular field of study, or by reviewing the references in the studies found.	A. At least two electronic sources (Cochrane = 2) B. Years C. Names of databases D. Key words/MeSH terms (where feasible, search string) F. One supplementary strategy	
				FINAL JUDGEMENT

4	Was the status of publication (i.e. grey literature) used as an inclusion criterion?	The authors should state that they searched for reports regardless of their publication type. The authors should state whether or not they excluded any reports (from the systematic review), based on their publication status, language etc.	A. Reviewers explicitly demonstrate that there were no language search restrictions B. Reviewers explicitly demonstrate that they searched for grey lit
5	Was a list of studies (included and excluded) provided?	A list of included and excluded studies should be provided.	A. List of studies (included and excluded) B. Included studies listed and excluded studies referenced C. Included studies listed and excluded studies linked
6	Were the characteristics of the included studies provided?	In an aggregated form such as a table, data from the original studies should be provided on the participants, interventions and outcomes. The ranges of characteristics in all the studies analyzed e.g. age, race, sex, relevant socioeconomic data, disease status, duration, severity, or other diseases should be reported.	A. Aggregate description of characteristics of included studies, e.g. participant age, gender, health status, etc.
7	Was the scientific quality of the included studies assessed and documented?	'A priori' methods of assessment should be provided (e.g., for effectiveness studies if the author(s) chose to include only randomized, double-blind, placebo controlled studies, or allocation concealment as inclusion criteria); for other types of studies alternative items will be relevant.	A. Quality scoring tools/checklists and grade/score reported for each included study B. Prose description of quality items and appraisals of each included study

8	Was the scientific quality of the included studies used appropriately in formulating conclusions?	The results of the methodological rigor and scientific quality should be considered in the analysis and the conclusions of the review, and explicitly stated in formulating recommendations.	A. Must score YES on #7 B. Must show some recognition of impact of quality and methodological rigour
9	Were the methods used to combine the findings of studies appropriate?	For the pooled results, a test should be done to ensure the studies were combinable, to assess their homogeneity (i.e. Chi-squared test for homogeneity, I ²). If heterogeneity exists a random effects model should be used and/or the clinical appropriateness of combining should be taken into consideration (i.e. is it sensible to combine?)	A. Pooled results have tests for homogeneity and appropriate changes if heterogeneity found B. No pooled results
10	Was the likelihood of publication bias (a.k.a. "file drawer" effect) assessed?	An assessment of publication bias should include a combination of graphical aids (e.g., funnel plot, other available tests) and/or statistical tests (e.g., Egger regression test).	A. Graphical aids B. Statistical tests C. Fewer than 10 studies
11	Was the conflict of interest stated?	Potential sources of support should be clearly acknowledged in both the systematic review and the included studies.	A. Reviewers state clearly whether or not there was funding for systematic review; if so, sources of support or funding are described B. For each included study reviewers state clearly whether there was funding for the study; if so, sources of support or funding are described

The AMSTAR Scores:

A	B	C	D	E	F	H	I	K	L	
1	Author of Systematic Review	Date	Cochrane	Kappa	AMSTAR Score	AMSTAR Category		Count	Average Kappa	Average AMSTAR for All Systematic Reviews
2	Bell	2010/No		0.93	45.45	Moderate	Low (will be dropped)	5	0.96	46.21
3	Candy	2011/No		0.86	45.45	Low	Moderate	5		
4	Costa	2016/No		1.00	45.45	Moderate	High	2		Average AMSTAR for Retained Systematic Reviews
5	Davis	2015/No		1.00	45.45	Low	TOTAL	12		61.04
6	Dipeolu	2017/No		0.86	45.45	Low				
7	Gomes	2013/Yes		0.93	90.91	High	Usable SRs	7		
8	Lockett	2013/No		1.00	54.55	Moderate				
9	Miranda	2019/No		1.00	63.64	Moderate				
10	Nordby	2016/No		0.93	45.45	Low				
11	Saramento	2017/No		1.00	54.55	Moderate				
12	Shepperd	2016/Yes		1.00	72.73	High				
13	Wahid	2018/No		1.00	45.45	Low				

Note: While Bell et al. 2010 was scored Moderate, later review indicated that this SR was not relevant to report.

All papers with “Low” AMSTAR Category were not included in the synthesis.

Papers Included in report synthesis:

1. Costa 2016
2. Gomes 2013
3. Lockett 2013
4. Miranda 2019
5. Saramento 2017
6. Shepperd 2016

Downs & Black Sample:

#	Item	Description	Yes/ No/ Don't Know	Agree	Final Score
1	Is the hypothesis/ aim/objective of the study clearly described?				0
2	Are the main outcomes to be measured clearly described in the Introduction or Methods section?	If the main outcomes are first mentioned in the Results section, the question should be answered no.			0
3	Are the characteristics of the patients included in the study clearly described?	In cohort studies and trials, inclusion and/or exclusion criteria should be given. In case-control studies, a case-definition and the source for controls should be given.			0
4	Are the interventions of interest clearly described?	Treatments and placebo (where relevant) that are to be compared should be clearly described.			0
5	Are the distributions of principal confounders in each group of subjects to be compared clearly described?	A list of principal confounders is provided. (Y=Yes, P=Partially, N=No)			0

6	Are the main findings of the study clearly described?	<i>Simple outcome data (including denominators and numerators) should be reported for all major findings so that the reader can check the major analyses and conclusions. (This question does not cover statistical tests which are considered below).</i>	0
7	Does the study provide estimates of the random variability in the data for the main outcomes?	<i>In non normally distributed data the inter-quartile range of results should be reported. In normally distributed data the standard error, standard deviation or confidence intervals should be reported. If the distribution of the data is not described, it must be assumed that the estimates used were appropriate and the question should be answered yes.</i>	0
8	Have all important adverse events that may be a consequence of the intervention been reported?	<i>This should be answered yes if the study demonstrates that there was a comprehensive attempt to measure adverse events. (A list of possible adverse events is provided).</i>	0
9	Have the characteristics of patients lost to follow-up been described?	<i>This should be answered yes where there were no losses to follow-up or where losses to follow-up were so small that findings would be unaffected by their inclusion. This should be answered no where a study does not report the number of patients lost to follow-up.</i>	0
10	Have actual probability values been reported (e.g. 0.035 rather than <0.05) for the main outcomes except where the probability value is less than 0.001?		0

11	Were the subjects asked to participate in the study representative of the entire population from which they were recruited?	<i>The study must identify the source population for patients and describe how the patients were selected. Patients would be representative if they comprised the entire source population, an unselected sample of consecutive patients, or a random sample. Random sampling is only feasible where a list of all members of the relevant population exists. Where a study does not report the proportion of the source population from which the patients are derived, the question should be answered as unable to determine.</i>	0
12	Were those subjects who were prepared to participate representative of the entire population from which they were recruited?	<i>The proportion of those asked who agreed should be stated. Validation that the sample was representative would include demonstrating that the distribution of the main confounding factors was the same in the study sample and the source population.</i>	0
13	Were the staff, places, and facilities where the patients were treated, representative of the treatment the majority of patients receive?	<i>For the question to be answered yes the study should demonstrate that the intervention was representative of that in use in the source population. The question should be answered no if, for example, the intervention was undertaken in a specialist centre unrepresentative of the hospitals most of the source population would attend.</i>	0
14	Was an attempt made to blind study subjects to the intervention they have received ?	<i>For studies where the patients would have no way of knowing which intervention they received, this should be answered yes.</i>	0
15	Was an attempt made to blind those measuring the main outcomes of the intervention?		0

16	If any of the results of the study were based on “data dredging”, was this made clear?	<i>Any analyses that had not been planned at the outset of the study should be clearly indicated. If no retrospective unplanned subgroup analyses were reported, then answer yes.</i>	0
17	In trials and cohort studies, do the analyses adjust for different lengths of follow-up of patients, or in case-control studies, is the time period between the intervention and outcome the same for cases and controls ?	<i>Where follow-up was the same for all study patients the answer should be yes. If different lengths of follow-up were adjusted for by, for example, survival analysis the answer should be yes. Studies where differences in follow-up are ignored should be answered no.</i>	0
18	Were the statistical tests used to assess the main outcomes appropriate?	<i>The statistical techniques used must be appropriate to the data. For example nonparametric methods should be used for small sample sizes. Where little statistical analysis has been undertaken but where there is no evidence of bias, the question should be answered yes. If the distribution of the data (normal or not) is not described it must be assumed that the estimates used were appropriate and the question should be answered yes.</i>	0
19	Was compliance with the intervention/s reliable?	<i>Where there was non compliance with the allocated treatment or where there was contamination of one group, the question should be answered no. For studies where the effect of any misclassification was likely to bias any association to the null, the question should be answered yes.</i>	0
20	Were the main outcome measures used accurate (valid and reliable)?	<i>For studies where the outcome measures are clearly described, the question should be answered yes. For studies which refer to other work or that demonstrates the outcome measures are accurate, the question should be answered as yes.</i>	0

21	Were the patients in different intervention groups (trials and cohort studies) or were the cases and controls (case-control studies) recruited from the same population?	<i>For example, patients for all comparison groups should be selected from the same hospital. The question should be answered unable to determine for cohort and case control studies where there is no information concerning the source of patients included in the study.</i>	0
22	Were study subjects in different intervention groups (trials and cohort studies) or were the cases and controls (case-control studies) recruited over the same period of time?	<i>For a study which does not specify the time period over which patients were recruited, the question should be answered as unable to determine.</i>	0
23	Were study subjects randomised to intervention groups?	<i>Studies which state that subjects were randomised should be answered yes except where method of randomisation would not ensure random allocation. For example alternate allocation would score no because it is predictable.</i>	0
24	Was the randomised intervention assignment concealed from both patients and health care staff until recruitment was complete and irrevocable?	<i>All non-randomised studies should be answered no. If assignment was concealed from patients but not from staff, it should be answered no.</i>	0
25	Was there adequate adjustment for confounding in the analyses from which the main findings were drawn?	<i>This question should be answered no for trials if: the main conclusions of the study were based on analyses of treatment rather than intention to treat; the distribution of known confounders in the different treatment groups was not described; or the distribution of known confounders differed between the treatment groups but was not taken into account in the analyses. In nonrandomised studies if the effect of the main confounders was not investigated or confounding was demonstrated but no adjustment was made in the final analyses the question should be answered as no.</i>	0

26	Were losses of patients to follow-up taken into account?	<i>If the numbers of patients lost to follow-up are not reported, the question should be answered as unable to determine. If the proportion lost to follow-up was too small to affect the main findings, the question should be answered yes.</i>	0
27	Did the study have sufficient power to detect a clinically important effect where the probability value for a difference being due to chance is less than 5%?	<i>Sample sizes have been calculated to detect a difference of x% and y%.</i>	0
Total Score			0

Downs & Black Scores:

Article	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	Final Score
Abe 2019	1	1	1	1	2	1	1	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	0	0	1	1	1	24
Kjellstadli 2018	1	1	1	1	0	1	1	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	0	0	0	0	1	20
Nagaviraj 2017	1	1	1	1	1	1	1	0	0	1	1	1	1	0	0	1	1	1	1	1	1	1	0	0	0	1	0	19
Tan 2019	1	1	1	1	0	1	1	0	0	1	1	1	1	0	0	1	1	1	1	1	1	1	0	0	0	1	1	19
Tanuseputro 2018	1	1	1	1	2	1	1	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	0	0	1	1	1	24
Wang 2019	1	1	1	1	2	1	1	1	1	0	0	0	1	0	0	1	1	1	1	1	1	1	0	0	1	1	1	21

Data Extraction

As described in the main report we used the CHRSP Evidence Rating System to analyze how the intervention interacted with the outcomes of interest. The CHRSP Evidence Rating System assesses the strength of the combined body of evidence about a particular intervention for achieving a given outcome for a defined population. The strength of the body of evidence increases with the quality of the systematic reviews included in the analysis, the number of unique primary research studies included within the reviews, and the consistency of the findings.

How The Evidence Rating System Works

Assessing a body of evidence for CHRSP is based on the following *a priori* considerations:

- The assessment of the body of evidence is an assessment of our certainty as to findings from the synthesis of that evidence.
- AMSTAR is an instrumental measure of trust in the findings of a systematic review. How certain are we that the results of this review are reliable? We call this variable “Quality.”
- The number of unique primary research studies is a proxy measure for power to hedge against Type II Error. How likely is it that, if there were an effect to be found, we would have found it?
 - It is also a proxy measure for the potential for bias from small sample size variability (Type I Error), and this SHOULD be accounted for by the SR.
 - It should not be considered a measure of Quality of a systematic review, which is based on the methods, but rather a measure of Sample Size (of individually estimated effect sizes).
- Agreement among review (and primary research) findings is a critical requirement in order to be able to claim certainty for any finding.
- We consider the effectiveness of an intervention for a given PICOS comparison as follows from best to worst:
 1. Quantified as statistically significant (greatest to least effective)
 2. Subjectively determined to be effective and/or effective but without statistical significance
 3. Subjectively determined to be not effective and/or statistically not effective
 4. Harmful (very rare)
- We consider the evidence at the level of individual PICOS comparisons, which means each comparison needs to be considered in terms of Quality and Sample Size.
- Higher Quality SRs tend to be more conservative in the estimation of effect size.
- In meta-analyses, effect sizes are weighted in proportion to their sample size.

Our assessment hierarchy is as follows:

- Is the SR evidence in agreement?
 - Is the PR evidence in agreement?
 - YES
 - What is the highest Quality of SR evidence?

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- What is the Sample Size of the evidence?
- How effective is the intervention?
- Establish certainty
- NO
 - Can the disagreement be explained?
 - YES
 - Discard dissenting evidence and repeat above
 - NO
 - Claim no certainty.

Interaction of PICOS by Systematic Review

1	Systematic Review	Population	Intervention (General)	Control	Outcome	# of Studies	Finding Summary	Valence	Finding Type	Intervention x Outcome
2	Costa 2016	APCP	HPC	UC	HO	5	Pooled: 0.54 (0.33-0.89), I2: 18%; favours home death	Positive	Quantitative	APCP * HPC * UC * HO *
3	Gomes 2015	APCP	HPC	UC	HO	7	OR 3.21, 95% CI 1.31 to 7.77; p=0.009; higher odds of dyi	Positive	Quantitative	APCP * HPC * UC * HO *
4	Gomes 2015	APCP	HPC	UC	HO	6	OR 0.31, 95% CI 0.12 to 0.79; p=0.014; lower odds of dyi	Positive	Quantitative	APCP * HPC * UC * HO *
5	Gomes 2015	APCP	HPC	UC	SB	4	Strong evidence that home palliative care is more effective th	Positive	Non-Quantitative	APCP * HPC * UC * SB *
6	Gomes 2015	APCP	HPC	UC	3N	8	8 of 8 found no statistically significant differences	Non-Significant	Non-Quantitative	APCP * HPC * UC * 3N *
7	Gomes 2015	APCP	HPC	UC	3N	3	2 of 3 found no statistically significant differences	Non-Significant	Non-Quantitative	APCP * HPC * UC * 3N *
8	Gomes 2015	APCP	HPC	UC	SD	2	not significant	Non-Significant	Non-Quantitative	APCP * HPC * UC * SD *
9	Gomes 2015	APCP	HPC	UC	NO	3	not significant	Non-Significant	Non-Quantitative	APCP * HPC * UC * NV *
10	Gomes 2015	APCP	HPC	UC	ON	2	not significant	Non-Significant	Non-Quantitative	APCP * HPC * UC * CN *
11	Gomes 2015	APCP	HPC	UC	OH	2	not significant	Non-Significant	Non-Quantitative	APCP * HPC * UC * OH *
12	Gomes 2015	APCP	HPC	UC	QOL	7	not significant	Non-Significant	Non-Quantitative	APCP * HPC * UC * QOL *
13	Gomes 2015	APCP	HPC	UC	GH	3	conflicting evidence	Non-Significant	Non-Quantitative	APCP * HPC * UC * GH *
14	Gomes 2015	APCP	HPC	UC	SV	10	not significant	Non-Significant	Non-Quantitative	APCP * HPC * UC * SV *
15	Gomes 2015	APCP	HPC	UC	3F	7	not significant	Non-Significant	Non-Quantitative	APCP * HPC * UC * 3F *
16	Gomes 2015	APCP	HPC	UC	PWB	11	not significant	Non-Significant	Non-Quantitative	APCP * HPC * UC * PWB *
17	Gomes 2015	APCP	HPC	UC	SWB	4	not significant	Non-Significant	Non-Quantitative	APCP * HPC * UC * SWB *
18	Gomes 2015	APCP	HPC	UC	SPWB	2	not significant	Non-Significant	Non-Quantitative	APCP * HPC * UC * SPWB *
19	Gomes 2015	APCP	HPC	UC	SWC	6	not significant	Non-Significant	Non-Quantitative	APCP * HPC * UC * SWC *
20	Gomes 2015	APCP	HPC	UC	OPCO	2	not significant	Non-Significant	Non-Quantitative	APCP * HPC * UC * OPCO *
21	Gomes 2015	APCP	HPC	UC	EDU	6	no statistical significant difference	Non-Significant	Non-Quantitative	APCP * HPC * UC * EDU *
22	Gomes 2015	APCP	HPC	UC	ICU	2	not significant	Non-Significant	Non-Quantitative	APCP * HPC * UC * ICU *
23	Gomes 2015	APCP	HPC	UC	INA	12	not significant	Non-Significant	Non-Quantitative	APCP * HPC * UC * INA *
24	Gomes 2015	APCP	HPC	UC	OCV	6	not significant	Non-Significant	Non-Quantitative	APCP * HPC * UC * OCV *
25	Gomes 2015	CG	HPC	UC	CGP	2	not significant	Non-Significant	Non-Quantitative	CG * HPC * UC * CGP *
26	Gomes 2015	CG	HPC	UC	CGGH	4	not significant	Non-Significant	Non-Quantitative	CG * HPC * UC * CGGH *
27	Gomes 2015	CG	HPC	UC	CGPH	2	not significant	Non-Significant	Non-Quantitative	CG * HPC * UC * CGPH *
28	Gomes 2015	CG	HPC	UC	CGPWB	8	not significant	Non-Significant	Non-Quantitative	CG * HPC * UC * CGPWB *
29	Gomes 2015	CG	HPC	UC	CGSWB	3	not significant	Non-Significant	Non-Quantitative	CG * HPC * UC * CGSWB *
30	Gomes 2015	CG	HPC	UC	CSB	6	not significant	Non-Significant	Non-Quantitative	CG * HPC * UC * CSB *
31	Gomes 2015	CG	HPC	UC	PCGG	4	not significant	Non-Significant	Non-Quantitative	CG * HPC * UC * PCGG *
32	Gomes 2015	CG	HPC	UC	PCGGH	3	not significant	Non-Significant	Non-Quantitative	CG * HPC * UC * PCGGH *
33	Gomes 2015	CG	HPC	UC	PCGPH	3	not significant	Non-Significant	Non-Quantitative	CG * HPC * UC * PCGPH *
34	Gomes 2015	CG	HPC	UC	PCGPHQOL	3	not significant	Non-Significant	Non-Quantitative	CG * HPC * UC * PCGPHQOL *
35	Gomes 2015	CG	HPC	UC	PCGPHWB	5	not significant	Non-Significant	Non-Quantitative	CG * HPC * UC * PCGPHWB *
36	Gomes 2015	CG	HPC	UC	CGC	2	not significant	Non-Significant	Non-Quantitative	CG * HPC * UC * CGC *
37	Gomes 2015	CG	HPC	UC	CGQOL	2	not significant	Non-Significant	Non-Quantitative	CG * HPC * UC * CGQOL *
38	Luckett 2013	APCP	HPC	UC	HO	10		Non-Significant	Quantitative	APCP * HPC * UC * HO *
39	Miranda 2018	APCP	HPC	UC	SB	4	Mixed results: improved scores, or no difference. Authors stat	Positive	Non-Quantitative	APCP * HPC * UC * SB *
40	Miranda 2018	APCP	HPC	UC	INA	2	Lower % of patients being transferred to nursing homes +cig +	Positive	Non-Quantitative	APCP * HPC * UC * INA *
41	Shepherd 2016	APCP	HPC	UC	HO	3	"We found that those receiving end of life home care were sta	Positive	Quantitative	APCP * HPC * UC * HO *
42	Shepherd 2016	APCP	HPC	UC	SWC	2	greater satisfaction at 30 days, disappeared at 60 days and mor	Non-Significant	Non-Quantitative	APCP * HPC * UC * SWC *
43	Salamanca 2017	APCP	HPC	UC	SB	5	inspired trust in the team and hope in future symptom	Positive	Non-Quantitative	APCP * HPC * UC * SB *
44	Salamanca 2017	CG	HPC	UC	CSB	11	"palliative care professionals relieved caregivers from respons	Positive	Non-Quantitative	CG * HPC * UC * CSB *

Conclusions from Evidence Rating System by Outcome:

A		B	C	D
1 Outcome	Conclusions	Points of Disagreement Affecting Conclusions		
2 Home Death	Strong evidence for a Positive effect.			
3 Institutional Admission	Moderate evidence for a Non-Significant effect.	Disagreement between high and moderate quality SRs		
4 Physical Function	Moderate evidence for a Non-Significant effect.			
5 Pain	Moderate evidence for a Non-Significant effect.			
6 Psychological Well-Being	Moderate evidence for a Non-Significant effect.			
7 Quality of Life	Moderate evidence for a Non-Significant effect.			
8 Survival	Moderate evidence for a Non-Significant effect.			
9 Symptom Burden	Weak evidence for a Positive effect.	Moderate quality SRs report stronger evidence than high quality SRs for the IxO		
10 Institutional Death	Weak evidence for a Positive effect.			
11 Caregiver Burden	Weak evidence for a Non-Significant effect.	Moderate quality SRs report stronger evidence than high quality SRs for the IxO	Disagreement between high and moderate quality SRs	
12 Caregiver Psychological Well-Being	Weak evidence for a Non-Significant effect.			
13 Sleep Disturbances	Weak evidence for a Non-Significant effect.			
14 Breathlessness	Weak evidence for a Non-Significant effect.			
15 Constipation	Weak evidence for a Non-Significant effect.			
16 Diarrhea	Weak evidence for a Non-Significant effect.			
17 Nausea/Vomiting	Weak evidence for a Non-Significant effect.			
18 Emergency Department Use	Weak evidence for a Non-Significant effect.			
19 Intensive Care Unit Use	Weak evidence for a Non-Significant effect.			
20 Outpatient Clinic Visits	Weak evidence for a Non-Significant effect.			
21 Overall Palliative Care Outcomes	Weak evidence for a Non-Significant effect.			
22 Satisfaction With Care	Weak evidence for a Non-Significant effect.			
23 Spiritual Well-Being	Weak evidence for a Non-Significant effect.			
24 Social Well-Being	Weak evidence for a Non-Significant effect.			
25 General Health	Weak evidence for a Non-Significant effect.			
26 Caregiver General Health	Weak evidence for a Non-Significant effect.			
27 Caregiver Physical Function	Weak evidence for a Non-Significant effect.			
28 Caregiver Pain	Weak evidence for a Non-Significant effect.			
29 Caregiver Social Well-Being	Weak evidence for a Non-Significant effect.			