## Supplementary file 2

Delivery arrangem ent by EPOC Taxonomy category and subcatego ry How and wh Queuing strategies	nen care is delivered (n= 47)  A reduction or increase in time to access a healthcare intervention, for example managed waiting lists, managing ER wait time.	No of SRs	Intervention details  - ED visit reduction programs (1, 2) - Improving patient flow and quality of care in the ED (3, 4) - Interventions to reduce waiting times for elective surgical procedures (5) - Patient initiated clinics for patients with chronic or recurrent conditions managed in secondary care (6, 7)
Group versus individual care	Providing care to groups versus individual patients	5	- Group clinics (chronic conditions, antenatal care) (8-12)
Quality and Safety	Essential standards for quality of healthcare, and reduction of poor outcomes related to unsafe healthcare	33	<ul> <li>Immediate versus deferred delivery of the preterm baby with suspected foetal compromise for improving outcomes (13)</li> <li>Implementation of guidelines and evidence-based (14, 15)</li> <li>Integrated care models (chronic diseases, specifically CVD, diabetes type 2, cancer, childhood obesity, haemophilia, mental health, multimorbidities, chronic viral hepatitis) (16)</li> <li>Interventions to increase breastfeeding (17)</li> <li>Medication reconciliation interventions at hospital (18)</li> <li>Patient safety interventions (in dentistry, acute care, ED; using safety check list, interventions to reduce wrong-site surgery, involvement in National Surgical Quality Improvement Program, incidence and error reporting at ICU, use of patient portals and EMR to improve safety of surgical procedures and medication prescription) (19-24)</li> <li>Promoting hand hygiene (25)</li> <li>Promoting use of guidelines and evidence-based medicine (26-29)</li> <li>Reducing disparities in health and health care (30)</li> <li>Reducing exposure to ionizing radiation from medical imaging (31)</li> <li>Reducing medication and over-prescription (antibiotic use, opioid prescription, administration errors in children and adults, inappropriate prescribing in elderly) (32-44)</li> <li>Using interpreters for non-English speakers on the delivery of palliative care (cancer) (45)</li> </ul>
Triage	Management of patients attending a healthcare facility, or contacting a healthcare professional by phone, and receiving advice or being referral to an appropriate service	2	<ul> <li>Improving patient flow and quality of care in the ED (46)</li> <li>Pharmacist involvement in care for patients with chronic disease (heart failure and acute coronary syndrome, chronic kidney disease, HIV, cancer, mental disease), lifestyle changes (immunization, obesity, alcohol, smoking) (47)</li> </ul>
Where care	is provided and changes to the hea	lthcare	
Environm ent	Changes to the physical or sensory healthcare environment	1	Interventions to increase breastfeeding uptake (48)
Outreach services	Visits by health workers to different locations, for example involving specialists, generalists, mobile units	1	Mobile clinical for women's and children's health (49)
Site of service	Changes in where care is provided, for example home vs.	51	- Alternatives to hospitalisations: outpatient management, quick diagnostic units, hospital-at-home, observation units (for induction of

delivery Size of	healthcare facility, inpatient vs outpatient, specialized vs. non-specialized facility, walk in clinics, medical day hospital, mobile units	1	labour, intravenous antibiotic therapy for cystic fibrosis, cardiac arrest, kidney dialysis, COPD, psychosis, paediatric care) (50-78)  - ED based interventions (for managing alcohol misuse, domestic violence, palliative care) (79-81)  - Home visiting (for pregnancy, child health and maltreatment, social determinants of health, partner violence) (82-87)  - Home based prevention and rehabilitation (88-92)  - Integrated care models (for chronic diseases, specifically CVD, diabetes type 2, cancer, childhood obesity, haemophilia, mental health, multimorbidities, chronic viral hepatitis) (93)  - Pre-hospital intervention in sepsis (94)  - Reaching youth with out-of-facility services (HIV and reproductive health) (95)  - School-based health centres for mental health, social determinants of health (96, 97)  - Therapeutic communities for mental health (98, 99)  - Waiting room based intervention to prevent STD (100)  - Centralisation, specialisation and increasing volume of services to
Size of organizati	size of health service provider	1	- Centralisation, specialisation and increasing volume of services to promote quality (e.g. cancer care and surgery) (101)
ons	units		promote quanty (e.g. cancer care and surgery) (101)
0113	units		
Transport	Arrangements for transporting	1	- Helicopter emergency medical services for adults with major trauma
ation	patients from one site to		(102)
services	another		
Who provide	es care and how the healthcare wo		
Role .	Expanding tasks undertaken by	65	- Advanced practice nursing in older people and in long-term care (103,
expansion	a cadre of health workers or		104)
or task shifting	shifting tasks from one cadre to		<ul> <li>Advanced trauma life support training for hospital health professional and ambulance crews (105, 106)</li> </ul>
Shirting			- Carer involvement in cognition-based interventions for people with
			dementia (107)
			<ul> <li>Community-based health worker interventions (e.g. to improve chronic disease management, care among vulnerable population, preventing adolescent pregnancies, management of urgent, low-acuity illnesses and injuries) (108-110)</li> <li>Interventions to increase breastfeeding (111)</li> </ul>
			<ul> <li>Nurse-physician substitution (preoperative assessment and anaesthesia for elective surgical patients, care and early Dis plan in chronic diseases, prescribing, endoscopy, patient navigation, managing anxiety, patient education, abortion and maternity care, dental care) (112-136)</li> </ul>
			<ul> <li>Peer-led interventions (e.g. mental health, adolescent lifestyles, paediatric chronic diseases) (137-141)</li> </ul>
			<ul> <li>Pharmacist involvement in care for patients with chronic disease (heart failure and acute coronary syndrome, chronic kidney disease, HIV, cancer, mental disease), lifestyle changes (immunization, obesity,</li> </ul>
			<ul> <li>alcohol, smoking) (142-164)</li> <li>Primary care-led provision of care (e.g. non-urgent care in ED, end-of-life care) (165, 166)</li> <li>Radiographers in advanced roles (167)</li> </ul>
Self- managem ent	Shifting the provision of care to patients or their families	15	<ul> <li>Patient navigation (breast cancer) (168)</li> <li>Promoting self-management (e.g. chronic diseases, specifically HIV, diabetes foot care, COPD, asthma, children with epilepsy, anxiety, MS, IBS; self-administration of medication in the hospital, oral anticoagulation, home uterine monitoring for detecting preterm labour) (169-181)</li> </ul>
			<ul> <li>Reducing medication and over-prescription (antibiotic use, opioid prescription, administration errors in children and adults, inappropriate prescribing in elderly) (182)</li> </ul>
Co-ordinatio	n of care and management of care	process	
		1 4 6	
Integrated healthcar	Bringing together delivery, management and organisation	16	<ul> <li>Integrated care models (e.g. chronic diseases, specifically CVD, diabetes type 2, cancer, childhood obesity, haemophilia, mental</li> </ul>

	treatment, care, rehabilitation			
Shared decision making	and health promotion  A collaborative process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient's values and preferences	14		Educational intervention for patients and carers (end-of-life care, paediatric care) (199, 200) Improving healthcare professionals skills (e.g. communication in cancer, performance in nursing homes, recognition and management of deteriorating patients, genetic education) (201) Promoting adoption of Shared Decision Making (202, 203) Reducing medication and over prescription (antibiotic use, opioid prescription, administration errors in children and adults, inappropriate prescribing in elderly) (204) Shared decision making in pregnancy and delivery, treatment in older people and cancer screening (205-212)
Packages of care	Integrated packages of care such as the Integrated Management of Childhood Illness (IMCI)	1		Care delivery models/disease management (e.g. in dementia and other mental health conditions, elderly inpatients, epilepsy, asthma, HIV, hearth failure, chronic cough in children, antenatal care) (213)
Case managem ent	Use of individuals, often specially trained nurses, to coordinate care for patients with multiple or complex needs	14	-	Advance care planning (e.g., haemodialysis patients, palliative care, end-of-life interventions) (214-217) Integrated care models (e.g. chronic diseases, specifically CVD, diabetes type 2, cancer, childhood obesity, haemophilia, mental health, multi-morbidities, chronic viral hepatitis) (218) Outpatient case management (e.g. complex care needs, dementia and other mental disorders, CVD) (219-227)
Disease managem ent	Programs designed to manage or prevent a chronic condition using a systematic approach to care and potentially employing multiple ways of influencing patients, providers or the process of care	16	- - -	Adolescent-specific prenatal interventions on improving attendance and reducing harm during and after birth (228)  Care delivery models/disease management (e.g. in dementia and other mental health conditions, elderly inpatients, epilepsy, asthma, HIV, hearth failure, chronic cough in children, antenatal care) (229-235)  Chronic Disease Management – asthma (236)  Improving healthcare professionals skills (e.g. communication in cancer, performance in nursing homes, recognition and management of deteriorating patients, genetic education) (237-242)  Outpatient management of cardio-metabolic risk factor control in people with diabetes (243)
Care pathways	Strategies to link evidence to practice for specific health conditions. These strategies detail the local structure, systems and time-frames to address recommendations	8	- -	Advanced care planning (244) Care delivery models/disease management (245) Critical Care path (e.g. head and neck cancer surgery, after discharge from an ICU) (246, 247) Interventions to improve linkage with or retention in HIV services (248-250) Rapid response systems to reduce hospital mortality (251)
Teams	Care provided by teams or interdisciplinary collaboration	22	-	Care delivery models/disease management (e.g. in dementia and other mental health conditions, elderly inpatients, epilepsy, asthma, HIV, hearth failure, chronic cough in children, antenatal care) (252) Integrated care models (e.g. chronic diseases, specifically CVD, diabetes type 2, cancer, childhood obesity, haemophilia, mental health, multi-morbidities, chronic viral hepatitis) (253) Interventions to promote work participation in people with regional musculoskeletal pain (254)  Multidisciplinary team care (e.g. chronic care, specifically RA, mental illness and crisis resolution, chronic kidney disease; trauma in elderly, palliative care in cancer, acute care, secondary fracture prevention, geriatric care, rehabilitation, end of life care, paediatric feeding disorders) (255-272)  Multidisciplinary team care (neonatal care) (273)
Communi cation between	Systems or strategies for communication between health care providers	6	-	Improving clinical communication in hospitals, between primary and secondary care (274-277) Improving patient handovers from hospital to primary care and vice
providers Transition of care	Interventions to improve transition from one care	7	-	versa (278, 279) Transition from paediatrics to adults care (e.g. diabetes, mental health, RMDs, special health care needs) (280-286)

	provider to another		
Discharge planning	Systems for planning the discharge of patients from facilities	18	<ul> <li>(Early) supported Dis plan (e.g. acute stroke, COPD, elderly patients, children with cancer and febrile neutropenia) (287-298)</li> <li>Fast-track surgery programs (liver surgery) (299-301)</li> <li>Providing written information to reduce re-admissions in heart failure (302)</li> <li>Transitional care management after hospital discharge to reduce 30-days readmission rates (303, 304)</li> </ul>
	and communication technology (n	1	
Health informati on systems	Health record and health management systems to store and manage patient health information, for example electronic patient records, or systems for recalling patients for follow-up or prevention	13	<ul> <li>Health notes vs EMR in pregnancy (305, 306)</li> <li>Interventions to improve attendance of appointments (307-309)</li> <li>Interventions to increase vaccine uptake (elderly, children) (310)</li> <li>Paediatric track and trigger systems for hospitalised children (311)</li> <li>Patient safety interventions (312)</li> <li>Recall intervals (dental visits, women with history of gestational diabetes, TB appointments) (313-315)</li> <li>Reminder interventions to improve treatment adherence (316)</li> <li>The Use of Medical Scribes in Health Care Settings (317)</li> </ul>
The use of informati on and communic ation technolog y	Technology based methods to transfer healthcare information and support the delivery of care.	13	<ul> <li>Computerized clinical decision support to enable patient-centred care (nutrition informatics, advice on drug dosage) (318)</li> <li>Medication organization devices (319-321)</li> <li>Medication reconciliation interventions at hospital (322)</li> <li>Multimedia educational interventions for consumers about prescribed and over-the-counter medications (323)</li> <li>Patient portals (324, 325)</li> <li>Reducing inappropriate imaging and testing (e.g. cardiac, low-back pain imaging, lab tests ordering by GPs) (326)</li> <li>Reducing medication and over-prescription (antibiotic use, opioid prescription, administration errors in children and adults, inappropriate prescribing in elderly) (327)</li> <li>Serious games for professional training and patient education (e.g. chronic diseases, mental health) (328, 329)</li> <li>Telehealth (range of intervention types) (330)</li> </ul>
Smart home technolog ies	Electronic assistive technologies	1	- Remote monitoring (e.g. after recent hospital discharge with heart failure, in elderly, asthma) (331)
Telemedic	Exchange of healthcare information from one site to another via electronic communication	162	- Self-care apps (332-352) - Social media (353) - Social networks (354-356) - Telecoaching (357-359) - Telecoaching (automated telephone messaging) (360-362) - Telecoaching (peer support programs) (363) - Telecoaching (telephone counselling) (364-373) - Telecoaching (web-based programs) (374-422) - Telehealth (423) - Telehealth (email communication) (424-426) - Telehealth (mobile phone messaging) (427-437) - Telehealth (mobile phone technology) (438, 439) - Telehealth (mobile phone) (440) - Telehealth (mobile technology) (441) - Telehealth (range of intervention types) (442-464) - Telehealth (telemonitoring) (465-473) - Telemedicine (474-486) - Telemedicine (screening) (487, 488) - Telemedicine (tele-reahabilitation) (489-493)
Goal-focuse	d reviews (n=38)		
Interventi ons to address social determina nts of		14	<ul> <li>Culturally appropriate prevention and care (494-502)</li> <li>Eliminating repeat unintended pregnancy in teenagers (503)</li> <li>Improving access for homeless (504)</li> <li>Interventions to address social determinants of health (505-507)</li> </ul>

health			
Improving	11	-	Improving medication adherence (e.g. chronic diseases, specifically
medicatio			diabetes, HIV, CVD; in ethnic minorities) (508-518)
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adheranc			
e			
Addressin	1	-	Addressing multimorbidity in primary care (519)
g			
multimor			
bidity in			
primary			
care			
Preventin	1	-	Preventing 30-Day Hospital Readmissions (520)
g			
readmissi			
ons			
Reducing	3	-	Reducing inappropriate imaging and testing (e.g. cardiac, low-back pain
inappropri			imaging, lab tests ordering by GPs) (521-523)
ate			- · · · · · · · · · · · · · · · · · · ·
imaging			
and			
testing			
Meeting	1	-	Meeting family needs of critically ill patients in an ICU (524)
family			
needs of			
the			
critically			
ill			
Communi	1	-	Communicating contraceptive effectiveness (525)
cating			
contracep			
tive			
effectiven			
ess			
Improving	2	-	Improving adherence to treatment (children with chronic diseases,
adherenc			adult heart transplant patients) (526, 527)
e to			
treatment			
Interventi	1	-	Interventions to increase retention in mental health services (528)
ons to			
increase			
retention			
in mental			
health			
services			
Interventi	3	-	Interventions to increase vaccine uptake (elderly, children) (529-531)
ons to			
increase			
vaccine			
uptake			
(elderly,			
children)			
Total	531		

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