Appendix D: Clinical evidence tables

Study	Chow 2010[10]
Study type	RCT (Patient randomised; Parallel)
Number of studies (number of participants)	1 (n=85)
Countries and setting	Conducted in Hong Kong (China); Setting: Renal units of hospitals in Hong Kong
Line of therapy	Not applicable
Duration of study	Intervention + follow up: 12 weeks
Method of assessment of guideline condition	Adequate method of assessment/diagnosis
Stratum	General population
Subgroup analysis within study	Not applicable
Inclusion criteria	Patients admitted to and then discharged from renal units of study hospitals, able to access a telephone after discharge
Exclusion criteria	Intermittent PD, HD, planned admissions for special treatment procedures, Tenckhoff catheter in situ for less than 3 months
Recruitment/selection of patients	Consecutive admissions screened
Age, gender and ethnicity	Age - Mean (SD): 56.9 (13.5). Gender (M:F): 61:39. Ethnicity: Not stated
Further population details	1. Modality of RRT: PD 2. Pre-RRT or during RRT/CM: During RRT/CM
Extra comments	40% comorbid DM, 32% comorbid heart disease, mean 3.2 years on CAPD
Indirectness of population	No indirectness
Interventions	(n=50) Intervention 1: Dedicated key worker. Comprehensive discharge planning protocol (involved family and patient, comprehensive assessment of physical, social and cognitive needs, individualised education programme (aimed at strengthening previous education)), standardised 6 week nurse-initiated telephone follow-up regimen with weekly telephone calls for 6 weeks, calls focused on checking and reinforcing behaviours, any problems that had occurred and organising referrals. Duration 6 weeks. Concurrent medication/care: Nil else specified (n=50) Intervention 2: Usual care. Routine discharge care with standard information, telephone hotline service, self-help printed materials and a reminder to attend their outpatient appointment. Duration 6 weeks.

	Concurrent medication/care: Nil else specified
Funding	Academic or government funding

RESULTS (NUMBERS ANALYSED) AND RISK OF BIAS FOR COMPARISON: DEDICATED KEY WORKER versus USUAL CARE

Protocol outcome 1: Symptom scores/functional measures
- Actual outcome for General population: KDQOL, symptom/problem subscale at 12 weeks; Group 1: mean 66.1 (SD 17.4); n=43, Group 2: mean 64.3 (SD 14.7); n=42
Risk of bias: All domain - High, Selection - Low, Blinding - High, Incomplete outcome data - Low, Outcome reporting - Low, Measurement - Low, Crossover - Low; Indirectness of outcome: No indirectness ; Group 1 Number missing: 7, Reason: lost to follow-up, died, TPx, change of Tx; Group 2 Number missing: 8, Reason: lost to follow-up, discontinued Tx
- Actual outcome for General population: KDQOL, burden of kidney disease subscale at 12 weeks; Group 1: mean 24.6 (SD 24.4); n=43, Group 2: mean 22.2 (SD 18.6); n=42
Risk of bias: All domain - High, Selection - Low, Blinding - High, Incomplete outcome data - Low, Outcome reporting - Low, Measurement - Low, Crossover - Low; Indirectness of outcome: No indirectness ; Group 1 Number missing: 7, Reason: lost to follow-up, died, TPx, change of Tx; Group 2 Number missing: 8, Reason: lost to follow-up, discontinued Tx

Protocol outcome 2: Psychological distress and mental wellbeing
- Actual outcome for General population: KDQOL, emotional wellbeing subscale at 12 weeks; Group 1: mean 63.8 (SD 22.7); n=43, Group 2: mean 63.3 (SD 21.3); n=42
Risk of bias: All domain - High, Selection - Low, Blinding - High, Incomplete outcome data - Low, Outcome reporting - Low, Measurement - Low, Crossover - Low; Indirectness of outcome: No indirectness ; Group 1 Number missing: 7, Reason: lost to follow-up, died, TPx, change of Tx; Group 2 Number missing: 8, Reason: lost to follow-up, discontinued Tx

Protocol outcome 3: Patient/family/carer experience of care
- Actual outcome for General population: KDQOL, emotional wellbeing subscale at 12 weeks; Group 1: mean 65.1 (SD 19.5); n=43, Group 2: mean 54 (SD 17.2); n=42
Risk of bias: All domain - High, Selection - Low, Blinding - High, Incomplete outcome data - Low, Outcome reporting - Low, Measurement - Low, Crossover - Low; Indirectness of outcome: No indirectness ; Group 1 Number missing: 7, Reason: lost to follow-up, died, TPx, change of Tx; Group 2 Number missing: 8, Reason: lost to follow-up, discontinued Tx

Protocol outcomes not reported by the study	Quality of life ; Mortality at >/= 6 months; Hospitalisation or other healthcare resource use at >/= 6 months; Hospitalisation - length of stay at >/= 6 months; Time to failure of RRT form ; Pre-emptive transplantation (dichotomous) ; Cognitive impairment ; Control of coexisting conditions (e.g. HbA1c for DM, BP for HTN) ; AEs - infections ; AEs - vascular access issues ; AEs - dialysis access issues ; AEs - acute transplant rejection episodes

Study	Li 2014[29]
Study type	RCT (Patient randomised; Parallel)
Number of studies (number of participants)	1 (n=160)
Countries and setting	Conducted in China; Setting: Local regional hospitals in China
Line of therapy	Not applicable
Duration of study	Intervention + follow up: 12 weeks
Method of assessment of guideline condition	Adequate method of assessment/diagnosis
Stratum	General population
Subgroup analysis within study	Not applicable
Inclusion criteria	PD patients, admitted to renal units of two local regional hospitals in Guangdong, Mandarin speaking, able to communicate via telephone at home,
Exclusion criteria	Intermittent PD, HD, planned admission for elective procedure, Tenckhoff catheter in situ for <3 months, psychosis/dementia, dying
Recruitment/selection of patients	Consecutive admissions screened
Age, gender and ethnicity	Age - Mean (SD): 56.3 (12.4). Gender (M:F): 59:41. Ethnicity: Not stated
Further population details	1. Modality of RRT: PD 2. Pre-RRT or during RRT/CM: During RRT/CM
Indirectness of population	No indirectness
Interventions	(n=80) Intervention 1: Dedicated key worker. Comprehensive discharge planning protocol (involved family and patient, comprehensive assessment of physical, social and cognitive needs, individualised education programme (aimed at strengthening of previous education)), standardised 6 week nurse initiated follow-up regimen with weekly telephone calls for 6 weeks, calls focused on checking and reinforcing behaviours, any problems that had occurred and organising referrals. Duration 6 weeks. Concurrent medication/care: Nil else specified. Indirectness: No indirectness (n=80) Intervention 2: Usual care. Routine discharge care with standard information, telephone hotline service, self-help printed materials and a reminder to attend their outpatient appointment. Duration 6 weeks. Concurrent medication/care: Nil else specified. Indirectness: No indirectness
Funding	Academic or government funding
RESULTS (NUMBERS ANALYSED) AND RISK OF BIAS FOR COMPARISON: DEDICATED KEY WORKER versus USUAL CARE	

Protocol outcome 1: Symptom scores/functional measures - Actual outcome for General population: Symptoms (KDQOL symptom/problem) at 12 weeks; Group 1: mean 72.8 (SD 15); n=69, Group 2: mean 68.6 (SD 6.2); n=66 Risk of bias: All domain - Very high, Selection - High, Blinding - High, Incomplete outcome data - Low, Outcome reporting - Low, Measurement - Low, Crossover - Low; Indirectness of outcome: No indirectness ; Group 1 Number missing: 11, Reason: 5 lost to follow-up, 6 discontinued intervention; Group 2 Number missing: 14, Reason: 6 lost to follow-up, 8 discontinued intervention - Actual outcome for General population: Functional measures (KDQOL burden of disease) at 12 weeks; Group 1: mean 21.5 (SD 11.7); n=69, Group 2: mean 21.1 (SD 12.2); n=66 Risk of bias: All domain - High, Selection - Low, Blinding - High, Incomplete outcome data - Low, Outcome reporting - Low, Measurement - Low, Crossover - Low; Indirectness of outcome: No indirectness ; Group 1 Number missing: 11, Reason: 5 lost to follow-up, 6 discontinued intervention; Group 2 Number missing: 14, Reason: 6 lost to follow-up, 8 discontinued intervention Protocol outcome 2: Hospitalisation or other healthcare resource use at >/= 6 months - Actual outcome for General population: Rate of readmission at 12 weeks; rate ratio, SE 0.52; Risk of bias: All domain - High, Selection - Low, Blinding - High, Incomplete outcome data - Low, Outcome reporting - Low, Measurement - Low, Crossover - Low; Indirectness of outcome: No indirectness ; Group 1 Number missing: 11, Reason: 5 lost to follow-up, 6 discontinued intervention; Group 2 Number missing: 14, Reason: 6 lost to follow-up, 8 discontinued intervention - Actual outcome for General population: Rate of clinic visits at 12 weeks; rate ratio, SE 0.22; Risk of bias: All domain - High, Selection - Low, Blinding - High, Incomplete outcome data - Low, Outcome reporting - Low, Measurement - Low, Crossover - Low; Indirectness of outcome: No indirectness ; Group 1 Number missing: 11, Reason: 5 lost to follow-up, 6 discontinued intervention; Group 2 Number missing: 14, Reason: 6 lost to follow-up, 8 discontinued intervention Protocol outcome 3: Psychological distress and mental wellbeing - Actual outcome for General population: Mental wellbeing (KDQOL emotional well-being) at 12 weeks; Group 1: mean 65.4 (SD 17.2); n=69, Group 2: mean 63.5 (SD 18.6); n=66 Risk of bias: All domain - High, Selection - Low, Blinding - High, Incomplete outcome data - Low, Outcome reporting - Low, Measurement - Low, Crossover - Low; Indirectness of outcome: No indirectness ; Group 1 Number missing: 11, Reason: 5 lost to follow-up, 6 discontinued intervention; Group 2 Number missing: 14, Reason: 6 lost to follow-up, 8 discontinued intervention Protocol outcome 4: Patient/family/carer experience of care - Actual outcome for General population: Experience of care (KDQOL satisfaction) at 12 weeks; Group 1: mean 75.9 (SD 13.8); n=69, Group 2: mean 71.3 (SD 12.3); n=66 Risk of bias: All domain - High, Selection - Low, Blinding - High, Incomplete outcome data - Low, Outcome reporting - Low, Measurement - Low, Crossover - Low; Indirectness of outcome: No indirectness ; Group 1 Number missing: 11, Reason: 5 lost to follow-up, 6 discontinued intervention; Group 2 Number missing: 14, Reason: 6 lost to follow-up, 8 discontinued intervention	
Protocol outcomes not reported by the study	Quality of life ; Mortality at >/= 6 months; Hospitalisation - length of stay at >/= 6 months; Time to failure of RRT form ; Pre-emptive transplantation (dichotomous) ; Cognitive impairment ; Control of coexisting

conditions (e.g. HbA1c for DM, BP for HTN) ; AEs - infections ; AEs - vascular access issues ; AEs - dialysis access issues ; AEs - acute transplant rejection episodes	