SUPPLEMENTAL DATA FILE FOR PEER SUPPORT IN CRITICAL CARE: A SYSTEMATIC REVIEW

Supplemental Table 1 Explanation of Criterion for Template for Intervention Description and Replication Checklist

Supplemental Table 2 Models of Peer Support (Reported according to TIDieR template)

Supplemental Table 3 Risk of Bias for Cohort Studies

Supplemental Table 1 Explanation of Criterion for Template for Intervention Description and Replication Checklist (16)

Item	TIDieR criterion
1	Brief name: Provide the name or a phrase that describes the intervention
2	Why: Describe any rationale, theory, or goal of the elements essential to the intervention
3	What (materials): Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers.
4	What (procedures): Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities
5	Who provided: For each category of intervention provider (for example, psychologist, nursing assistant), describe their expertise, background and any specific training given
6	How: Describe the modes of delivery (such as face to face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group
7	Where: Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features
8	When and how much: Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose
9	Tailoring: If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how
10	Modifications: If the intervention was modified during the course of the study, describe the changes (what, why, when, how)
11	How well (planned): If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them
12	How well (actual): If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned

Supplemental Table 2 Models of Peer Support (Reported according to TIDieR template)

Author Year	Item 1. Name	Item 2. Why	Item 3. What (materials)	Item 4. What (procedures)	Item 5. Who provided	Item 6. How	Item 7. Where	Item 8. When & How Much	Item 9. Tailoring	Item 10. Changes	Item 11. How well (planned)	Item 12: How well (actual)
Halm 1990 (22)	ICU Family Support Group - in-person facilitated group	Individuals in similar stages of crisis & coping are likely to provide mutual support	NR	Group purpose & rules explained. Topics: information on care, coping mechanisms, seeking support.	One group facilitator – experienced critical care nurse	In-person, facilitated support group	Near ICU	While patient in ICU. 90 min meeting 5 times	NR	NR	NR	NR
Amico 1994 (21)	ICU Parental Peer Support Group - in-person, facilitated group	To facilitate individual growth and ability to cope	NR	Facilitator rounded to invite parents to group. Introductions made, discussion initiated by facilitator with open-ended questions	Paediatric nurse facilitator & team e.g. OT, speech, dietician	In-person, facilitated support group	Near ICU	During patient ICU admission	NR	NR	NR	NR
Fridlund 1993 (28)	Group-based Peer Support + Physical Rehab Cardiac caring program	Social network and social support form a safeguard against illness	NR	Physical training 1hr + Conversation session 1hr. Topics: Lifestyle, risks, psychosocial impact after AMI	PT for rehab, unclear who led conversation sessions	In-person rehabilitation and facilitated group sessions	Outpatient setting	2 weeks post AMI, 1x week and went for 3 months	NR	NR	NR	NR
Sabo 1989 (24)	ICU Family Support Group - in-person facilitated group	Support groups increase understanding & identify practical solutions	NR	Invitation via primary nurse or group leader or via brochure	Two group leaders: nurse specialist, a psychiatric nurse specialist, and/or SW	In-person, facilitated support group	MICU waiting room	NR	NR	NR	NR	NR

Author Year	Item 1. Name	Item 2. Why	Item 3. What (materials)	Item 4. What (procedures)	Item 5. Who provided	Item 6. How	Item 7. Where	Item 8. When & How Much	Item 9. Tailoring	Item 10. Changes	Item 11. How well (planned)	Item 12: How well (actual)
Harvey 1995 (23)	ICU Family Support Group - in-person facilitated group	Support groups help families realise they are not alone and learn new methods of coping from each other	NR	Purpose of group stated, storytelling as therapy & catalyst for questions. Advice given on self-care	One or two facilitators with SW rotate & include clinical nurse specialists, rehab case manager & trauma nurse co-ordinator	In-person, facilitated support group	Conference room near ICU	During ICU. 1 hour weekly, in place for 3 years	Diffuse advertising via flyers, posters, increasing staff awareness at grand rounds	NR	Unlimited attendance	5-6 participants per session
Parent 2000 (26)	Buddy former patient-to-patient program	Vicarious experience, where former patients model active lifestyle may hasten postsurgical rehabilitation	NR	3 peer mentors trained for 6hrs on interaction principles using role play	Buddy/Mentor peer selected on basis of enthusiasm, stimulation of motivation, sharing successful rehab	Buddy/Mentor peer to peer support	2 visits in hospital, 3 visits in outpatient setting	3 visits: 24 hours before surgery, 5th post-op day & 4 weeks post-op.	NR	NR	3 supporting visits from volunteer former patient	Not formally reported, appears 27 participants completed intervention of 3 visits
Preyde 2003 (27)	Buddy parent-to-parent program	A 'buddy' program may alleviate stress, anxiety, depression & provide social support	NR	Educational parental-support group meetings & parent buddy program via phone to parent of very preterm infant in NICU	Experienced volunteer parent buddies trained for 5 hours on communication skills, self-awareness & boundaries of peer support	Face to face educational parental support group meetings + telephone buddy parent-to-parent support	Support group meetings in hospital. Buddy support via phone	NR	NR	NR	NR	Group attendance: 35% did not attend any, 30% attended 1-3, 22% attended 4-6 sessions, 13% attended 10-15. Buddy phone call: 9 contacts on average (range 1-50)

Author Year	Item 1. Name	Item 2. Why	Item 3. What (materials)	Item 4. What (procedures)	Item 5. Who provided	Item 6. How	Item 7. Where	Item 8. When & How Much	Item 9. Tailoring	Item 10. Changes	Item 11. How well (planned)	Item 12: How well (actual)
Damianakis 2016 (25)	Web-based video conference, facilitated support group	Poor attendance at support groups includes distance, transport issues, fear of leaving care recipient, low motivation. Tele-conferencing groups may overcome these issues	Web site: TBI Information Handbook, email link with list of member e-mails, text-based discussion forum, video conferencing link. Participants received technical support	Storytelling to appreciate commonalities. Facilitator models empathic understanding providing permission for expression, reflection, & management	SW with previous training in leading online groups	Video conferencing via internet	Via Internet to improve accessibility	1 hour sessions for 10 weeks	Group model is unstructured, not topic driven. Client-centred approach guides	NR	NR	NR

NR = Not reported; OT = Occupational therapist; AMI = Acute myocardial infarction; PT = Physical therapist; MICU = Medical intensive care unit; SW = Social work; NICU = Neonatal intensive care unit; TBI = Traumatic brain injury; hr = hour

Supplemental Table 3 Risk of Bias for Cohort Studies

Author	Design	Selection	Comparability	Outcome	*Total
Halm 1990 (22)	Prospective comparative, quasi-experimental cohort study	3	0	1	4
Fridlund 1993 (28)	Prospective comparative cohort study	2	0	0	2
Sabo 1989 (24)	Prospective comparative cohort study	2	0	0	2
Preyde 2003 (27)	Prospective comparative cohort study	4	0	0	4

*A possible total score of 9 can be given with greater scores indicating higher quality.