

**Critical Care Pathways**

Author, Year PEDro Score, Country	Sample size	Intervention	Outcome and significance: (+) significant (-) not significant
Falconer et al. 1993 PEDro score: 5	5	Critical Path Method (CPM) vs. Usual Care (control)	(+) Reduced Satisfaction Scores (-) Motor or Cognitive Functions (-) Average Length of Hospital Stay (LOS) (-) FIM (-) Reduced Hospital Costs
Hamrin et al. 1990 PEDro score: No score	No score	Systemized care procedure with written care plans in accordance with the nursing process model vs. conventional care	(-) Activity Index (+) BL Motor Assessment (-) Discharge destination
Kwan & Sandercock, 2004 PEDro score:	PEDro Score: N/A	N/A	(-) Frequency of institutionalization (-) Independence at discharge (+) Preventing urinary tract infection (+) Readmission (+) Patient receiving neuroimaging (+) Quality of Life* (-) Hospitalisation costs *in favor of the control group
Kwan et al. 2004b PEDro score: No score	PEDro Score: No score	Before-and-after study. The 'before' group included 154 consecutive patients before the integration of the integrated care pathway. 'After' group included 197 consecutive patients.	(+) Quality of documentation (-) Total length of stay (-) Death and discharge destination (+) Use of investigations
Sulch et al. 2000 PEDro score: 6	6	Integrated Care Pathway (ICP) vs. Conventional multi-disciplinary care (control)	(-) Mortality rates (-) Frequency of Institutionalization (-) Length of hospital Stay (LOS) (-) At 4 and 12 weeks: Barthel Index (ADLs) (+) At 12 week and 6 month follow-up: decreased quality of life

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Sulch et al. 2002a PEDro score: 6	6	Integrated Care Pathway (ICP) vs. Conventional multi-disciplinary care (control)	(-) Euro-QoL Visual Analogue Scale (self-perceived health status)
Sulch et al. 2002b PEDro score: 6	6	Integrated Care Pathway (ICP) vs. Conventional multi-disciplinary care (control)	Frequency of stroke-related assessments: (-) Testing for inattention (-) Nutritional assessments