Supplementary file 3

Delivery arrangement category			
How and When care is delivered (n=150)			
Sub-category	*Definition*	*Number of studies*	*Details*
Queuing strategies	A reduction or increase in time to access a healthcare intervention, for example managed waiting lists, managing ER wait time.	10	○ Surgical duration for CIs and influencing factors (unilateral, bilateral, revision and re-implantation, obesity) (1-3) ○ Same day cochlear implant consultation and implantation; patient satisfaction with the model (4, 5) ○ Early activation of CIs (6, 7) ○ Impact of surgical waiting time on psychosocial wellbeing of CI candidates (8) ○ Impact of inter-implant intervals (9) ○ Reducing time to access pre and post-op (10)
Quality and safety systems	Essential standards for quality of healthcare, and reduction of poor outcomes related to unsafe healthcare.	137	○ Safety profile of CIs : post-op infection incidence, timing and management (11-28) ; vestibular and balance disturbance, tinnitus (29-58); device failure (59); tip fold-over (60); taste disturbance (61-64); electrode translocation (65);anaesthetics (66, 67); CI in specific cases (68-70); Safety profile of diathermy in CI recipients (71) and patients' view (72); electrode deactivation (73) ○ MRI safety in cochlear implant recipients (74-78) ○ Interventions to quality control intra-cochlear electrode positioning peri and post-op (X-Ray, rotational tomography, co-registered cone beam CT scan and MRI, cone bean CT scan, flat panel CT scan, ECochG and CT scan, fluoroscopy) (79-92) ○ Interventions to reduce post cochlear implant morbidities (antibiotics, skin flap and magnet displacement management, minimal hair shave, facial nerve palsy, pain management and opioids) (93-104) ○ Adherence to pre-op immunisation guidelines (105-108) ○ Interventions to improve surgical outcomes (application of steroids, under water surgical techniques, Co2 laser assisted surgery) (109-116) ○ Diagnostic utility of pre-op imaging in surgical management decision-making (117, 118) ○ Surgical approach to improve safety and efficiency (119) ○ Interventions to evaluate and manage vestibular damage peri and post cochlear implantation (utility of vHIT, vestibular rehabilitation, application of VEMP) (120-122) ○ Revision CI surgery and re-implantation to manage complications (123-133) ○ Interventions to manage non-auditory stimulation (134-137) ○ Interventions to manage hard-failure (138-142) ○ Interventions to diagnose, reduce or improve electrode migration (143-147)
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.	3	○ Improving patient flow (Same day triage system model) and patients' satisfaction with the model (148, 149) ○ Delayed follow up due to COVID-19 (150)
Where care is provided and changes to the healthcare environment (n=2)			
Sub-category	*Definition*	*Number of studies*	*Details*
Site of service delivery	Changes in where care is provided, for example home vs. healthcare facility, inpatient vs.	2	○ Programming of CI in decentralized private clinics (151) ○ Utility of testing for candidacy in community clinics (152)

	outpatient, specialized vs. non-specialized facility, walk in clinics, medical day hospital, mobile units		

Who provides care and how the healthcare workforce is managed. (n= 11)

Sub-category	*Definition*	*Number of studies*	*Details*
Role expansion of task shifting	Expanding tasks undertaken by a cadre of health workers or shifting tasks from one cadre to another, to include tasks not previously part of their scope of practice.	1	○ Psychosocial counseling skills for audiologists (153)
Self-management	Shifting or promoting the responsibility for healthcare or disease management to the patient and/or their family.	7	○ Self- assessment and home-based evaluation of post-operative progress in CI recipients (154-157) ○ Self-programming of CI external processors (158, 159) ○ Self-help cognitive behavioral therapy program (160)
Length of consultation	Changes in the length of consultations.	1	○ Faster map generation in an appointment (161)
Pre-licensure education	Changes in pre-licensure education of health professionals.	2	○ Postgraduate specialisation fellowship for audiologists (162) ○ Intervention to improve counseling skills (Narrative competence) (163)

Coordination of care and management of care processes (n= 68)

Sub-category	*Definition*	*Number of studies (n)*	*Details*
Care pathway	Aim to link evidence to practice for specific health conditions and local arrangements for delivering care.	16	○ Remote follow up pathway for cochlear implant recipients (164, 165) ○ Clinical care pathway for patients with SSD (166) ○ Anesthetics care pathway for cochlear implantation; local vs general (Safety, cost, effectiveness, patient satisfaction) (167-171) ○ Evidence-based cochlear implant selection criteria (172-178) ○ Comprehensive self- administered CI selection test (179)
Comprehensive geriatric assessment	A multidimensional interdisciplinary diagnostic process focused on determining a frail older person's medical, psychological and functional capability to ensure that problems are identified, quantified and managed appropriately.	1	○ Improving assessment of elderly in otolaryngology clinics, physical performance battery (180)
Disease management	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.	11	○ Hearing management in patients with head trauma (181-183) ○ Management of patients with NF2 with CI: decision making tool for CI vs ABI (184); CI without tumour removal (185, 186); comparison of CI outcome with and without tumour removal (187); Comparison of CI outcome in irradiated and non-irradiated ears (188-190); CI in unilateral vestibular Schwannoma (191)
Packages of care	Introduction, modification, or	32	○ Alternative test materials for testing patients with CI: AB words test as a candidacy test (192); non-linguistic tests for candidacy

	removal of packages of services designed to be implemented together for a particular diagnosis/disease, e.g. tuberculosis management guidelines, newborn care protocols.		(193-195); non-linguistic tests to follow up progress (196); using TEN test for CI eligibility (197) o Use of objective measures to assist CI fitting: use of aided CAEP in SSD CI users (198); image-guided maps in CI users (IGCIP) (199, 200), image-based electrode deactivation reprogramming technique (IBEDRT) (201) o Use of auditory and communication training packages to improve outcome post-CI: use of intensive psychophysical auditory training (202); auditory verbal skill training (AVST) (203, 204); combination of speech and sign therapy (Sim-Com) for improving communication in noise (205); communication strategy therapy in older adults (206); Digit in noise training (207);modulated telephone signal for telephone rehabilitation therapy (208); structured group-based therapy communication program (209); Phoneme training in older adults (210, 211) o Music therapy program: Individual, face-to face (212); computer-based verbal and visual therapy (213, 214); web-based instrument recognition therapy (215); gamified AVT to improve speech in noise (216) o Use of objective measures to improve decision making in cochlear implantation: prognostic value of fNIRS for CI outcome (217), prognostic value of radiodensity in measurement of cochlear ossification and fibrosis (218); scoring system for CI candidacy in VS (219); use of imaging to measure skin flap (220) o Robot-assisted electrode insertion (221) o Utility of ultrasound in diagnosis of magnet dislocation (222) o Vestibular rehabilitation to improve balance function (223)
Patient-initiated appointment system	Systems that enable patients to make urgent appointments when they feel they cannot manage their condition or where something has changed unexpectedly.	1	o Traditional vs. patient-led postoperative review appointments (224)
Procurement and distribution of supplies	Systems for procuring and distributing drugs or other supplies.	3	o Impact of financial incentives in cochlear implant access (225) o Impact of Medicaid on cochlear implant access (USA) (226) o Impact of surgical markup on access (227)
Referral system	Systems for managing referrals of patients between health care providers	2	o Cochlear implant referrals from hearing aid to cochlear implant clinics (228) o Intervention to improve cochlear implant referrals from hearing aid audiologists (229)
Shared decision making	Sharing healthcare decision making responsibilities among different individuals, potentially including the patient.	1	o Agreement of cochlear implantation success between cochlear implant recipients and significant others (230)
Teams	Creating and delivering care through a multidisciplinary team of healthcare workers.		o Shared Medical Appointments (231)
Information and communication technology (ICT) (n=49)			
Sub-category	*Definition*	*Number of studies (n)*	*Details*
Health information system	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	11	o Long term follow up of CIs through a national and international databases: Function, device use and complications (232); Adverse events (233); MRI complications (234); long-term f/up planning (235) o Digitisation of the ENT health records for CI patients (236) o Digital multi-faceted protocol to improve pneumococcal vaccination rate in hospitals (237) o Use of a national CI registry and single-center databases to determine CI candidacy (238-242)

	prevention e.g., immunization.		
The use of information and communication technology	Technology based methods to transfer healthcare information and support the delivery of care.	14	o Use of VR in training (ENT registrars trained for CI surgery) (243, 244) o A tablet-based tool to assist surgeons in electrode insertion (245) o Digital awareness campaign for CI in older adults (246) o Modelling data and data mining: screening tool to identify CI candidates (247, 248); screening tool to identify second side CI candidates (249) o Image guided mapping at a distant site (250) o Machine learning and automated changes in maps: Using FOX2 software (251); FOX software (252, 253); Machine learning and postoperative outcome prediction (254) o Multimedia digital support tool to educate potential CI candidates (255) o Web-based information for consumers about CI (256)
Smart home technologies	Electronic assistive technologies.	20	o Web-base at home auditory training packages: phonemes and words (257); music training (The Hear Tunes software) (258) o Wireless home technologies: phone clip to improve understanding on phones by CI users (259), bimodal users (260); CROS MIC to improve speech in noise understanding and localisation in unilateral CI users (261-267), in bilateral users (268, 269); remote MIC to enhance speech understanding in noise in bimodal users (270); use of Roger FM system in SSD CI users (271, 272); to improve speech understanding on TV (273) o Smart phone application for tinnitus relief in CI users (274, 275), to assess CI progress (276)
Telemedicine	Exchange of healthcare information from one site to another via electronic communication.	4	o Remote programming of CIs external processor (277-279) o Telemedicine for postoperative care (280)

Studies / interventions with specific goals (n= 77)

Sub-category	*Definition*	*Number of studies (n)*	*Details*
Current practices in hearing healthcare to manage potential and existing CI recipients (Candidacy and referral, fitting, surgical choice).		19	o Current practices and attitude in CI programming in audiology clinics: bimodal fitting (281-283); mapping of the external processor (284) o Current practices and knowledge and attitude of CI audiological and surgical candidacy assessment: in ENT surgeons (285-288); Non-ENT surgeons (289);ENT surgeons providing CI services to humanitarian programs (290); audiologists (291, 292); second side CI candidacy (293, 294); international differences in candidacy and recommendations (295) o Current practices of primary care physicians in CI referrals (296) o Knowledge and current practice of vocational Rehabilitation Counsellors about CI (297) o Current service provision to older adult CI candidates and recipients (298, 299)
Economic analysis of CI services: cost analysis of CIs, auditory training and pre-op imaging; cost utility analysis; cost effectiveness analysis of CIs, and impact of CI on the income and employment of recipients.		20	o Cost- effectiveness of CI: unilateral CI in public setting (300-303); impact of age on cost effectiveness of CIs compared to hearing aids in high income countries (304) o Cost analysis of CI: surgical and first year rehabilitation cost of CI in France (305); sequential vs. simultaneous CIs in USA (306); life time cost of unilateral CI in adults in Germany (307); pre-operative imaging cost in post-lingual adults (308); cost analysis of various modes of auditory training (309) o Cost utility analysis of CIs: bilateral CIs (310, 311), long term costs of bilateral CIs in publicly funded setting (312), simultaneous bilateral from insurance perspective (313); unilateral CI (314); SSD (315) o Personal economics and societal benefit of CI for recipients (316, 317); societal factors (318);Employment and employment

		retention in CI recipients (319)
Population or individual-based epidemiological studies: prevalence of CI in adults, hearing and socioeconomics characteristics of CI candidates and recipients, rates of CI uptake, device use and utilisation of healthcare.	33	o Prevalence of CI in adult: prevalence of CIs in postlingually deafened adults in Sweden (320); prevalence of CI in Europe (321, 322); prevalence of CI and EAS in Japan (323); prevalence of CI in elderly in public system in USA (324); Prevalence and characteristics of hearing management in the USA (325); prevalence of severe to profound HL and CI in Sweden (326); prevalence and marker growth in USA (327) o Hearing and socioeconomic profile of CI adult candidates and recipients: hearing profile in the USA (328, 329); hearing profile and service trends in Canada (330); socioeconomics and equality profile comparison between urban and rural areas in the USA (331); disparity in utilisation in USA (332); SSD (333) o Device use in CI candidates and recipients: rate of hearing aid use in the non-implanted ear and influencing factors (334, 335); rate of hearing aid use in CI candidates and correlation with the uptake of CI (336); rate and cause of elective CI non-use amongst CI recipients (337, 338); CI use and satisfaction (339, 340) o Rate of CI uptake: rate and correlation with demographic and socioeconomic factors (341, 342); rate of uptake and patients' perspective for non-adoption (343-347), audiometric configuration and uptake (348); racial disparity (349); profile and catchment (350) o Rates of healthcare utilisation and subsequent management in elderly post-CI: short term post-CI compared to younger adults (351); long term audiological service utilisation and management (352)
Patients' awareness and attitude about hearing and tinnitus management.	4	o Awareness of and attitude towards HL management in older adults (353); Attitude and acceptance of invasive treatments for tinnitus amongst patients (354); knowledge and attitude about MRI (355); public awareness and attitude about CI(356)
QoL of caregivers	1	o QoL of caregivers to CI recipients (357)

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