

Supplementary Table - Summary of findings

Authors and Location	Research Focus	Method	Findings
Aiyelaagbe et al. 2017 [UK]	Parents' experiences following perinatal bereavement	Quantitative; questionnaires, pilot study	Parents valued: Sensitivity and kindness of staff. Time spent with baby. Involvement of partners and wider family. Information about post-mortem process.
Aoun et al. 2018 [Australia]	The impact of supporting family caregivers before bereavement on outcomes after bereavement: adequacy of end-of-life support and achievement of preferred place of death.	Quantitative; telephone survey to evaluate carer support needs assessment tool (CSNAT)	The CSNAT intervention positively impacts on bereaved family caregivers' perceived adequacy of support and achievement of preferred place of death. There are benefits to being involved in early and direct assessment of support needs prior to death.
Beiermann et al. 2017 [US]	Family Members' and Intensive Care Unit Nurses' Response to the ECG Memento© During the Bereavement Period.	Quantitative; survey using questionnaires: Bereavement Experience Questionnaire and the Quality of Dying and Death in the	Families often found the death to be unexpected. ECG mementos are highly valued by families as an "image of life" - transitional object.

		Intensive Care Unit survey	
Bloomer et al. 2016 [Australia]	Nurses' endeavours to create normality amidst the sadness and grief for children dying in paediatric and neonatal ICU	Qualitative; interviews and focus groups with nurses	Four themes: respecting the child as a person, creating opportunities for family involvement and connection, collecting mementos, planning for death. The activities were perceived to empower parents to care for their children as death approached.
Bloomer & Walshe 2020 [Australia]	The role and experience of volunteers in hospital-based end of life care	Systematic review and narrative synthesis	Volunteers have diverse roles, some involving 'hands-on' care but often focused on 'being with' patients. Roles seen as complementary to health professionals. Volunteers faced unique challenges too.
Bloomer (et al) 2013 [Australia]	Exploration of nurses recognition of dying and response to dying patients in two acute medical wards	Qualitative observational followed by focus groups and individual interviews	Nurses provide passive care until dying is declared by medical doctor. Ward design, nurse allocation and attitudes to death impacts on patient care.
Bloomer et al 2013 [Australia]	Describes the ways in which ICU nurses care for families of dying patients during and after death	Qualitative descriptive study; focus groups	Organisational constraints impact on the provision of 'ideal' care. Nurses rely on peer support and role modelling to enhance care. Nurses value time spent with families and highlight importance of ensuring families are able to be with the patient before and after death.

Bristowe et al. 2015 [UK]	The experience of care supported by the AMBER care bundle compared to standard care in the context of clinical uncertainty, deterioration and limited reversibility	Mixed methods: Semi-structured interviews with patients and follow-back survey with NOK of deceased patients	Evaluation of a complex intervention - use of AMBER care bundle was associated with increased frequency of discussions about prognosis between clinicians and patients, higher awareness of prognosis by patients, and lower clarity of information received about their condition.
Bristowe et al. 2018 [UK]	Healthcare professionals' perceptions of a complex intervention (AMBER care bundle) to improve care for people approaching the end of life and their understandings of its purpose within clinical practice	Qualitative; interviews with healthcare professionals	Value of categorising patients, use of tool to change care delivery, symbolic purpose indirectly affecting behaviour of individuals and teams. Required education and sufficient exposure to the intervention to embed its practices.
Butler et al. 2019 [Australia]	Bereaved parents' recommendations for EOL and bereavement care follow-up when a child dies in intensive care	Grounded theory; semi-structured interviews with bereaved parents (Thematic analysis of incidental data from larger study)	Areas for care delivery and improvement identified: During hospitalization: improved communication, changes to the physical environment, better self-care resources, and provision of family support. During the dying phase: private, de-medicalized rooms, familiar staff members, and support to leave the hospital. Care after death: ongoing support from the hospital or local bereavement services, as well as improved information delivery.

Clark et al (2015) [Australia]	Exploration of the experiences of family members whose relative had died on a medical ward	Mixed methods; QoDD tool and one-to-one interviews	Families reported the need for time spent with their loved one before death, the provision of information, and sensitive care after death
Coombs et al (2015)	Family experiences of end-of-life care on ICU	Scoping review	Most studies US based, single site. Families need support during transition from active treatment to end of life care.
Dias et al. 2019 [US]	Current state of knowledge related to interventions for bereaved parents	Systematic literature review	Varied interventions for bereaved parents ranging from single-model interventions, such as expressive arts therapy and telephone support, to multimodal interventions that combine resources (eg Overall, state of the science on interventions for bereaved parents is poor
Donnelly et al (2018) [Ireland]	Post-bereavement survey conducted in two acute hospitals in Ireland	Postal survey, qualitative analysis of free-text data	Two themes relate to how care needs were met and the impact of environment of care, three themes report on interpersonal context of care eg dignity and respect.
Donovan et al. 2015 [Australia]	Services offered to bereaved families in perinatal, neonatal, and pediatric hospital settings	Systematic review of qualitative, quantitative and mixed method studies	Families felt cared for and supported by staff, reduced isolation and improved coping and personal growth. Bereavement services have most impact for parents with more complex mourning. There is a value in transitional services/interventions for families from hospital.
Efstathiou 2020[UK]	Realist evaluation of a single point of contact EoLC service, to explore whether coordinated EoLC would	Realist evaluation: activity/performance indicators,	Rates of advance care planning and achievement of preferred place of death used as indicators of success. Mechanisms and contexts: single point of contact,

	support patients being cared for or dying in their preferred place in their preferred place and avoid unwanted hospital admissions	observations, documentation analysis, satisfaction survey and interviews with service providers and users	coordinating services across providers, development of workforce, understanding and clarifying new roles, managing expectations
Efstathiou et al.2019 [UK]	Bereavement support in adult ICU globally and the availability and effectiveness of bereavement support interventions.	Systematic review and narrative synthesis	All identified interventions were well accepted by bereaved families but reviewed evidence was weak. Specific interventions: personal mementoes, handwritten condolence letter, post-death meeting, storytelling, research participation and ICU diary.
Garstang et al. 2014 [UK]	What bereaved parents want from professionals following unexpected death of a child.	Systematic review (mixed studies)	Parents want permission, time and privacy to say goodbye, explanation of why their child died, follow-up appointments, emotional support and continuing contact with healthcare professionals
Goebel et al. 2017 [Germany]	Evaluation perceptions of receiving a one-year anniversary bereavement card.	Quantitative; questionnaire non-validated	Positive response to receiving card. Few that were less pleased - may relate to grief rather than the card itself
Harrop et al. 2020 [UK]	System level responses to mass bereavement events	Rapid systematic review and narrative synthesis	Key features of service delivery include proactive outreach approach, centrally organised but locally delivered interventions, event-specific professional competencies,

			emphasis on psycho-educational content. Limitations in quantity and quality of evidence
Kapoor et al. 2018 [US]	The impact of the "sacred pause" intervention on ICU physicians' and nurses' attitudes and behaviour following a death.	Quantitative; Likert survey, plus free text comments (completed by physicians and nurses)	The majority believed that a "sacred pause" brings closure, prevents cumulative grief and distress, builds resilience, promotes team effort, and improves professional satisfaction of ICU team. It may lower burnout syndrome in ICU but further studies needed.
Kentish-Barnes et al. 2017 [France]	Bereaved family members experiences of receiving a letter of condolence from physician in charge of their relative	Qualitative; telephone interviews (Part of larger mixed methods study)	1) a feeling of support, 2) humanization of the medical system, 3) an opportunity for reflection, 4) an opportunity to describe their loved one, 5) continuity and closure, and 6) doubts and ambivalence. Possible difficulties emerged, notably the re-experience of the trauma, highlighting the absence of further support.
Kentish-Barnes et al. 2019 [France, US, Canada]	Family members' experience of organ donation request after brain death in the critical care setting	Narrative review	Research in this area is both family-orientated and clinician-orientated. Family experience of organ donation is complex, Principles of care and respect are key - balance between "gift of life" and "sacrifice of body". No clear indication of value of specific approaches
Kochen et al. 2020 [Netherlands]	Parent-focused bereavement interventions delivered by	Systematic review	15 interventions identified Five key concepts: acknowledgement of parenthood of child's life, establishing keepsakes, follow-up contact, education and information,

	healthcare professionals when a child dies		remembrance activities. Focus was on conduct and experiences of the interventions but not effectiveness.
Luta et al. 2021 [Switzerland, UK]	Evidence on the economic value of end-of life and palliative care interventions	Narrative review of reviews	Most evidence on cost effectiveness relates to home interventions, suggesting they offer substantial savings to the health system, including decreased healthcare costs, resource use and improvement in patient and caregivers' outcomes. Hospital-based outcome measures hampered by lack of consistency in outcome reporting measures
Mayland et al. 2017 [UK]	Views of bereaved relatives on quality of care provided to dying patients and families in acute hospitals	Quantitative; CODE questionnaire (completed by bereaved relatives)	Majority of relatives evaluated care positively but a small minority perceived poor quality care with clearer and more timely communication needed. Acceptable and feasible method of obtaining information from relatives, however see Higginson et al re issues with post-death evaluation of care.
McCourt et al. 2013 [UK]	General nurses' experiences of providing EoLC to patients in acute hospital setting	Literature review	Themes: lack of education and knowledge, lack of time with patients, barriers arising in the culture of the health-care setting, communication barriers, symptom management, and nurses' personal issues. Educational needs must be addressed and culture must enable individualised care
Moss et al. 2021 [Canada]	Outcomes of bereavement interventions in ICU, intended to improve informal caregivers' ability to cope with grief	Systematic review (RCTs only) Bereavement interventions categorized	Sparse evidence available. One trial examining the effect of family presence at brain death assessment found no significant improvement in emotional or psychological distress. Two other trials assessed a condolence letter intervention, which did not decrease grief symptoms and

		according to the UK National Institute for Health and Care Excellence three-tiered model of bereavement support.	may have increased symptoms of depression and post-traumatic stress disorder, and a storytelling intervention that found no significant improvements in anxiety, depression, post-traumatic stress, or complicated grief.
Naef et al. 2020 [Switzerland]	Hospital-based bereavement care provision and associated barriers	Quantitative, survey of healthcare professionals	Most bereavement interventions take place around and following the death. The most frequent bereavement services were viewing the deceased, giving information on available support, and making referrals. The most often named barriers were lack of time and organizational support. Structural barriers impact on compassionate care.
Neville et al. 2020 [US, Canada]	Description and characterisation of keepsakes created as part of the "3W" (3 wishes) project in US.	Qualitative; secondary analysis of interview data (from bereaved families)	Keepsakes may be tangible reminders of deceased person's presence e.g. lock of hair or thumbprints, or technology-assisted e.g. digital photographs. Highly valued by family members and the creation of the keepsake with clinical staff is valued and viewed as a gesture of compassion.
Ó Coimín et al. 2019 [Ireland]	The views of bereaved relatives on the experience of care they and the person that died received during their last hospital admission	Mixed method; survey with closed and open-ended questions (Adapted	Key areas for improvement are communication and the provision of emotional and spiritual support around the time of dying and afterwards. Relatives strongly supported single rooms for EoLC, family rooms and bereavement support.

		version of VOICES questionnaire), bereaved relatives	
Raymond et al. 2017 [Australia]	Nurses' roles and responsibilities in providing bereavement care during the care of dying patients within acute care hospitals .	Systematic review (mixed methods)	Bereavement within acute care is often sudden, unexpected and managed by nurses with limited access to experts. Key role which impacts on bereaved loved ones' future experiences. Nursing role includes patient-centred care and advocacy, family-centred care, professional development. Concerns about the role include competing workload demands, limitations of physical environment of care in acute hospital setting, and the need for education and support.
Riegel et al. 2019 [Australia]	Memory-making in end-of-life care in the adult intensive care setting and outcomes	Scoping review	Memory-making activities included: word cloud images, patient's ECG, patient diaries including photos. Limited evidence from peer reviewed research but existing studies suggest families value memory-making opportunities - further research needed into healthcare staff competence / confidence, and how memory-making impacts on adjustment to loss after bereavement
Robinson et al (2021) [New Zealand]	Bereaved family's experiences of care at the end of life	Qualitative analysis of free text data in questionnaire	Families report that uncertainty around dying has an ongoing impact on the process of bereavement. It helps to be explicit about what is happening to loved ones.

Schaefer et al. 2020 [US]	The impact of legacy artwork on grief experiences of bereaved parents in pediatric oncology.	Qualitative; semi-structured interviews with parents and healthcare professionals	Legacy artwork allow family bonding and opens up communication about death and dying, provides opportunity for parents to engage in life review and meaning making. Artworks are frequently displayed in parents' homes after the child has died, and are a source of comfort. Experience of being with other families was beneficial - created a community.
Shariff et al. 2017 [Canada]	Challenges and facilitators that nurses experience in delivering bereavement support during and after sudden or unexpected death in ICUs.	Narrative review	Four themes: hospital policies and organisational constraints, significance of time and trust, level of knowledge and staff support, nurses inner conflict, moral distress and personal ways of coping.
Thornton et al. 2020 [Australia]	The significance of memory-making for bereaved parents and the impact of memory-making on parents' experience of loss following neonatal loss.	Qualitative; grounded theory; semi-structured interviews with bereaved parents	Key theme of "Creating evidence" to affirm the life of the baby. Included taking photographs, creating mementos, as well as involving friends and family during the baby's time in the Neonatal Unit.
Walker and Deacon 2016 [UK]	Nurses' experiences of caring for the suddenly bereaved in adult acute and critical care settings, and the provision of person-centred care:	Qualitative; interviews with nursing staff	Caring for suddenly bereaved families was important to nurses but was also a source of tension and unrest. Importance of seeing the bigger picture - moving away from death as a single event to seeing a pathway of supportive care for the suddenly bereaved,

Waller et al. 2017 [Australia]	Improving hospital-based end of life care processes and outcomes	Systematic review of studies described as descriptive, measurement or intervention studies.	Most studies reported benefits for end-of-life processes including end-of-life discussions and documentation. Impact on end-of-life outcomes was mixed, with some benefit for psychosocial distress, satisfaction and concordance in care
Walsh et al. 2013 [Ireland]	Staff's views of bereavement care in a large hospital setting.	Qualitative; focus groups and interview with staff	Staff training enabled a sense of confidence and pride in bereavement work. Whole hospital approach to bereavement care may be a viable alternative to individual clinical services. Some management-led initiatives were seen as helpful e.g. patient belongings bags.
Wilson et al. 2017 [Canada, Spain]	Bereavement service evaluations and their efficacy	Scoping review	Outcomes include level of grief, stress/distress, grief knowledge, depression, and somatic symptoms. Most bereavement services evaluated as a whole rather than piecemeal, so individual service effectiveness not readily evaluated. Most services appear to have some evidence for effectiveness but measures are heterogenous.
Woodthorpe and Komaromy 2013 [UK]	The role of mortuary staff in hospital-based bereavement services.	Qualitative; ethnography; Direct observation and interviews with mortuary team	Mortuary staff provide an important link with the rest of the hospital team, providing continuity in patient-centred care from the point of death until the deceased person leaves the hospital site. Staff value being part of the wider team and believe that they are also valued in terms of the support they give to clinical and ancillary staff.

