

Supplemental Table 1. QUALITY APPRAISAL SCORES, STRENGTHS, AND WEAKNESSES OF SELECTED STUDIES

| First Author, Year | Design | CCAT or JBI scores (average), % | Strengths | Weaknesses |
|--------------------------------------|--|---------------------------------|---|---|
| Malignant Fungating Wounds | | | | |
| Adderley et al, ¹⁷ 2014 | Systematic review | 95/95.4 (95.2) | Recommendations for practice based on appraisal of included studies' risk of bias and methodological limitations | Limitations of the study NR |
| Ousey et al, ¹⁸ 2014 | Integrative review | 80/100 (90) | Comprehensive search was conducted Eligibility assessment according to CASP criteria | Limitations of the study NR |
| Lower Leg Ulcers | | | | |
| Weller et al, ²⁰ 2018 | Scoping review | 70/80 (75) | Comprehensive search was conducted No language restriction Eligibility assessment conducted by at least two researchers according to specified criteria | Only one reviewer screened full-text articles and extracted data from guidelines in languages other than English Several of the included guidelines did not report recommendation level of evidence |
| Andriessen et al, ²¹ 2017 | Review | 100/90 (95) | Comprehensive search was conducted Independent screening for inclusion Used AGREE II to review quality of guidelines | Limited to English and German publications The quality grade and methodological weaknesses of included studies NR Information on guideline implementation was lacking Good clinical response to compression therapy not addressed |
| Neumann et al, ¹⁹ 2016 | Guideline | 75/80 (77.5) | Guidelines presented evidence-based approach for treatment supporting daily practice Recommendations are graded according to strength of evidence | Search terms not provided Did not report number of researchers involved with eligibility assessment Guideline specific to Europe, limited generalizability. Working group did not use the scheme by the Wound Care Consultant Society (WCS) for the description of the treatment of wounds |
| Ratliff et al, ²² 2016 | Algorithm development: scoping review, consensus, content validation | 70/90 (80) | Comprehensive search was conducted Eligibility assessment conducted by three researchers with clinical expertise Consensus panel: a variety of clinicians from varied settings Content validation done Processes followed were comprehensive, feasible, and appropriate | The second search included only studies with products available in the USA. Limitation to generalizability Limitations of the study NR |
| Carter, ²⁶ 2014 | Review | 85/86.3 (85.6) | Eligibility determined according to clearly stated inclusion and exclusion criteria Comprehensive search was conducted (1974 to 2013) Evidence was graded | Limited to English publications Number of researchers involved with eligibility assessment and quality appraisal was NR |
| Miller et al, ²⁵ 2014 | Prospective single-sample cohort | 70/65 (67.5) | The educational program and data collection tool were reviewed by clients, education and content experts prior to the study Assessed several domains of behavior change Prompted future research Limitations of the study were reported | Reported limitations: Lack of standardized timeframes between intervention and data collection Data from two related studies with different primary objectives Limited generalization Measurement tools not validated Randomization and blinding techniques not clearly reported Small sample sizes |

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Supplemental Table 1. QUALITY APPRAISAL SCORES, STRENGTHS, AND WEAKNESSES OF SELECTED STUDIES, CONTINUED

| First Author, Year | Design | CCAT or JBI scores (average), % | Strengths | Weaknesses |
|--|---------------------------|---------------------------------|--|--|
| Canadian Agency for Drugs and Technologies in Health, ²⁷ 2013 | Review | 80/75 (77.5) | Transparency in reporting included guidelines' and studies' characteristics, strengths and weaknesses Limitations of the study were reported | Reported limitations of this review: Limited high-grade evidence was found - several based on expert opinion. Small sample sizes, primarily comprised of women. |
| Tang et al, ²³ 2012 | Review | 60/60 (60) | Wide range of studies included (principles of other chronic wounds and animal studies) | Limitations of the study NR Limited to English publications Did not report number of researchers involved with eligibility assessment Did not report on appraisal of methodological quality |
| Weller et al, ²⁴ 2012 | Cross-sectional survey | 82.5/95 (88.7) | Survey tool developed from focus discussions and pilot tested. Two independent coders analyzed qualitative data. | Low response rate: 36% (n = 54) Possibility of biased responses (only most knowledgeable nurses might have responded) Past experiences may be affected by recall bias |
| Diabetic Foot Ulcers | | | | |
| Isei et al, ³¹ 2016 | Guideline | 86/67.5 (76.7) | Recommendations are graded according to strength of evidence Comprehensive search was conducted Comprehensive list of definitions of terminology provided | Search terms not provided The method of assessing eligibility was NR No limitations reported Guideline developed specifically for Japan thus limits generalizability |
| Lavery et al, ³² 2016 | Guideline | 67.5/65 (66.2) | Recommendations are graded according to strength of evidence available Rigorous Delphi technique used for separate guidelines | Update on previous guideline thus search terms not provided Limited to English publications Did not report number of researchers involved with eligibility assessment |
| Huang et al, ³³ 2015 | Guideline | 75/77.5 (76.2) | Used the Institute of Medicine standards for reliable Clinical Practice Guidelines Reported on reviewers' characteristics and expertise Systematic review conducted Recommendations graded according to strength of evidence available Search terms listed External review done | Most of the studies used only moderate or low-level evidence and conditional recommendations were made. |
| Canadian Agency for Drugs and Technologies in Health, ²⁹ 2014 | Review | 100/85 (92.5) | Well-designed critical appraisal tools used to assess methodological quality Mostly systematic reviews, meta-analyses, and randomized control trials | Only one reviewer assessed eligibility Studies had small sample sizes and high potential for bias Might have limited applicability |
| Crawford et al, ³⁴ 2013 | Guideline | 90/85 (87.5) | Recommendations graded according to strength of evidence available Two reviewers involved with eligibility assessment | Restricted to English publications This publication is a summary of the guideline Limitations of the study NR |
| Taylor et al, ³⁰ 2011 | Descriptive correlational | 60/65 (62.5) | Large sample size Useful in daily practice as economic factors are mentioned | Convenient sampling (audit of current practice data) Measures to ensure consistency of data capturing over an extended period were NR Limitations of the study NR |

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|--|--|---------------------------------|--|---|
| Pressure Ulcers | | | | |
| Fujiwara et al, ³⁸ 2018 | Guideline | 65/60 (62.5) | Comprehensive search was conducted Comprehensive list of definitions of terminology provided | Levels A, B, C, D of recommendation for strength of evidence were not clearly defined Limited reporting of included studies' weaknesses Several dressings cited are not known in a global context (limited generalizability) The method of assessing eligibility and quality appraisal was NR No limitations reported |
| Canadian Agency for Drugs and Technologies in Health, ³⁶ 2013 | Review | 72.7/81.8 (77.2) | Appraisal of methodological quality of studies A clear description of each included study's characteristics and limitations | Limited literature search 2008- 2013 narrowed to RCTs in English Only one researcher screened for eligibility Reported limitation: could not restrict data analysis to intended population and included studies did not report publication bias |
| Gelis et al, ³⁷ 2012 | Systematic review | 81.8/95 (88.4) | Included the highest level of evidence (only clinical trials) Transparent reporting of systematic review process and appraisal of methodological quality of the studies | Methodological shortcomings of included studies not clearly reported Limitations of the study NR |
| Guihan et al, ³⁵ 2012 | Cross-sectional observation | 60/75 (68) | Large sample size (n = 131) Comprehensive assessment of risk factors Limitations of the study reported | Convenience sampling Validity of the scales/checklists used to assess risk factors was NR Reported limitation: cognitive screening for inclusion based on primary care giver's judgement |
| Atypical Wounds | | | | |
| Alavi et al, ⁴⁰ 2018 | Observational cross-sectional cohort | 100/100 (100) | Comprehensive measurement with 4 validated tools. | Small sample sizes |
| Addison et al, ³⁹ 2017 | Descriptive prospective observational cohort | 88/90 (89) | Large prospective wound management study capturing real conditions in the health care system Detailed monitoring and documentation of the wound classification and sizing using the World Health Organization BU classification and Flanagan's criteria to identify and monitor closure | Unequal sample sizes |
| Shanmugam et al, ⁴² 2017 | Review | 60/70 (65) | Comprehensive search of the literature | Assessment for eligibility and appraisal of methodological quality were NR |
| Pope et al, ⁴¹ 2015 | Consensus | 80/70 (75) | Involvement of a multidisciplinary expert group with expertise in EB treatment, wound care biology, and clinical practice | Limitations of the study NR The method to address scores <80% were NR Experts were mainly from colder countries which may influence dressing choices and management and therefore limits generalizability |

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| First Author, Year | Design | CCAT or JBI scores (average), % | Strengths | Weaknesses |
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| Local Wound Bed Factors | | | | |
| Schultz et al, ⁴⁴ 2017 | Modified Delphi method | 77.5/80 (78.75) | Consensus reached through a rigorous Delphi technique involving a diverse group of experts selected for their expertise in the field Full agreement was reached during final consensus round Developed a new paradigm for biofilm management | Risk of bias: involvement of a wound care product company (however, the paper declared it as a conflict of interest) |
| Akhmetova et al, ⁴³ 2016 | Review | 70/60 (75) | Comprehensive search conducted Independent appraisal of quality Limitations reported | Although quality appraised, the quality of included papers was NR The number of papers screened and included were NR |
| Sherman, ⁴⁵ 2014 | Review | 95/95 (95) | Comprehensive search conducted resulting 97 relevant papers | Eligibility assessment method (no. of researchers involved) NR Quality appraisal NR Data extraction method NR Limitations of the study NR |

Abbreviations: AGREE, Appraisal of Guidelines, Research and Evaluation; CASP, Critical Appraisal Skills Programme; CCAT, Crowe Critical Appraisal Tool; JBI, Joanna Briggs Institute Critical Appraisal Checklist for Systematic Reviews and Research Syntheses; NR, not reported; WCS, Wound Care Consultancy Society.