

**Table 1.***Summary of Included Studies on The Impact of Telehospice During the COVID-19 Pandemic*

	First Author (Year) Country	Design	Sample Size and Participants	Methods/ Instruments	Aim	Findings	Level of Evidence
1	Chou et al. (2020) Taiwan	Cohort Study	19,900 patients	Two-sample t- test	To investigate the use of hospice care services prior to and during the COVID-19 pandemic.	Hospice home care services persisted during the COVID-19 pandemic, while the utilization of hospice inpatient care services were used less frequently.	IV
2	Weaver et al. (2021c) USA	Case Series	11 children with terminal illness	Memorial Symptom Assessment Scale (MSAS 7-12) and PedsQL Family Impact Module (PedsQL FIM) every 14 days.	To investigate the physical and psychological symptom burden and family impact assessment for children with terminal cancer	The results of this study point to the viability of telehealth in extending access to care to remote areas and enabling at-home end-of-life care. The need to incorporate patient-reported outcomes even in end-of-life research is further highlighted by the underrecognition of the physical symptom burden and the psychosocial symptoms suffered by the children.	VI
3	Weaver et al. (2020b) USA	Case series	15 patients: 15 family members of the children. 15 hospice nurses	Survey questionnaire	To evaluate the acceptability of incorporating telehealth into home hospice visits by a hospital-based pediatric palliative care clinician.	The acceptability of Telehealth increased over time and was greater among family caregivers compared to hospice nurses. All self-reporting children showed a positive attitude towards telehealth, citing reasons like feeling remembered and valuing the medical knowledge and care planning aspect.	VI
4	Costantini et al. (2020)/Italy	Cross Sectional	16 Hospices	Telephone Survey	To evaluate how hospices in Italy	Hospices are flexible in responding to COVID-19. Governments should recognize	IV

	First Author (Year) Country	Design	Sample Size and Participants	Methods/ Instruments	Aim	Findings	Level of Evidence
		Study			were affected by the COVID-19 pandemic and use the findings to inform the response strategies in other countries.	their importance and integrate hospice and palliative care into the healthcare system's response.	
5	Elma et al. (2022) Canada	Qualitative Descriptive Study	45 clinicians	Interview	To explore clinicians' views on using videoconferencing technology to adapt to pandemic policies while caring for dying patients.	Virtual visits had several advantages, but they also had their downsides. Participants had concerns about equitable access to videoconferencing technology and the authenticity of technology-mediated interactions.	VI
6	Ellis & Lindley. (2020) Scotland	Qualitative Descriptive Study	200 Children's Hospices across Scotland Personnel	Interview Observation	To gain insight from the experiences of pediatric hospice care provider in their implementation of telehospice care during the pandemic.	Implementing telehospice for families of hospice patients has presented some challenges such as limited signal accessibility issues for those who are in remote rural areas. Despite the challenges, the management team diligently tracked initiatives to meet their needs and ensure progress.	VI
7	Lewis et al. (2020) USA	Quasi Experimental	16 home based hospice	Survey Observation Checklist	Assess the impact of the telehospice parenting program on parents with cancer.	Parents participating in the program experienced significant improvements in their confidence to support their children during their parent's cancer journey. Their skills in addressing their child's cancer-related concerns and improved coping.	III

	First Author (Year) Country	Design	Sample Size and Participants	Methods/ Instruments	Aim	Findings	Level of Evidence
8	Lin et al. (2022) USA	Mixed methods	656 clinical personnel	Online Survey	To examine how COVID-19 has affected hospice support for family caregivers of dementia patients from the perspective of hospice workers.	Hospice staff noticed changes in care quality and quantity, the emotional toll on family caregiver and its impact on service use and resources needed. However, staff members reported resilience, perceiving little to no COVID-19 impact on their ability to support family care partners.	VI
9	Weaver et al. (2020a) USA	Qualitative Study	15 rural hospice nurses	A voice- recorded interview	To gain insight from the experiences of rural hospice nurses taking care of terminally ill children	Hospice nurses believe that telehospice offers immediate assistance for medical concerns of patients and family members, permits shared decision-making and prompt goal-of-care communication, but they also issue a warning about incorrect interpretations of the environment and the readiness of the family members regarding hospice goal.	VI
10	Schinasi et al. (2021) USA	Quantitative	1,069 clinicians with formal training at telemedicine	Surveys, focus groups, quantitative analysis	To identify challenges and opportunities associated with telehospice during the COVID-19 pandemic	Web-based telehospice platforms demonstrated potential in improving accessibility and patient empowerment, while challenges included technological barriers and privacy concerns.	VI
11	Mercadente et al. (2020) Italy	Qualitative Study	16 caregivers	Interview Questionnaire	To understand the perspective of the family member in using "modern technology" to participate in the care process	The family members were happy to virtually attend to their loved ones and were satisfied with the information they obtained from using "WhatsApp" However, this form of communication could not substitute their presence at the bedside.	VI

	First Author (Year) Country	Design	Sample Size and Participants	Methods/ Instruments	Aim	Findings	Level of Evidence
12	Cameron & Gugala (2020) USA	Quantitative Study	453 Caregivers	Online Survey	To examine the effectiveness of telehospice	Most of the feedback was encouraging, while the few negative remarks largely focused on connectivity. Without wasting time traveling to the patient, the nurse attends to critical patient needs right away and offers assistance and education.	VI