National Institute for Health and Care Excellence

FINAL

Rehabilitation after traumatic injury

D.1 Service coordination: Inpatient settings for people with complex rehabilitation needs after traumatic injury

NICE guideline NG211

Evidence review underpinning recommendations 1.1.4, 1.1.5, 1.2.4, 1.2.5, 1.4.3 to 1.4.5, 1.6.1, 1.6.2, 1.7.2 to 1.7.8, 1.7.10, 1.10.1, 1.10.3, 1.10.4, 1.10.6 and 1.10.7 in the NICE guideline

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These evidence reviews were developed by the National Guideline Alliance which is a part of the Royal College of Obstetricians and Gynaecologists

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Summary of review questions covered in this report

This evidence report contains information on 2 reviews

D.1a What are the best methods to coordinate rehabilitation services for adults with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

D.1b What are the best methods to coordinate rehabilitation services for children and young people with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

Service coordination: Inpatient settings for people with complex rehabilitation needs after traumatic injury

Review question

This evidence report contains information on 2 reviews relating to inpatient service coordination for rehabilitation after traumatic injury:

D.1a What are the best methods to coordinate rehabilitation services for adults with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

D.1b What are the best methods to coordinate rehabilitation services for children and young people with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

Introduction

Coordination of rehabilitation services is important to ensure patients are in the right place, accessing the right service at the right time. Coordination of rehabilitation is required to ensure people's needs are identified early, and they are transferred to the appropriate setting in a timely manner. Premature or delayed transfer between settings can impact on a person's rehabilitation outcomes, overall length of stay, functional ability and discharge destination.

The objective of this review was to determine the best methods to coordinate inpatient rehabilitation services for people with complex rehabilitation needs following traumatic injury, including when they are transferring between inpatient settings.

Summary of the protocol

This review was a mixed methods review. See Table 1 and Table 2 for a summary of the Population, Intervention, Comparison and Outcome (PICO; quantitative) and Population, Phenomenon of interest and Context (PPC; qualitative) characteristics characteristics of this review in the adult and children and young people populations, respectively.

Table 1: Summary of the adult protocol (PICO/PPC table)

Population	**Quantitative**	In-patient rehabilitation services for adults (aged 18 years or above) with complex rehabilitation needs after traumatic injury, including those with traumatic brain injury, sight loss, and hearing loss
	Qualitative	• Adults (aged 18 years and above) who have been an inpatient and who have complex rehabilitation needs after traumatic injury, including those with traumatic brain injury, sight loss and hearing loss. • Staff working at inpatient rehabilitation settings with adults (aged 18 years and above) who have complex rehabilitation needs after traumatic injury, including those with traumatic brain injury, sight loss and hearing loss. •
Intervention/ Phenomenon of interest	**Quantitative**	Coordination method A (for example, cohort, neuronavigator, trauma nurse coordinators, rehabilitation consultant, rehabilitation coordinator, Case manager, key workers, specialist trauma MDTs, rehabilitation prescription, discharge coordinator, specialist

		inreach/outreach [specialist units from outside coming in]; Outreach [within centres], non-specialist trauma MDT)
	Qualitative	Methods to coordinate inpatient rehabilitation services for adults, including when transferring between inpatient settings. These will be identified from the literature and may include: • Case managers • Rehabilitation specialist • MDT approach
Comparison	**Quantitative**	• Coordination method B (for example, any of the above interventions) • No coordination
	Qualitative	Not applicable.
Outcomes	**Quantitative**	• Critical ○ Changes in activity of daily living (Barthel ADL index, COPM, E-ADL-Test, FIMFAM, GAS, Katz, OARS, PAT, PSMS) ○ Length of hospital stay ○ Overall quality of life (EURO-QoL 5D 3L, SF-12, SF-36, SF-6D, SFMA) • Important ○ Return to work or education ○ Discharge destination ○ Unplanned readmission ○ Patient satisfaction
	Qualitative	Themes will be identified from the literature but may include: • Case managers • Rehabilitation specialist • MDT approach
Context	**Quantitative**	Inpatient settings for patients with complex rehabilitation needs after traumatic injury Exclusion: • Accident and emergency departments • Critical care units • Prisons
	Qualitative	

ADL: Activities of daily living; COPM: Canadian occupational performance measure; E-ADL-Test: Erlangen Activities of Daily Living test; EURO-QoL 5D 3L; EuroQol 5 dimensions and 3 levels; FIMFAM: Functional independence measure and functional assessment measure; GAS: Goal attainment scaling; MDT: Multi-disciplinary team; OARS: Older American resources and services scale; PAT: Performance ADL test; PSMS; Physical self-maintenance scale; SFMA; Selective functional movement assessment ; SF-12: 12 item short-form survey; SF-36: 36 item short-form survey; SF-6D: 6-dimension short-form

Table 2: Summary of the children and young people protocol (PICO/PCC table)

Population	Quantitative	In-patient rehabilitation services for children and young people (aged below 18 years) with complex rehabilitation needs after traumatic injury, including those with traumatic brain injury, sight loss, and hearing loss
	Qualitative	• Children and young people (aged below 18 years) who have been an inpatient and who have complex rehabilitation needs after traumatic injury, including those with traumatic brain injury, sight loss and hearing loss, and their families. • Staff working at inpatient rehabilitation settings with children and young people (aged below 18 years) who have complex rehabilitation needs after traumatic injury, including those with traumatic brain injury, sight loss and hearing loss.

Intervention/ Phenomenon of interest	Quantitative	• Coordination method A (for example, Paediatrician, Cohort, Neuronavigator, Trauma nurse coordinators, Rehabilitation consultant, Rehabilitation coordinator, Case manager, key workers, specialist trauma MDTs, rehabilitation prescription, discharge coordinator, specialist inreach/outreach [specialist units from outside coming in], outreach [within centres], non-specialist trauma MDT).
	Qualitative	• Methods to coordinate inpatient rehabilitation services for children and young people, including when transferring between inpatient settings. These will be identified from the literature and may include: ○ Case managers ○ Rehabilitation specialist ○ MDT approach
Comparison	Quantitative	• Coordination method B (for example, any of the above interventions) • No coordination
	Qualitative	Not applicable.
Outcomes	**Quantitative**	• Critical ○ Changes in activity of daily living (Barthel ADL index, COPM, E-ADL-Test, FIMFAM, GAS, Katz, OARS, PAT, PSMS) ○ Length of hospital stay ○ Overall quality of life (including sleep) (EURO-QoL 5D 3L, SF-12, SF-36, SF-6D, SFMA) • Important ○ Return to nursery, work or education ○ Discharge destination ○ Unplanned readmission ○ Patient satisfaction
	Qualitative	Themes will be identified from the literature but may include: • Case managers • Rehabilitation specialist • MDT approach
Context	**Quantitative**	Inpatient settings for patients with complex rehabilitation needs after traumatic injury Exclusion: • Accident and emergency departments • Critical care units • Prisons
	Qualitative	

ADL: Activities of daily living; COPM: Canadian occupational performance measure; E-ADL-Test: Erlangen Activities of Daily Living test; EURO-QoL 5D 3L; EuroQol 5 dimensions and 3 levels; FIMFAM: Functional independence measure and functional assessment measure; GAS: Goal attainment scaling; MDT: Multi-disciplinary team; OARS: Older American resources and services scale; PAT: Performance ADL test; PSMS; Physical self-maintenance scale; SFMA; Selective functional movement assessment ; SF-12: 12 item short-form survey; SF-36: 36 item short-form survey; SF-6D: 6-dimension short-form

For further details see the review protocol in appendix A.

Methods and process

This evidence review was developed using the methods and process described in Developing NICE guidelines: the manual. Methods specific to this review question are described in the review protocol in appendix A and in the methods chapter (Supplement 1). This is a mixed methods review, using parallel synthesis. Quantitative and qualitative data

were analysed and synthesised separately and integrated through the committee's interpretation of results, described in the committee's discussion of the evidence.

Declarations of interest were recorded according to NICE's 2018 conflicts of interest policy.

Clinical evidence: Adults

The included studies are summarised in Table 3 (quantitative evidence) and Table 4 (qualitative evidence).

See the literature search strategy in appendix B and study selection flow chart in appendix C.

Included quantitative studies

Five studies were included in the quantitative section of this review: 1 randomised controlled trial (RCT; Stenvall 2007) and 4 non-randomised cohort studies (Kusen 2019, Lamb 2017, Momosaki 2016 and Soong 2016). One of the cohort studies compared the implementation of a Geriatric Fracture Clinic pathway for hip fractures with a historical comparative group, and was conducted in Switzerland (Kusen 2019). Another cohort study compared the implementation of a Fragility Fracture Team in hip fracture rehabilitation with a historical comparative group, and was conducted in the USA (Lamb 2017). The third cohort study compared the outcomes of patients who had a board-certified physiatrist as their primary physician during inpatient rehabilitation with those that did not, and was conducted in Japan (Momosaki 2016). The final cohort study compared the outcomes of hip fracture patients after the implementation of a multi-disciplinary integrated hip fracture programme (i-HIP) with those who had received hip fracture care prior to implementation, and was conducted in Canada (Soong 2016). The RCT compared the effectiveness of a multidisciplinary postoperative rehabilitation intervention with conventional postoperative rehabilitation, and was conducted in Sweden (Stenvall 2007). This intervention spanned rehabilitation coordination both while patients were in inpatient settings and when patients were transferring between inpatient and outpatient settings. It therefore met the inclusion criteria for 2 of the coordination of rehabilitation reviews. Stenvall (2007) is therefore included in both reviews, with the inpatient outcomes reported in this review and the outpatient outcomes reported in the review concerning patients transferring from inpatient to outpatient settings.

Included qualitative studies

Eighteen studies were included in the qualitative section of this review. Two of these were conducted in the UK (Adams 2018 and Odumuyiwa 2019), 8 in Australia (Byrnes 2012, Fleming 2012, Hines 2017, Isbel 2017, Kimmel 2017, Kornhaber 2019, Ogilvie 2015 and Wright 2016), and 4 in Canada (Gotlib Cann 2018, Lamontagne 2011, Lefebvre 2012 and Talbot 2014) and. One study each was carried out in Sweden (Norrbrink 2016), Portugal (Sena Martins 2017) and Norway (Slomic 2016). The final study was a multinational study between France and Finland (Jourdan 2019).

Excluded studies

Studies not included in this review are listed, and reasons for their exclusion are provided in appendix K.

Summary of studies included in the evidence review

Summaries of the studies that were included in this review are presented in Table 3 (quantitative studies) and Table 4 (qualitative studies).

Table 3: Summary of included quantitative studies

Study	Population	Intervention[a]	Control[a]	Outcomes
Kusen 2019 Prospective and retrospective cohort Switzerland	N = 350 Hip fracture Age in years [Median (IQR)]: • Geriatric Fracture Clinic = 85 (82-89.75) • No geriatric fracture clinic = 86 (81-90) Gender (M/F): • Geriatric Fracture Clinic (n) = 44/124 • No geriatric fracture clinic (n) = 43/111 Time since injury: not reported	<u>Geriatric Fracture Clinic</u> A pathway for traumatic hip fractures that was delivered during pre-, peri- and post-operative phases. Areas of the pathway that were relevant to coordination of rehabilitation were: • Care planning was overseen by a case manager, who then followed the patient throughout their stay. • Surgery was scheduled within 24 hours of admission but patients received pre-operative physiotherapy focusing on respiratory theapy and maintaining upper extremity funtion if it was delayed. • Surgical methods were designed with the aim of achieving full-weight bearing post-operation. • Mobilisation began on post-operative day 1. • Physiotherapists carried out fall risks and osteoporosis screening before discharge. Rehabilitation goals were discussed and informed future rehabilitation planning. • Follow-up appointments with geriatrician, surgeon and physiotherapists were scheduled. • Evaluations and recommendations sent to general practitioners and the treating physiotherapist.	<u>No geriatric fracture clinic</u> Retrospective analysis of hip fracture patients before implementation of the Geriatric Fracture Clinic pathway. No further details reported.	• Critical ○ Length of hospital stay (at discharge) • Important ○ Discharge destination (at discharge)
Lamb 2017 Retrospective cohort	N = 437 Hip fracture	<u>Fragility fracture team</u> A pathway for isolated hip fractures using an MDT led by an Academic Inpatient	<u>No fragility fracture team</u> Analysis of hip fracture patients before	• Critical ○ Length of hospital stay (at

Study	Population	Intervention[a]	Control[a]	Outcomes
USA	Age in years [Mean]: • Fragility fracture team = 82.7 • No fragility fracture team = 81.1 Gender (M/F): • Fragility fracture team (n) = 75/165 • No fragility fracture team (n) = 62/134 Time since injury: not reported	Medical Service (AIMS) physician, spanning admission to discharge. Additional assessments performed as part of admissions, changes to medication decreased time to surgery. Areas of the pathway that were related to coordination of rehabilitation were: • Physical function assessed upon admission by a physical therapist, to evaluate their fall risk and devise a postoperative rehabilitation and strength-training plan. • Mobilisation begun on postoperative day 1 (or as soon as possible). • Osteoporosis education was initiated by a clinical care coordinator if needed, with a follow-up appointment scheduled with their general practitioner.	implementation of the Fragility Fracture Team. No further details reported.	discharge) • Important ○ Discharge destination (at discharge)
Momosaki 2016 Retrospective cohort Japan	N = 324 Hip fracture Age in years [Mean (SD)]: • Board-certified physiatrist = 81.5 (10.3) • No board-certified physiatrist = 82.1 (9.5) Gender (M/F): • Board-certified physiatrist (n) = 77/302 • No board-certified	<u>Board-certified physiatrist</u> Patients received inpatient rehabilitation care primarily from a board-certified physiatrist.	<u>No board-certified physiatrist</u> The primary physician overseeing inpatient rehabilitation was not a board-certified physiatrist.	• Critical ○ Length of hospital stay (at discharge) • Important ○ None

Study	Population	Intervention[a]	Control[a]	Outcomes
	physiatrist (n) = 86/359 Time since injury [Mean (SD)]: • Board-certified physiatrist = 24.2 (18.5) • No board-certified physiatrist = 21.3 (18.3)			
Soong 2016 Retrospective cohort Canada	N = 571 Hip fracture Age in years [Mean (SD)]: • iHIP = 79.4 (13.7) • Pre-i-HIP = 80.1 (13.0) Gender (M/F): • iHIP (n) = 95/236 • Pre-i-HIP (n) = 74/166 Time since injury: not reported.	<u>i-HIP</u> A multidisciplinary, integrated hip fracture programme supervised and coordinated by i-HIP team which contained a physician, orthopaedic surgeons, geriatricians, nurses, rehabilitation professionals, pharmacists and a social worker. Hip fracture patients were admitted to the orthopaedic service, where they were co-managed by hospitalists and orthopeadic teams. This allowed full-time service coverage involving daily MDT rounds, implement new care orders, and talk to nurses and families about queries that had arisen. An electronic discharge summary was created for in time for patient discharge. Occupational therapists, physiotherapists and social workers carried out a functional assessment day 1 post-operation to encourage early mobilisation. i-HIP team members also devised new order sets and care pathways for hip fracture patients, as	<u>Pre-i-HIP</u> Hip fracture patients were admitted to a general orthopaedic service, which consisted of multiple teams of 1 attending orthopaedic surgeon and 2-3 residents. 1 resident from each of these teams responded to consultation requests and any inpatient issues, supported by rehabilitation professionals and social workers. Inpatient rounds did not have a doctor in attendance. There was no coordination or standardisation of assessments, rehabilitation plans or suggestion orders.	• Critical ○ Length of hospital stay (at discharge) • Important ○ None

Study	Population	Intervention[a]	Control[a]	Outcomes
		well as participating in a monitoring committee for quality improvement.		
Stenvall 2007 RCT Sweden	N = 199 Hip fracture Age in years [Mean (SD)]: • MDT postoperative rehabilitation = 82.3 (6.6) • Conventional postoperative rehabilitation = 82.0 (5.9) Gender (M/F): • MDT postoperative rehabilitation (n) = 28/74 • Conventional postoperative rehabilitation (n) = 23/74 Time since injury: not reported	<u>MDT postoperative rehabilitation</u> A multipdisciplinary intervention that was implemented in a geriatric orthopaedic ward. Areas of the pathway that were related to coordination of rehabilitation were: • Staff education which included a 4-day course on postoperative rehabilitation. • Multi-disciplinary team included orthopaedic surgeons, geriatricians, physical therapists and occupational therapists. • Individual care planning within 24 hours of surgery and included assessments from all MDT members. Rehabilitation plans and goals were updated twice a week. • Osteoporosis treatment if needed. • Mobilisation within 24 hours post-operatively, including specific exercises with both physical therapists and occupational therapists and general acitivites for daily living with care staff. • A home visit was conducted by occupational therapists and/or physical therapists, who communicated with counterparts in the community rehabilitation services. • Patients were offered extra outpatient rehabilitation. • Telephone follow-up at	<u>Conventional postoperative rehabilitation</u> Implemented in general orthopaedic ward (or general geriatric unit if patient required longer rehabilitation). Differences included ward layout, staffing levels, no staff education, no specific team structure, and less individual care planning. Additionally, there was no routine examination for postoperative complications, no nutritionally enriched food. Regarding rehabilitation, functional retraining for daily tasks was not always performed and no follow-up was scheduled after discharge.	• Critical ○ Changes in ADL (at discharge) ○ Length of hospital stay (at discharge) • Important ○ None

Study	Population	Intervention[a]	Control[a]	Outcomes
		2 weeks post-discharge and home visit follow-up at 4 months post-discharge by physical/occupational therapist.		

ADL: Activies of daily living; AIMS: Academic Inpatient Medical Service; F: Female; IQR: Interquartile range; MDT: Multidisciplinary team; M: Male; N: Number; RCT: Randomised controlled trial; SD: Standard deviation
(a) For full details about the intervention/comparison, please see the evidence tables in Appendix D

Table 4: Summary of included qualitative studies

Study and aim of study	Population	Methods	Themes
Adams 2018 UK **Aim of study** To explore the views and experiences of rural hospital healthcare professionals identifying facilitators and barriers to the development of a rural trauma system.	N = 18 healthcare professionals working in rural trauma in Scotland Setting: multiple rural general hospitals Profession (N): • Anaesthetist: 8 • Emergency physician: 1 • Nurse practitioner: 1 • Surgeon: 8 Experience working in trauma care [median (range)]: 18 (2.5-37) years Experience working in rural trauma healthcare in Scotland [mean (range)]: 8.75 (1-22) years	**Recruitment period:** April – June 2017 **Data collection and analysis methods:** • Semi-structured interviews • Network thematic analysis	• Commissioner level: Simplified referral process • Service management level: Communication between settings • Service management level: Single point of contact
Byrnes 2012 Australia **Aim of study** To explore how multi-disciplinary inpatient goal planning affects rehabilitation in patients with SCI.	N = 100 adults with SCI Setting: specialist SCI rehabilitation unit. Age [mean (range)]: 42.75 (18-86) years Gender (M/F): 73/27 Length of inpatient stay [mean (SD)]: 115.20 (95.6) days	**Recruitment period:** Not reported. **Data collection and analysis methods:** • Free-text questionnaires • Thematic analysis	• Service management level: Communication between settings • MDTs: Involving service users

Study and aim of study	Population	Methods	Themes
	Injury cause (N): • Traumatic: 74 • Non-traumatic: 26		
Fleming 2012 Australia **Aim of study** To explore patient's and carer's experiences of TBI inpatient rehabilitation.	N = 20 adults with ABI Setting: in-patient brain injury rehabilitation unit in large urban hospital. Age [mean (SD)]: 40.3 (14.4) years Gender (M/F): 15/5 Injury cause (N): • Traumatic: 16 • Non-traumatic: 4	**Recruitment period:** Not reported. **Data collection and analysis methods:** • Semi-structured interviews • Manifest content analysis	• Service management level: Coordination of activities outside of treatment and therapy
Gotlib Cann 2018 Canada **Aim of study** To explore the experiences of the trauma centre and transitional care for patients with traumatic injuries, and identify possible areas for improvement.	N = 24 adults with general trauma and their family members Setting: regional urban trauma centre Age (N): • <25 years: 7 • 26-39 years: 5 • 40-54 years: 4 • ≥55 years: 8 Gender (M/F): 13/11 Injury cause (N): • All traumatic	**Recruitment period:** March – October 2016 **Data collection and analysis methods:** • Semi-structured interviews • Constant comparative analysis	• Commissioner level: Availability of resources • Service management level: Communication between settings • Service management level: Involving service users in rehabilitation planning and transfer preparation • Practitioner level: Communication of correct and consistent healthcare information • Practitioner level: Education service users of rehabilitation journey
Hines 2017 Australia **Aim of study** To explore the experiences of healthcare	N = 17 healthcare professionals working in TBI rehabilitation Setting: range of TBI rehabilitation settings Profession (N):	**Recruitment period:** Not reported. **Data collection and analysis methods:** • Focus groups and semi-structured interviews	• Commissioner level: Access to and compatibility of communication systems • Commissioner level: Regulations on technology usage • Service

Study and aim of study	Population	Methods	Themes
professionals using eHealth interventions to support interdisciplinary teamwork within TBI rehabilitation.	• Allied health: 15 • Medical: 1 • Administration: 1 Length of time working in current team (N): • <1 year: 2 • 1-5 years: 8 • 5-10years: 1 • >10 years: 5 • Not reported: 1	• Narrative analysis and thematic analysis	management level: Using technology to communicate between settings
Isbel 2017 Australia **Aim of study** To explore the experiences and opinions of healthcare professionals regarding how dementia affects rehabilitation care after hip fracture.	N = 12 healthcare professionals working in hip fracture rehabilitation and dementia Setting: range of rehabilitation hospitals (urban and rural). Profession (N): • Clinical nurse specialist: 1 • Geriatrician: 5 • Nurse manager: 2 • Ortho-geriatrician: 2 • Physiotherapist: 1 • Rehabilitation physician: 1 Experience in hip fracture rehabilitation: not reported.	**Recruitment period:** Not reported. **Data collection and analysis methods:** • Semi structured interviews • Thematic analysis	• Commissioner level: Availability of resources • Commissioner level: Establishing care networks and pathways • Commissioner level: Specialised care pathways including options for complex patients • Service management level: Availability of resources • MDTs: Incorporating specialists into MDTs
Jourdan 2019 France and Finland **Aim of study** To compare TBI care pathways and explore the views of healthcare professionals on TBI care provision in Varsinais-Suomi, Finland and Ile-de-France, France.	N = 10 healthcare professionals working in TBI rehabilitation • (6 Finland, 4 France) Setting: across TBI rehabilitation care pathways in Ile-de-France and Varsinais-Suomi. Profession (N): • ICU practitioner: 1 • Neuro-anaesthetist: 3 • Neurologist: 4	**Recruitment period:** Not reported. **Data collection and analysis methods:** • Semi-structured interviews • Thematic analysis	• Commissioner level: Availability of resources • Commissioner level: Establishing care networks and pathways • Commissioner level: Simplified referral process • Commissioner level: Specialised care pathways including options for complex patients • Service management level:

Study and aim of study	Population	Methods	Themes
	• Neurosurgeon: 2 Experience working in TBI rehabilitation (range): 8-25 years		Consistency between healthcare settings • Service management level: Decreasing delays in rehabilitation • Practitioner level: Decreasing delays in rehabilitation
Kimmel 2017 Australia **Aim of study** To explore the views of healthcare professionals on destination decision-making after discharge from acute care for trauma patients.	N = 34 healthcare professionals working in general trauma rehabilitation Setting: urban in-patient acute care and rehabilitation. Profession (N): • Rehabilitation consultants: 13 • Orthopaedic and trauma surgeon: 8 • Allied health professionals: 13 • Physiotherapists: 7 • Occupational therapists: 6 Experience working in acute hospital setting (range): 2->15 years	**Recruitment period:** April 2013 – September 2014 **Data collection and analysis methods:** • Semi-structured interviews • Thematic analysis	• Commissioner level: Specialised care pathways including options for complex patients • Service management level: Availability of resources • Practitioner level: Educating healthcare professionals of available rehabilitation options
Kornhaber 2019 Australia **Aim of study** To explore healthcare professional's experiences of acute care and rehabilitation in patients with burn injuries.	N = 22 healthcare professionals working in burn rehabilitation Setting: range of burn rehabilitation settings (acute, rehabilitation and community). Profession (N): • Doctor: 4 • Nurse: 9 • Occupational therapist: 3 • Physiotherapist: 4 • Psychologist: 1 • Social worker: 1 Experience working in	**Recruitment period:** 2016 **Data collection and analysis methods:** • Semi-structured interviews • Thematic analysis	• Commissioner level: Specialised care pathways including options for complex patients • Commissioner level: Establishing care networks and pathways • Service management level: Availability of resources • Service management level: Establishing guidelines and care pathways • MDTs: Benefits of MDTs

Study and aim of study	Population	Methods	Themes
	burns rehabilitation: not reported		• Practitioner level: Including people in their rehabilitation journey
Lamontagne 2011 Canada **Aim of study** To explore the barriers and facilitators to the implementation of a TBI network and how this might affect the co-ordination of healthcare.	N = 12 professional representatives working in a TBI rehabilitation network Setting: 1 TBI network in Quebec, Canada. Profession (N): • Rehabilitation clinician: 3 • Co-ordination position: 5 • Managerial positions: 4 Professional experience (mean): 19.8 years Experience in current position (mean): 8.4 years	**Recruitment period:** Not reported. **Data collection and analysis methods:** • Semi-structured interviews • Mixed content analysis	• Commissioner level: Establishing care networks and pathways • Service management level: Consistency between healthcare settings
Lefebvre 2012 Canada **Aim of study** To explore the changing needs of patients with TBI as well as their friends and families throughout the care and rehabilitation pathway.	N = 150 • Adults with TBI: 56 • Friends and family: 34 • Healthcare professionals working in TBI rehabilitation: 60 Setting: range of TBI rehabilitation settings in 6 regions. *Characteristics of adults with TBI* No further details reported *Characteristics of healthcare professionals* Profession (N): • Clinical co-ordination: 2 • Healthcare aid: 4	**Recruitment period:** 2007 **Data collection and analysis methods:** • Semi-structured focus groups • Thematic content analysis	• Service management level: Involving service users in rehabilitation planning and transfer preparation • Practitioner level: Communication of correct and consistent healthcare information • Practitioner level: Educating service users of the rehabilitation journey • Practitioner level: Including people in their rehabilitation journey

Study and aim of study	Population	Methods	Themes
	• (Neuro)psychology: 13 • Kinesiology: 2 • Nursing: 5 • Occupational therapy: 7 • Physiotherapy: 3 • Rehabilitation counselling: 2 • Speech therapy: 2 • Social work: 6 Clinical experience (mean): 15.75 years Experience working in TBI rehabilitation (range): 1-30 years		
Norrbrink 2016 Sweden **Aim of study** To explore the needs of patients and healthcare professionals for improving neuropathic pain management after SCI.	N = 25 • Adults with SCI and neuropathic pain: 16 • Healthcare professionals working in SCI rehabilitation: 9 Setting: Probably a range of SCI neuropathic pain treatment settings (including hospital rehabilitation departments and the community). *Characteristics of SCI patients* Age [mean (range)]: 51 (31-69) years Gender (M/F): 10/6 Time since injury [mean (range)]: 18 (6-33) years Injury cause (N): • Traumatic: 13 • Non-traumatic: 3 *Characteristics of healthcare*	**Recruitment period:** Not reported. **Data collection and analysis methods:** • Patients: focus groups and semi-structured interviews • Healthcare professionals: Semi-structured interviews • Content analysis	• Service management level: Single point of contact • MDTs: Incorporating specialist in MDTs

Study and aim of study	Population	Methods	Themes
	professionals Profession (N): • Neurology: 3 • Neurology and rehabilitation medicine: 1 • Rehabilitation medicine: 4 • Rehabilitation medicine and geriatrics: 1 Experience working in SCI rehabilitation [mean (SD)]: 16 (4-35) years		
Odumuyiwa 2019 UK **Aim of study** To identify the long-term rehabilitation needs of patients with acquired brain injury and their families, and explore their experiences with accessing community services.	Setting: Community ABI rehabilitation services. <u>Stage 1</u> N = 76 • Adults with ABI: 19 • Family members: 26 • Healthcare professionals working in ABI rehabilitation: 32 *Characteristics of adults with ABI* Age [mean (range)]: 44.6 (29-72) years Gender (M/F): 10/9 *Combined characteristics of adults with ABI and family members* Injury cause (N): • Traumatic: 34 • Non-traumatic: 11 Time since injury (range): 1-41 years *Characteristics of healthcare professionals* Age [mean (range)]: 35.3 (19-60) years	**Recruitment period:** Not reported. **Data collection and analysis methods:** • Free text questionnaires and semi-structured interviews • Inductive and deductive thematic analysis	• Commissioner level: Availability of resources • Service management level: Communication between settings • Service management level: Decreasing delays in rehabilitation • MDTs: Incorporating specialists in MDTs • Practitioner level: Decreasing delays in rehabilitation

Study and aim of study	Population	Methods	Themes
	Gender (M/F/Not reported): 11/18/3 Profession: not reported Experience working in rehabilitation: not reported <u>Stage 2</u> N = 21 • Adults with ABI: 12 • Family members: 5 • Healthcare professionals working in ABI rehabilitation: 4 *Characteristics of adults with ABI* Age [mean (range)]: 45 (36-72) years Gender (M/F): 10/2 *Characteristics of healthcare professionals* Age [mean (range)]: 42 (40-43) years Gender (M/F): 1/3 Profession: not reported Experience working in rehabilitation: not reported		
Ogilvie 2015 Australia **Aim of study** To explore how young people experience and manage the first 6 months after traumatic injury.	N = 12 adults with general trauma Setting: 2 level 1 trauma centres Age [mean (SD)]: 19 (SD not reported) years Gender (M/F): 9/3	**Recruitment period:** June 2007 – June 2012 **Data collection and analysis methods:** • Semi-structured interviews • Thematic analysis	• Service management level: Single point of contact • MDTs: Benefits of MDTs • Practitioner level: Communication of correct and consistent healthcare

Study and aim of study	Population	Methods	Themes
	Time since injury: not reported Injury cause (N): • All traumatic		information
Sena Martins 2017 Portugal **Aim of study** To explore the experiences and views of patients undergoing SCI rehabilitation in Portugal.	N = 50 • Adults with SCI in initial rehabilitation: 28 • Healthcare professionals working in SCI rehabilitation: 22 Setting: Multiple rehabilitation centres No further details reported.	**Recruitment period:** Not reported. **Data collection and analysis methods:** • Fieldwork and semi-structured interviews • Content analysis	• Commissioner level: Availability of resources • Service management level: Availability of resources
Slomic 2016 Norway **Aim of study** To explore the extent to which rehabilitation professionals understand and incorporate the experiences of patients with TBI into their healthcare practice.	N = 41 healthcare professionals working in TBI rehabilitation • 16 participants took part in interviews Setting: 1 in-patient and 1 outpatient rehabilitation unit. Profession of interview participants (N): • Medical doctor: 1 • Nursing: 2 • Occupational therapists: 3 • Physiotherapists: 2 • Psychologists: 2 • Social worker: 2 • Special educator: 1 • Team co-ordinators: 2 Experience working in TBI rehabilitation: not reported.	**Recruitment period:** April 2014 – April 2015 **Data collection and analysis methods:** • Observation of team meetings and semi-structured interviews • Constant comparative thematic analysis	• Service management level: Involving service users in rehabilitation planning and transfer preparation • MDTs: Involving service users • Practitioner level: Including people in their rehabilitation journey
Talbot 2014 Canada	N = 30 • Adults with TBI: 11 • Caregivers of	**Recruitment period:** Not reported.	• Service management: Availability of

Study and aim of study	Population	Methods	Themes
Aim of study To describe the implementation of a collaborative care approach within a hospital and rehabilitation centre, and explore how this affected the care experiences of patients after TBI and their carers.	patients with TBI: 9 • Healthcare professionals working in TBI rehabilitation: 10 Setting: 1 hospital and 1 rehabilitation centre *Characteristics of adults with TBI* Age [mean (SD)]: 40.7 (18.3) years Gender (M/F): 7/4 Time since injury: not reported Injury cause: • All traumatic *Characteristics for healthcare professionals* Not reported	**Data collection and analysis methods:** • Focus groups and semi-structured interviews • Content analysis	resources • Service management level: Communication of correct and consistent healthcare information • Service management level: Establishing guidelines and care pathways • Service management level: Involving services users in rehabilitation planning and transfer preparation • MDTs: Incorporating specialists into MDTs

Wright 2016
 	
Australia
 	
Aim of study
To explore the experiences and views of healthcare professionals on holistic brain injury rehabilitation.
	N = 19 healthcare professionals working in TBI rehabilitation
	
	Setting: Regional 'Brain Injury Network'
	
	Profession (N):
	• Medical: 3
	  ○ Medical specialist: 1
	  ○ Nurses: 2
	• Allied healthcare: 16
	  ○ Case Manager: 1
	  ○ Music Therapist: 1
	  ○ Occupational Therapists: 7
	  ○ Physiotherapist: 1
	  ○ Psychologists: 3
	  ○ Social Workers: 2
	  ○ Speech and Language Therapist: 1
	
	Experience working in
		Recruitment period: Not reported.
		
		Data collection and analysis methods:
		• Semi-structured interviews
		• Phenomenological analysis
			• Commissioner level: Availability of resources
			• Commissioner level: Establishing care networks and pathways
			• Service management level: Establishing guidelines and care pathways

Study and aim of study	Population	Methods	Themes
	TBI rehabilitation: not reported		

ABI: Acquired brain injury; F: Female; M: Male; N: Number; SCI: Spinal cord injury; SD: Standard deviation; TBI: Traumatic brain injury

See the full evidence tables in appendix D. No meta-analysis was conducted (and so there are no forest plots in appendix E).

Results and quality assessment of clinical outcomes included in the evidence review

The quality of the evidence was assessed using GRADE for the quantitative evidence and GRADE-CERQual for the qualitative evidence. See the evidence profiles in appendix F.

Summary of quantitative evidence

No meta-analyses were performed as the interventions or outcomes were either not sufficiently similar to allow them to be combined or they were not reported by more than one study.

Of the pre-defined outcomes, evidence was found for:

- Changes in activity of daily living
- Length of hospital stay
- Discharge destination

No evidence was found for overall quality of life, return to work or education, unplanned readmission and patient satisfaction.

One cohort study evaluated the impact of a new geriatric fracture clinic with an historical comparative group (Kusen 2019). Length of hospital stay was statistically significantly shorter in the intervention group when compared to the control group (unable to determine the clinical significance as only the median and interquartile ranges were reported and no published minimally important difference were found). A clinically significantly lower number of participants were discharged home and a clinically significantly higher number of participants were discharged to a rehabilitation facility in the intervention group when compared to the control group. A statistically, but not clinically, significantly lower number of participants were discharged to nursing homes in the Geriatric Fracture Clinic comparative group compared to the control. The evidence was judged to be very low to low quality.

One cohort study compared the implementation of a Fragility Fracture Team in hip fracture rehabilitation with no Fragility Fracture Team (Lamb 2017). No statistically or clinically significant difference in length of hospital stay was found between the groups. A clinically significantly higher number of participants in the intervention group were discharged to home and acute rehabilitation compared with the control group. A statistically, but not clinically, significantly lower proportion were discharged to skilled nursing facility, a hospice or died in the intervention group compared with the control group. The evidence was judged to be very low quality.

One cohort study evaluated assigning board-certified physiatrists as the primary physician for hip fracture rehabilitation care compared to a primary physician that was not a board-certified physiatrist (Momosaki 2016). Length of hospital stay was statistically, but not clinically, significantly shorter in the intervention group when compared to the control group. The evidence was judged to be of moderate quality.

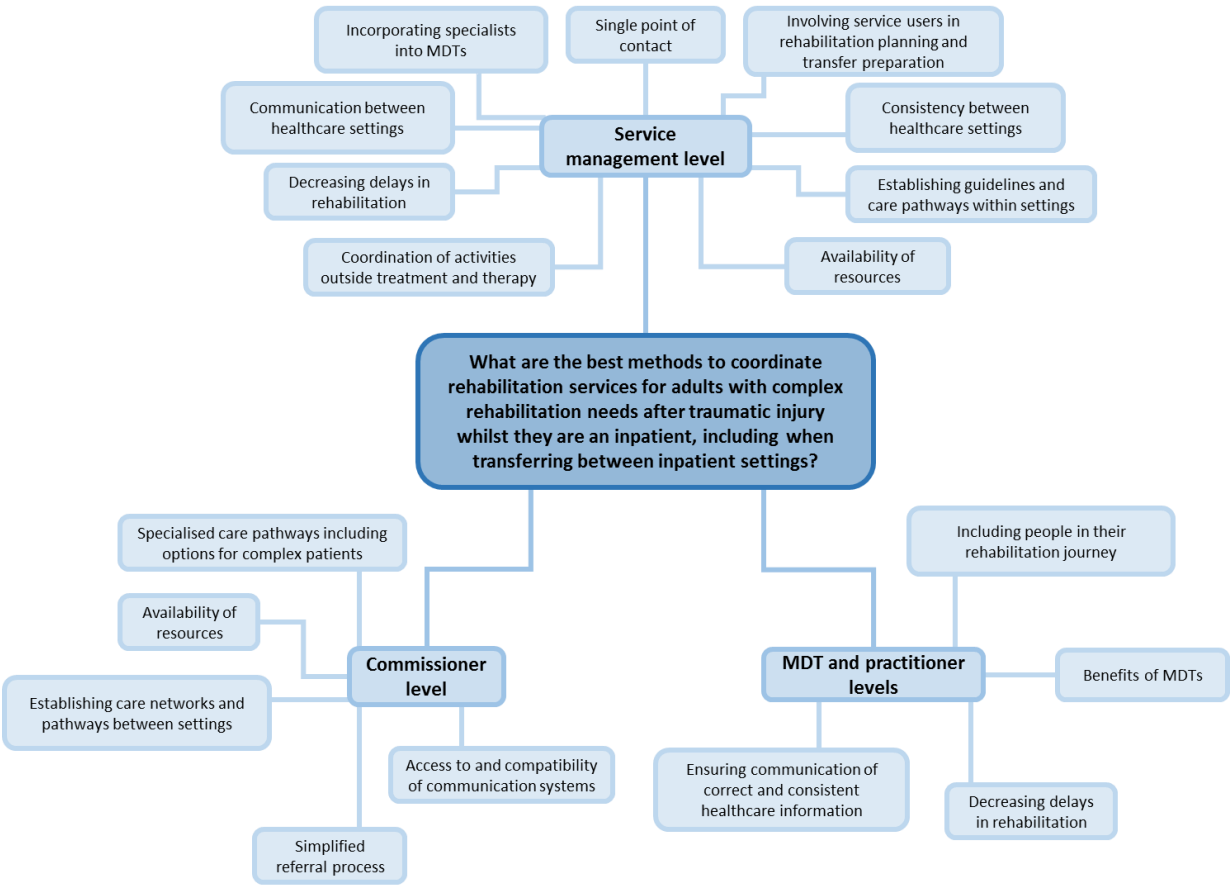
One cohort study compared the implementation of a multi-disciplinary, integrated hip fracture programme with patients who were admitted to the participating hospital prior to the beginning of the programme (Soong 2016). Length of hospital stay was statistically, but not clinically, significantly shorter in the intervention group when compared to the control group. The evidence was judged to be of moderate quality.

One RCT compared the effectiveness of a multidisciplinary postoperative rehabilitation intervention with conventional postoperative rehabilitation (Stenvall 2007). No statistically or clinically significant difference was found for particpiants achieving independence in P-ADL or each of the Katz ADL grades at discharge. There was a clinically significant increase in the number of participants returning to at least the same Katz levels of activities of daily living as before trauma in the intervention group compared to the control group. Additionally, length of hospital stay was statistically, but not clinically, significantly shorter in the intervention group when compared to the control group. The evidence was judged to be of very low quality across all measures in this study.

Summary of qualitative evidence

The best methods to coordinate rehabilitation across inpatient settings identified in the literature fell into 3 themes, depending on which level of the healthcare organisation they impact. These themes/levels are commissioner level, service management level, and MDT and practitioner levels, and they all had a number of associated sub-themes. Please see Figure 1 and Table 5 for a summary of the identified themes and sub-themes.

Figure 1: Thematic map



MDT: Multi-disciplinary team

Table 5: Summary of themes

Themes and subthemes	CERQual	No. of	Populations covered

		Quality	studies	Contribution by injury type (no. of studies)	Sub-groups as specified in the protocol (no. of studies)
1 Commissioner level					
1.1	**Access to and compatibility of communication systems** Differing access to electronic medical systems and compatability across multiple healthcare settings can affect co-ordination of rehabilitation after traumatic injury.	Low	1	TBI (1)	None
1.2	**Availability of resources** Lack of resources and funding at the commissioner level can affect continuity and co-ordination of rehabilitation after traumatic injury.	Moderate	6	General trauma (1), hip fracture (1), TBI (3), SCI (1)	SCI (1)
1.3	**Establishing care networks and pathways between settings** Regional networks and established pathways of care encourages communication between healthcare professionals, increasing co-ordination of rehabilitation after traumatic injury.	Moderate	5	Burn injuries (1), hip fracture (1), TBI (3)	None
1.4	**Simplified referral process** Referral processed between rehabilitation setttings should be simplified in order to clarify discharge destinations after acute trauma care.	Very low	2	General trauma (1), TBI (1)	None
1.5	**Specialised care pathways including options for complex patients** Care pathways designed for trauma people with complex needs should be developed and	Moderate	5	Burn injuries (1), general trauma (1), hip fracture (1), TBI (2)	None

Themes and subthemes		CERQual Quality	No. of studies	Populations covered	
				Contribution by injury type (no. of studies)	Sub-groups as specified in the protocol (no. of studies)
	highlighted to increase co-ordination of rehabilitation after traumatic injury.				
2 Service management level					
2.1	**Availability of resources** Lack of resources at the service management level decreases both the efficiency of transfer between healthcare settings and the level of care people undergoing rehabilitation after traumatic injury receive.	Moderate	5	Burn injuries (1), general trauma (1), hip fracture (1), TBI (1), SCI (1)	SCI (1)
2.2	**Communication between healthcare settings** Increased levels of communication between healthcare settings increased co-ordination of rehabilitation after traumatic injury. Technology can assist this, but may also have restrictions attached.	High	4	General trauma (2), TBI (1), SCI (1)	SCI (1)
2.3	**Consistency between healthcare settings** Admission criteria and discharge milestones should be consistent between healthcare settings to decrease potential gaps in service across the rehabilitation pathway.	Very low	2	TBI (2)	None
2.4	**Coordination of activities outside of treatment and therapy** Co-rdination of rehabilitation after traumatic injury should extend to parallel allied health disciplines	Very low	1	TBI (1)	None
2.5	**Decreasing delays in rehabilitation** Decreasing delays in acute treatment and initial rehabilitation after traumatic injury leads to	Very low	2	TBI (2)	None

Themes and subthemes		CERQual Quality	No. of studies	Populations covered	
				Contribution by injury type (no. of studies)	Sub-groups as specified in the protocol (no. of studies)
	better overall rehabilitation outcomes.				
2.6	**Establishing guidelines and care pathways within settings** Developing rehabilitation care pathways within healthcare settings and ensuring healthcare professionals are aware of them will lead to increased co-ordination of rehabilitation after traumatic injury.	High	4	Burn injuries (1), general trauma (1) and TBI (2)	None
2.7	**Incorporating specialists into MDTs** Relevant specialists being included in MDTs increases the chances of people receiving specialised care to their condition.	Very low	2	Hip fracture (1) and TBI (1)	None
2.8	**Involving service users in rehabilitation planning and transfer preparation** People feel more included and informed in their rehabilitation journey when they are involved in planning, increasing co-ordination of rehabilitation after traumatic injury.	Moderate	4	General trauma (1), TBI (3)	None
2.9	**Single point of contact** A single contact helps to focus questions and decreases confusion for both healthcare professionals and people undergoing rehabilitation after traumatic injury.	Moderate	3	General trauma (2), SCI (1)	SCI (1)
3 MDT and practitioner levels					
3.1	**Benefits of MDTs** MDTs decrease the need for people undergoing rehabilitation after traumatic injury to repeat their stories unnecessarily, as well	Moderate	3	Burn injuries (1), general trauma (1), TBI (1)	None

Themes and subthemes		CERQual Quality	No. of studies	Populations covered	
				Contribution by injury type (no. of studies)	Sub-groups as specified in the protocol (no. of studies)
	as increasing consistency of information between healthcare professionals.				
3.2	**Decreasing delays in rehabilitation** At the practitioner level, delays in rehabilitation after traumatic injury can be caused by focusing on physical rehabilitation (rather than psychological) and motor evaluation milestones.	Very low	2	TBI (2)	None
3.3	**Ensuring communication of correct and consistent healthcare information** Co-ordination of rehabilitation after traumatic injury is increased when healthcare professionals communicate consistent and correct information to other healthcare professionals and people undergoing rehabilitation.	High	4	General trauma (2), TBI (2)	None
3.4	**Including people in their rehabilitation journey** People undergoing rehabilitation after traumatic injury should be included in discussions about their rehabilitation care plan.	High	6	Burn injuries (1), general trauma (1), TBI (2), SCI (2)	SCI (2)

MDT: Multidisciplinary team; TBI: Traumatic brain injury; SCI: Spinal cord injury

Synthesis of qualitative and quantitative evidence

This is a mixed methods review, using parallel synthesis. Quantitative and qualitative data were analysed and synthesised separately and integrated through the committee's interpretation of results, described in the committee's discussion of the evidence.

For ease of access, in Table 6 a summary overview is presented of the evidence underpinned by both qualitative and quantitative evidence. Specifically, Table 6 lists the sub-themes identified in the qualitative evidence that are also addressed by the identified quantitative evidence along with the results of the corresponding quantitative evidence. It should be noted that not all aspects of a quantitative intervention will relate to a qualitative

theme. Interventions often include features of more than 1 theme, and can therefore appear multiple times.

Table 6: Summary of relevant of qualitative and quantitative evidence

Qualitative theme	Quantitative intervention and results	Study IDs
Service management level		
Decreasing delays in acute treatment and initial rehabilitation can lead to improved outcomes of rehabilitation *(very low quality)*	The geriatric fracture clinic, fragility fracture team and i-HIP involved several steps throughout the pathways that were aimed at reducing the wait times from admission to surgery to rehabilitation ward. Length of hospital stay ○ Geriatric fracture clinic versus No geriatric fracture clinic – Significantly shorter in geriatric fracture clinic group* *(very low quality)* ○ Fragility fracture team versus No fragility fracture team – No clinically important difference between groups *(very low quality)* ○ i-HIP versus Pre-i-HIP – No clinically important difference between groups *(moderate quality)* Discharge destination ○ Geriatric fracture clinic versus No geriatric fracture clinic – Number of participants discharged to home – Clinically importantly lower in geriatric fracture clinic group *(low quality)* – Number of participants discharged to nursing home – No clinically important difference between groups *(very low quality)* – Number of participants discharged to rehabilitation facility – Clinically importantly higher in geriatric fracture clinic group *(low quality)*	**Quantitative** • Kusen 2019 • Lamb 2017 • Soong 2016 **Qualitative** • Jourdan 2019 • Odumuyiwa 2019
Educating healthcare professionals of the guidelines and care pathways within settings means that all available options are considered for trauma patient and the most suitable options are chosen *(high quality)*	Implementation of the geriatric fracture clinic, fragility fracture team, i-HIP and MDT postoperative rehabilitation interventions all included establishing novel guidelines and pathways within the inpatient setting, to improve patient flow and communication. Changes in ADL ○ MDT postoperative rehabilitation versus Conventional postoperative rehabilitation - Number of participants achieving independence in P-ADL at discharge – No clinically important difference between groups *(very low quality)* - Number of participants achieving Katz score Grade A at discharge – No clinically important difference between groups *(very low quality)* - Number of participants achieving Katz score Grade B at discharge – No clinically important difference between groups *(very low quality)* - Number of participants returning to at least same Katz ADL level as before trauma at discharge – Clinically importantly higher (better) in MDT postoperative rehabilitation group *(very low quality)*	**Quantitative** • Kusen 2019 • Lamb 2017 • Soong 2016 • Stenvall 2007 **Qualitative** • Kimmel 2017 • Kornhaber 2019 • Talbot 2014 • Wright 2016

Qualitative theme	Quantitative intervention and results	Study IDs
	Length of hospital stay ○ Geriatric fracture clinic versus No geriatric fracture clinic – Significantly shorter in geriatric fracture clinic group* *(very low quality)* ○ Fragility fracture team versus No fragility fracture team – No clinically important difference between groups *(very low quality)* ○ i-HIP versus Pre-i-HIP – No clinically important difference between groups *(moderate quality)* ○ MDT postoperative rehabilitation versus Conventional postoperative rehabilitation – No clinically important difference between groups Discharge destination ○ Geriatric fracture clinic versus No geriatric fracture clinic – Number of participants discharged to home – Clinically importantly lower in geriatric fracture clinic group *(low quality)* – Number of participants discharged to nursing home – No clinically important difference between groups *(very low quality)* – Number of participants discharged to rehabilitation facility – Clinically importantly higher in geriatric fracture clinic group *(low quality)*	
Incorporating specialists into MDTs ensures that all facets of an injury and options for treatment are considered *(very low quality)*	Board-certified physiatrists were assigned as the primary physician responsible for rehabilitation care, but worked within the MDT. Length of hospital stay ○ Board-certified physiatrist versus No board-certified physiatrist – No clinically significant difference between groups *(moderate quality)*	**Quantitative** • Momosaki 2016 **Qualitative** • Isbel 2017 • Talbot 2014
Involving service users in planning and transfer preparation helps to increase coordination as patients feel better informed and are more likely to advocate for themselves during the rehabilitation process *(moderate quality)*	The geriatric fracture clinic involved patients in the rehabilitation planning, after an initial assessment from a physiotherapist. These were incorporated into rehabilitation plans that were sent to primary healthcare providers. Length of hospital stay ○ Geriatric fracture clinic versus No geriatric fracture clinic – Significantly shorter in geriatric fracture clinic group* *(very low quality)* Discharge destination ○ Geriatric fracture clinic versus No geriatric fracture clinic – Number of participants discharged to home – Clinically importantly lower in geriatric fracture clinic group *(low quality)* – Number of participants discharged to nursing home – No clinically important difference between groups *(very low quality)* – Number of participants discharged to rehabilitation facility – Clinically importantly	**Quantitative** • Kusen 2019 **Qualitative** • Gotlib Cann 2018 • Lefebvre 2012 • Slomic 2016 • Talbot 2014

Qualitative theme	Quantitative intervention and results	Study IDs
	higher in geriatric fracture clinic group *(low quality)*	
A single point of contact during inpatient rehabilitation increases the consistency of rehabilitation information for both patients and family members (*moderate quality)*	In the fragility fracture team, MDTs were led by a single contact, the Academic Inpatient Medical Service (AIMS) physician. Length of hospital stay ○ Fragility fracture team versus No fragility fracture team – No clinically important difference between groups *(very low quality)*	**Quantitative** • Lamb 2017 **Qualitative** • Adams 2018 • Norrbrink 2016 • Ogilvie 2015
MDT and practitioner level		
MDTs ensure that a holistic approach is taken with the rehabilitation journey. In turn, this leads to a greater consistency of healthcare information and reduces the need for patients to continually repeat their history *(moderate quality)*	All of the 5 quantitative studies stressed the importance of MDTs in the intervention, both to discuss and to deliver care. Changes in ADL ○ MDT postoperative rehabilitation versus Conventional postoperative rehabilitation – P-ADL at discharge – No clinically important difference between groups *(very low quality)* – Number of participants achieving Katz score Grade A at discharge – No clinically important difference between groups *(very low quality)* – Number of participants achieving Katz score Grade B at discharge – No clinically important difference between groups *(very low quality)* – Number of participants returning to at least same Katz ADL level as before trauma at discharge – Clinically importantly higher (better) in MDT postoperative rehabilitation group *(very low quality)* Length of hospital stay ○ Geriatric fracture clinic versus No geriatric fracture clinic – Significantly shorter in geriatric fracture clinic group* *(very low quality)* ○ Fragility fracture team versus No fragility fracture team – No clinically important difference between groups *(very low quality)* ○ Board-certified physiatrist versus No board-certified physiatrist – No clinically significant difference between groups *(moderate quality)* ○ i-HIP versus Pre-i-HIP – No clinically important difference between groups *(moderate quality)* ○ MDT postoperative rehabilitation versus Conventional postoperative rehabilitation – No clinically important difference between groups *(very low quality)* Discharge destination ○ Geriatric fracture clinic versus No geriatric fracture clinic – Number of participants discharged to home – Clinically importantly lower in geriatric fracture	**Quantitative** • Kusen 2019 • Lamb 2017 • Momosaki 2016 • Soong 2016 • Stenvall 2007 **Qualitative** • Kornhaber 2019 • Odumuyiwa 2019 • Ogilvie 2015

Qualitative theme	Quantitative intervention and results	Study IDs
	clinic group *(low quality)* – Number of participants discharged to nursing home – No clinically important difference between groups *(very low quality)* – Number of participants discharged to rehabilitation facility – Clinically importantly higher in geriatric fracture clinic group *(low quality)*	

ADL: Activities of daily living; MDT: Multidisciplinary team; P-ADL: Physical activities of daily living
**This outcome measure was reported as statistically significant according to the analysis performed by the authors. As only the median and interquartile ranges were reported by the study authors, and no published minimally important difference were found, we were unable to determine clinical importance.*

The contents of Table 6 are restricted to the results of the quantitative evidence and the qualitative themes this evidence speaks to. The following themes did not appear in any of the identified quantitative studies: 1.1 Access to and compatability of communication systems; 1.2 Availability of resources; 1.3 Establishing care networks and pathways between settings; 1.4 Simplified referral process; 1.5 Specialised care pathways including options for complex patients; 2.1 Availability of resources; 2.2 Communication between healthcare settings; 2.3 Consistency between healthcare settings; 2.4 Coordination of activities outside of treatment and therapy; 3.2 Decreasing delays in rehabilitation; 3.3 Ensuring communication of correct and consistent healthcare information; and 3.4 Including people in their rehabilitation journey.

For details of all study results, see the Summary of the quantitative evidence and Summary of qualitative evidence sections above.

Clinical evidence: Children and young people

Included studies

A systematic review of the literature was conducted but no quantitative or qualitative studies were identified which were applicable to this review question.

See the literature search strategy in appendix B and study selection flow chart in appendix C.

Excluded studies

Studies not included in this review are listed, and reasons for their exclusion are provided in appendix K.

Summary of studies included in the evidence review

No quantitative or qualitative studies were identified which were applicable to this review question (and so there are no evidence tables in Appendix D). No meta-analysis was undertaken for this review (and so there are no forest plots in Appendix E).

Results and quality assessment of clinical outcomes included in the evidence review

No quantitative or qualitative studies were identified which were applicable to this review question and so there are no evidence profiles in appendix F.

Economic evidence: Adults

Included studies

One economic study was identified which was relevant to this question (Soong 2016). See the literature search strategy in appendix B and study selection flow chart in appendix G.

Excluded studies

Economic studies not included in this review are listed, and reasons for their exclusion are provided in appendix K.

Summary of studies included in the economic evidence review

The systematic review of the economic evidence identified:

D.1a One Canadian study on the cost-consequences of integrated co-management programme in people with hip fractures (Soong 2016).

See the economic evidence table in appendix H. See Table 7 for the economic evidence profile of the included study.

Table 7: The economic evidence profile for: integrated co-management programme (versus general orthopaedic service which comprised of four separate teams)

Study and country	Limitations	Applicability	Other comments	Incremental costs	Incremental effects	ICER	Uncertainty
Soong 2016 Canada	Potentially serious limitations[1]	Partially applicable[2]	- Cost-consequence analysis - Population: adults (≥18 years) with hip fractures admitted to the orthopaedic service via emergency department - Time horizon: 1 year	-$4,951 per participant	6.3 days of hospital stay 1.4% re-admitted -8.1% discharged to preadmission residence 4.6% discharged to rehabilitation -2.6% deaths	NA	The differences in costs and length of stay were significant, p<0.001.

ICER: Incremental cost-effectiveness ratio; NA: Not applicable; SC: Standard care; QALY: Quality-adjusted life years; VIP: Violence intervention programme
1 Non-UK study, unclear how much of the focus was on rehabilitation
2 *Pre-post study (n=571); narrow healthcare perspective which considered only costs associated with the initial hospital admission; source of unit cost data unclear*

Economic model

No economic modelling was undertaken for this review because the committee agreed that other topics were higher priorities for economic evaluation.

Economic evidence: Children and young people

Included studies

A systematic review of the economic literature was conducted but no economic studies were identified which were applicable to this review question.

See the literature search strategy in appendix B and study selection flow chart in appendix G.

Excluded studies

Economic studies not included in this review are listed, and reasons for their exclusion are provided in appendix K.

Summary of studies included in the economic evidence review

No economic evidence was identified which was applicable to this review question.

Economic model

No economic modelling was undertaken for this review because the committee agreed that other topics were higher priorities for economic evaluation.

The committee's discussion of the evidence

The outcomes that matter most

Quantitative evidence

When selecting the critical and important quantitative outcomes to examine for adults, the committee wanted to highlight outcomes that can be both applied to the whole heterogeneous population of adults with complex rehabilitation needs after traumatic injury and complement the anticipated qualitative themes in the literature. Changes in activity of daily living, length of hospital stay and overall quality of life were selected as critical outcomes as they are direct measures of rehabilitation outcomes. Length of hospital stay can also be applied to economic modelling. Return to work or education, discharge destination and unplanned readmission were selected as important secondary outcomes as they are indirect measures of rehabilitation effectiveness, but still should be considered when providing rehabilitation services. Patient satisfaction was also included as an important outcome as it will impact a person's level of engagement, which will have an impact on real-world effectiveness of rehabilitation.

When selecting the critical and important quantitative outcomes to examine for children and young people, the committee wanted to highlight outcomes that can be both applied to the whole heterogeneous population of children and young people with complex rehabilitation needs after traumatic injury and complement the anticipated qualitative themes in the literature. Changes in activity of daily living, length of hospital stay, overall quality of life (including sleep) were selected as critical outcomes as they are direct measures of rehabilitation outcomes. Length of hospital stay can also be applied to economic modelling. The committee discussed that sleep is especially important to children and young people's physical and psychological functioning, and was included in the outcome definition for quality

of life in this population. Return to nursery, work or education, discharge destination, unplanned readmission and patient satisfaction were selected as important secondary outcomes as they are indirect measures of rehabilitation effectiveness, but still should be considered when providing rehabilitation services. Patient satisfaction was also included as an important outcome as it will impact a person's level of engagement, which will have an impact on real-world effectiveness of rehabilitation.

Qualitative evidence

This was a mixed-methods review so the committee were unable to specify in advance the qualitative data for adults and children and young people that would be located. Instead they identified the following example main themes to guide the review and were aware that additional themes may have been identified:

Case managers

Rehabilitation specialist

Multidisciplinary team approach

The quality of the evidence

Quantitative evidence

For adults, the overall quality of evidence was assessed using GRADE methodology and was judged as being very low to moderate quality, with the majority being very low quality. Evidence was downgraded in 3 areas: concerns about risk of bias in contributing studies (commonly due to lack of intervention standardisation across settings and lack of information regarding selection of participants into study population), indirectness of study populations and study interventions, and imprecision in the effect estimates.

For children and young people, no quantitative studies were identified which were applicable to this review question.

Qualitative evidence

For adults, the overall quality of the review's themes and sub-themes was assessed using the GRADE-CERQual methodology.

Evidence ranged from very low to high quality, with the majority being moderate quality. The main reasons for downgrading were concerns about the methodological limitations of individual studies (for example, lack of information on participants or lack of consideration given to research bias within the data analysis) and adequacy of data contributing to a particular theme. Other reasons for downgrading included applicability of evidence (for example, no UK studies contributing to themes or data only relating to a specific type of traumatic injury) and coherence of data contributing to a theme.

For children and young people, no qualitative studies were identified which were applicable to this review question.

The committee therefore made the recommendations based on a combination of the evidence and their experience and expertise.

Benefits and harms

Very low qualitative evidence from the theme 'Decreasing delays in rehabilitation' at the service management level showed that decreasing delays in acute treatment and initial rehabilitation helps to increase the effectiveness of early rehabilitation. This is because healthcare professionals are working with current information and can have quicker responses to any change in patient status. Three of the included quantitative studies involved

several steps in the intervention that were aimed at reducing waiting times from emergency admission to the rehabilitation ward. Very low quality evidence was found showing significantly shorter length of hospital stays in those that received care from the geriatric fracture service when compared to no fracture service. Additionally, low quality quantitative evidence was found to show a significantly lower number of patients discharged home and a significantly higher number of patients discharged to a rehabilitation facility when receiving care from the geriatric fracture service when compared to no fracture service. However, no difference was found in patients using a fragility fracture team or i-HIP interventions. While the committee were aware of the variety of competing clinical interests in the acute treatment stage of traumatic injury, they agree that delays should be minimised as much as possible, and that rehabilitation should remain high priority, beginning promptly as soon as patients were assessed as being ready by medical professionals. Further information on assessing a person's ability to participate and engage in rehabilitation conversations can be found in the NICE guideline on decision making and mental capacity. This can be used as a guide to ensure that people are supported to make decisions for themselves when they have the mental capacity to do so or, where they lack the mental capacity to make specific decisions, they remain at the centre of the decision-making process. They supplemented this evidence with their own experiences that delays in initial rehabilitation usually occurs while patients were waiting for surgery, or immediately after surgery when healthcare professionals might be uncertain whether patients can begin rehabilitation safely. While the committee were aware that this recommendation might appear to have a resource impact, they argued that these early interventions will need to be provided at some point in the rehabilitation journey, and this is simply recommending that they be provided early to prevent complications that will need to be treated further along the pathway (for example, chest physiotherapy to treat weak respiratory muscles).

High quality qualitative evidence from the theme 'Establishing guidelines and care pathways within settings' and moderate quality qualitative evidence from the theme 'Establishing care networks and pathways between settings' shows that creating regional networks and establishing pathways of care between inpatient settings can help improve coordination, and thereby quality, of rehabilitation care. These findings agreed with the committee's experiences that communication is one of the most important tools to improve coordination between healthcare settings. It helps to encourage conversation and advice between healthcare colleagues about the way various networks operate within individual catchment areas, and differences in practice that they may not have encountered. The committee discussed this theme in combination with moderate quality qualitative evidence from the theme 'Specialised care pathways including options for complex patients'. This finding showed that options for patients with complex needs (for example, tracheostomies, drug dependence, psychological disorders) were limited in rehabilitation. Specialised beds for these patients are limited and can cause delays in transfer while appropriate places are found.The committee agreed that it was important for the multidiscuiplinary team to identify as early as possible in the assessment process whether there were particular rehabilitation treatments or therapies needed by the person that required specialised services and that the members of the current MDT would be unable to fulfil. If so it was important to refer on for those services as soon as possible to help secure specialist input to the holistic rehabilitation plan The lack of quantitative and economic evidence prevented the committee from making recommendations that would have a large resource impact for rehabilitation services. However, the committee discussed that one way of decreasing these delays in the complex rehabilitation population was to complete referral to specialist rehabilitation units as soon as possible, so provisions are in place when a person is ready to transfer. The committee did specify that that fragility femur fractures should be managed via a specialised pathway involving orthogeriatric specialists, as per the NICE guideline on hip fracture and current guidance from the British Orthopaedic Association and the National Hip Fracture Database. At the wider, national level, they recommended that service commissioners should work to establish and develop care networks and pathways within their areas. They highlighted that commissioners need to think about local rehabilitation needs when designing these care

networks and consieder people with multiple needs as well as condition or injury specific needs. Pathways should include different aspects of care and rehabilitation so that rehabilitation needs can be met in a more tailored and holistic way for the individual.The committee considered the benefits fo expanding the model of trauma networks to include a wider population of people with complex and often multiple rehabilitation needs. Very low quality evidence from the theme ‘Simplified referral process’ showed that referral between inpatient settings is often complicated by confusing guidelines and different admission criteria. Streamlining the referral process between settings can simplify decision-making regarding post-acute care discharge destinations, decreasing delays and improving rehabilitation outcomes. While the committee did not make specific recommendations in this area due the quality of the evidence and the fact that amending current referral processes may cause more confusion and delays in rehabilitation care in the short term, they believe that the recommendations made above will lead to more simplified referral processed in the longer term.

Qualitative evidence showed that coordination of care is increased when patients are involved and educated in their rehabilitation journey at both the service management levels and healthcare practitioner level. At the service management level, moderate quality qualitative evidence from the theme ‘Involving service users in rehabilitation planning and transfer preparation’ showed that involving service users throughout their rehabilitation journey helps them to contribute to and understand their rehabilitation care plan. One way to implement this is by having a written rehabilitation plan that follows service users through their rehabilitation. This was supported by very low quality quantitative evidence showing significantly shorter length of hospital stays in patients using a geriatric fracture service. This intervention involved patients in the rehabilitation planning alongside a physiotherapist. At the MDT level, high quality qualitative evidence from the theme ‘Involving and educating service users of their rehabilitation journey’ reported that healthcare professionals should discuss rehabilitation goals and options with people in a clear and collaborative manner. The committee discussed that involving patients and their families should not be tokenistic and healthcare professionals should ensure that they communicate about a variety of topics that can affect rehabilitation planning with the service user and their families and carers (for example, setting goals, discharge destinations). Not only does this allow patients to be fully informed of what the possible outcomes of their decisions are, but it increases their confidence and engagement in the rehabilitation process. The committee discussed that children and young people may need extra support and encouragement to be actively involved in decision-making conversations, for example if they do not feel confident in sharing their views in front of their parents and family members, or because healthcare professionals and/or parents and carers do not believe they are capable of participating in shared decision-making. The committee nevertheless agreed that it was important to encourage this active involvement because the rehabilitation may take place over a long period of time during which the child or young person may not only be required to engage in a number of different, recurring rehabilitation activities, but during which they would also grow older and develop more personalised views about their own rehabilitation and life goals. Moreover, they will also gain an increasing understanding of the consequences of their traumatic injury on the rest of their life, which may be life-long. All of this taken together may result in decreased engagement in the rehabilitation activities if they are not involved in the decision-making about their rehabilitation. Further information on actively supporting decision-making in children and young people can be found in the NICE guideline on improving healthcare experiences of babies, children and young people.

Moderate quality qualitative evidence from the theme ‘A single point of contact’ showed that assigning a specific point of contact to a person for inpatient rehabilitation helped to focus questions and decrease confusion surrounding rehabilitation options. One quantitative study investigated the use of a Fragility Fracture Team in hip fracture rehabilitation, an MDT led by a single physician. This study reported that more people in the MDT group were transferred to acute rehabilitation units when compared to people before the implementation of the Fragility Fracture team, as well as significantly (although not clinically importantly) fewer

discharges to skilled nursing facilities, hospices or death. However, length of acute hospital stay was not significantly different between the groups. This quantitative evidence was very low quality. The committee therefore recommended that a named rehabilitation coordinator or key worker should be assigned to oversee a patient's care as soon as possible after admission, within 72 hours. This timeframe corresponds with guidance from TARN (Trauma Audit and Research Network) that the initial rehabilitation assessment should be completed 48-72 hours from admission. The committee agreed on this time frame as it is the time period that a trauma prescription should be initiated for major trauma patients. In their experience, a central point of contact helps to ensure consistency of information and rehabilitation care between different areas of the hospital, as well as between healthcare settings. This observation is supported by high quality qualitative evidence in the theme 'Ensuring communication of correct and consistent healthcare information'. The committee discussed the importance of ensuring that patients know who this named contact is, and how to contact them, in order for the role to be meaningful. This increased familiarity with healthcare professionals allows people to feel more comfortable being involved in healthcare conversations and decisions. As well as the committee's experience, this was supported by high quality qualitative evidence from the theme 'Including people in their rehabilitation journey'.

The committee agreed on the importance of multi-disciplinary team involvement at all stages of complex traumatic injury rehabilitation. Moderate quality qualitative from the theme 'Benefits of MDTs' evidence showed that MDTs provide a holistic approach to rehabilitation after complex trauma, leading to greater consistency of healthcare information. This also reduces the need for patients to repeat their history every time they access a new service or see a new healthcare practitioner, which can cause distress. Five included quantitative studies used interventions highlighting the importance of MDTs in discussions and delivery of healthcare. Very low to low quality quantitative evidence showed better patient outcomes in changes in activities of daily living and length of hospital stay in those that received MDT care compared to those who did not, as well as a significantly higher number of patients being discharged to rehabilitation facilities. Low quality quantitative evidence showed a lower number of patients discharged home and a higher number of patients discharged to a rehabilitation facility when receiving MDT care compared to patients who were not. The committee's experience agreed with this evidence, and they discussed the importance of the rehabilitation MDT being involved in care from as early as possible in order for rehabilitation plans to be devised in accordance with acute treatment plans and rehabilitation goals. They also used their experience and expertise to recommended possible members of the MDT, and agreed that core members of the rehabilitation MDT should be agreed by the trauma team before establishing an injury management and rehabilitation plan. The committee discussed additional very low quality qualitative evidence from the themes 'Incorporating specialists into MDTs' and 'Coordination of activities outside of treatment and therapy'. The former showed that including relevant specialists increases the level of specialised care people receive and may lead to better rehabilitation outcomes. The latter showed that rehabilitation extends to other allied healthcare disciplines (for example activity therapists, music therapists') and that these professionals should not be excluded from co-ordination of care. The committee acknowledged that different rehabilitation specialists and allied healthcare professionals will be needed on the MDT for different populations (for example, paediatricians and geriatricians) and different injuries, and that these should be included as appropriate. The same is true for different stages of the rehabilitation journey. For example, social workers and discharge coordinators should be included when planning discharge in order to ensure a smooth transition back into the community. Although MDT care is current practice in rehabilitation care, the committee discussed that there can be confusion about who should be involved in each person's care. Agreeing the core members of this MDT confirms which rehabililtation professionals should be involved in completing a person's injury management plan, and advising on elements of the rehabilitation plan. This will increase coordination of rehabilitation by formalising which healthcare professionals should be involved in rehabilitation plan communication. The committee further recommended that a

member of the rehabilitation MDT should attend daily trauma meetings (or ward rounds in settings where these do not take place) in order to ensure that rehabilitation needs are correctly considered during acute treatment.

The committee agreed that acute medical teams should arrange necessary follow-up appointments with rehabilitation services, to ensure that there is a clear schedule in place and a directed rehabilitation plan can begin as quickly as possible. It also means that patients can feel supported knowing that rehabilitation is still an important area of recovery for them. This was supported by 3 qualitative themes: high quality evidence from 'Involving and educating service users of their rehabilitation journey'; moderate quality evidence from 'Establishing care networks and pathways between settings'; and moderate quality evidence from 'Ensuring communication of correct and consistent healthcare information'. These findings showed that a clear plan of rehabilitation management is important to increase coordination of care, and that service users should be educated and informed about their rehabilitation journey.

High quality qualitative evidence from the themes 'Communication between healthcare settings' and 'Ensuring communication of current and consistent healthcare information' showed the importance of communicating consistent and correct healthcare information between healthcare settings in increasing coordination of rehabilitation healthcare. Additional low quality qualitative evidence from the theme 'Access to and compatibility of communication systems' was discussed, particularly the possible barriers that might be present if communication was solely through technology. While computers and healthcare systems are much faster than verbal and paperwork communication, members of the committee pointed out that they also had disadvantages (for example, systems might not be compatible, different healthcare trusts might have different regulations about which information can be sent electronically). The committee discussed that handover information between providers is current practice, but that there is large variation in the amount and quality of handover information given when people transfer between service providers and healthcare settings. If the documentation of the rehabilitation plan and an individual's progress is poor, healthcare professionals in the new setting may not be able to provide effective rehabilitation (for example, recent changes to a rehabilitation plan not being included in handover information will affect what rehabilitation exercises are performed). Additionally, people undergoing rehabilitation are not always included in this information exchange. The committee therefore recommended that healthcare professionals provide both verbal and detailed written handover notes to ongoing and new service providers, using technology to facilitate this where possible. The committee agreed that data linkage is a very important factor across the rehabilitation healthcare pathway. Not only does this greatly assist co-ordination within and between rehabilitation settings, but provides reliable data for audits, service reviews and pathway improvements. The committee therefore recommended services use a unique identifier when communicating rehabilitation information between settings. Ideally, this should be their NHS number as this can be used by a wider number of services and settings within the NHS (rather than just rehabilitation).

The committee also agreed that this sharing of information should include service users and families. High quality qualitative evidence from the theme 'Ensuring communication of correct and consistent healthcare information' and moderate quality qualitative evidence from the theme 'Involving service users in rehabilitation planning and transfer preparation' showed that involving service users in planning their rehabilitation helps them feel more included and better informed of future plans. Low quality quantitative evidence showed a lower number of patients discharged home and a higher number of patients discharged to a rehabilitation facility when receiving MDT care (which included a large individual care planning component, with rehabilitation progress and goals discussed twice per week with patients and rehabilitation plans updated accordingly) compared to patients who were not. However, the same study reported very low quality evidence of no difference in the length of hospital stays between the groups. Lay members of the committee strongly agreed with the qualitative evidence, reporting that inconsistent and irregular information from healthcare professionals

decreased their trust in rehabilitation services and made them question the quality of care. Therefore, the committee decided to recommend that patients are kept informed of their rehabilitation plan throughout their recovery, including being given their own copy of a written rehabilitation plan if they wish. Although this is current practice, the committee discussed that the amount and quality of information being shared with people about their rehabilitation plan differs between healthcare providers. Giving people a physical copy of their rehabilitation plan aids peoples' memory, and allows them to digest the information at their own pace. It is also useful as an additional means of communicating information between settings. This recommendation also increases consistency between settings, which was a facilitator to coordination of care identified through the very low quality qualitative theme of 'Consistency between healthcare settings'. The committee agreed that it is not always possible or appropriate for people to have access to all of the information a rehabilitation plan contains (for example, if it contains extensive medical information or medical language). In these situations, important information for continuing rehabilitation progress should be summarised in a separate document. At a minimum, these should include a person's progress against rehabilitation goals, follow-up appointment times and details of who to contact regarding them or questions about rehabilitation.

Moderate quality qualitative evidence from the themes 'Specialised care pathways including options for complex patients' and 'Availability of resources', in combination with the committee's experience and consensus, led to several recommendations that were specifically aimed at hospital trust boards, senior managers and commissioners. The committee discussed the importance of commissioners considering a whole pathway when developing services, as inequality of facilities at different stages of rehabilitation can lead to bottle-necks of patients and increase waiting list times. This was supported by qualitative findings from the theme 'Availability of resources', which describes that lack of specialist bed availability within inpatient rehabilitation services can lead to inappropriate discharge or transfer. This should not simply be for rehabilitation healthcare services, but also include social and vocational services as they all influence the rehabilitative success of a person. Additionally, the committee agreed that it should be very clear which service has overall commissioning responsibility within the care pathways, because otherwise gaps in service and budget errors may ensue. As there was no evidence found for the measurement of service quality, the committee agreed based on their experience and expertise that service measurements should be outcome-based as this allows for easier collection of service data to demonstrate service performance. It also makes service measurements more accessible to service users, as they are easier to interpret in a way that is meaningful to individuals. The discussion on accessible outcome measurements for patients led the committee to agree that it is important that service user views are incorporated and represented in service commissioning. The committee agreed that service users' needs and views should be central to service commissioning, and should be brought together with service providers to inform pathways because this is likely to lead to improved services that are more acceptable and suitable to their users and staff. This is supported to some extent by moderate quality qualitative evidence from the theme 'Specialised care pathways including options for complex patients'. By including patients views on what options their community might need (including different levels of complexity), commissioners can develop pathways and rehabilitation packages that are most acceptable and suitable for their population.

High quality qualitative evidence from the theme 'Establishing guidelines and care pathways within settings' reported that a lack of knowledge of rehabilitation options was a key barrier in accessing rehabilition and therefore often resulted in delaying rehabilitation. Educating healthcare professionals of the guidelines and care pathways within settings means that all available options can be considered for trauma patients and the most suitable options chosen. Four of the included quantitative intervention studies implemented novel guidelines and/or pathways between inpatient rehabilitation settings. Very low quality evidence was found showing significantly better patient outcomes in changes in activities of daily living and length of hospital stay in those that received care from a new geriatric fracture clinic compared to people who received care before it was implemented. Low quality quantitative

evidence was found to show a lower number of patients discharged home and a higher number of patients discharged to a rehabilitation facility when receiving MDT postoperative coordination pathway (which included regular individual care planning, early mobilisation after surgery, home visits and follow-up up to 4 months post-discharge) compared to patients who received the standard postoperative rehabiltation. However, for each of these 3 outcomes (changes in activities of daily living, length of hospital stays and discharge destination) there were also a number of studies that reported no significant differences between the same/similar interventions. Despite the conflicting quantitative evidence, the committee agreed that their experience was consistent with the qualitative findings. They discussed that while some rehabilitation units do have a directory available services, these are often out-of-date or incomplete. Additionally, there is rarely an efficient interface for patients and healthcare professionals to access this information. Therefore, the committee recommended that individuals with complex rehabilitation needs have access to a directory of care pathways, rehabilitation facilities and available services in both hospital and community settings. This will help to increase hospital healthcare professionals' knowledge of what is available outside of their inpatient setting, as well as limiting delays in individuals' rehabilitation when transferring between settings. This directory should be kept up-to-date and be tailored to services in the local area.

Despite no evidence being identified for co-ordination of inpatient rehabilitation care after traumatic injury in the children and young people populations, the committee decided not to make a research recommendation in this area. Within the UK there is a relatively small number of paediatric major trauma centres, making studies in this population difficult. This, combined with the large amount of evidence found for the adult population, meant that the committee decided that other areas of the guideline would benefit more from new research.

Cost effectiveness and resource use

There was one existing economic study on the cost-consequences of integrated co-management programme in adults with hip fractures admitted to the orthopaedic service via emergency department in Canada. Integrated co-management programme comprised active co-management, coordination of care across services, participation in local quality improvement projects, and standardization of care. Core team members included a hospital physician, orthopaedic surgeons, consulting geriatricians, nurses, rehabilitation therapists, clinical pharmacists, and a social worker. The team coordinated various consulting services, including anesthesiology, geriatric psychiatry, and geriatric medicine. The comparator was standard care, which included general orthopaedic service of four separate teams. The effectiveness data were based on a pre-post study design (N=571). The study found that an integrated co-management programme resulted in lower costs, more readmissions, fewer people discharged to the preadmission residence, more peopled discharged to rehabilitation, and fewer deaths. The committee considered this evidence and noted a pre-post design and potential for bias. This evidence was only partially applicable to the NICE decision-making context since it was non-UK study and it has not estimated quality-adjusted life years, making the interpretation difficult. Also, this evidence was characterised by potentially serious limitations, which included narrow healthcare perspective (only costs associated with the initial hospital admission were considered) and source of unit cost data was unclear. As a result, the committee could not draw any firm conclusions from this evidence. There was no existing economic evidence for children and young people.

The committee expained that trauma networks already exist but some areas have widened these to include different aspects of rehabilitation and care commissioning so that rehabilitation needs can be met in a more tailored and holistic way for the individual. The committee could not ascertain whether this happens across the country. There may be some limited resource implications associated with setting up / facilitating these growing existing networks to be more inclusive e.g. governance and decision-making mechanisms.

The committee explained that in spite of the existence of trauma networks there is still considerable variation in practice around planning, commissioning and coordination of many aspects of rehabilitation. The committee explained that organising services with whole care pathways in mind and collaboration between commissioners represent good practice principles and should be happening across services. Where this is not happening, there may be some resource implications because services will need to set up or extend existing frameworks for more integrated commissioning and collaborative rehabilitation planning. In practice, this may entail more communication, effective information sharing and more meetings between services/practitioners. However, it is also likely to create efficiencies by ensuring that services are joined up and providing integrated care, with a potential to streamline individuals' journey through complex services, improve access to services, reducing waiting times and improving transfer and discharge practices, and ultimately improve patient outcomes. This may also reduce costs to services, i.e. shorter stay and earlier discharge.

Sometimes, it is currently unclear who should take responsibility for overall commissioning responsibility for rehabilitation services. The committee explained that commissioning with whole care pathways in mind requires someone to take responsibility for this. The committee explained that existing practitioners would undertake this, i.e. this recommendation does not imply a new role.

The committee explained that commissioners should commission rehabilitation services for people after a traumatic injury that meets their needs, are outcome focused, and are developed in collaboration with the people who use rehabilitation services and the healthcare professionals who work within them. These recommendations represent good practice principles and should be current practice for most services. However, where this is not happening, it would involve repurposing existing resources / funds in a way that meets the outlined principles. There may be some modest additional resources in terms of staff time, e.g. involving the people who use rehabilitation services.

The recommendation on ensuring patients have access to rehabilitation therapies pre-operatively to maintain respiratory function and functional ability with personal activities of daily living if surgery is delayed represent current practice and are justified by a clinical need.

The committee discussed the benefits of assigning a named rehabilitation coordinator to oversee an inpatient's care as soon as possible. The committee explained that this represents good clinical practice and may mean a shorter length of stay, earlier / timely discharge. The committee also explained that these recommendations reinforce the NICE guideline on major trauma service delivery. The committee explained that there may be some resource implications for some units that are better staffed to provide this. However, the committee explained that in the major trauma unit, the complexity of injuries would mean that there is an inherent need for coordination, i.e. in most cases, polytrauma with coordination of quite a few clinical specialities in the trauma unit. The committee explained that one of the existing therapists would undertake a key worker role in the trauma unit.

The committee discussed a named coordinator who would have a generic skillset (e.g. nurse, trauma coordinator). This would be a person who actions care around this person and advocates for them. The rehabilitation coordinator will ensure that care is happening at the beginning of the pathway and take over the rest of the key worker aspects too towards the end. Rehabilitation coordinators would be responsible for the overall service for everybody. Key workers would have any clinical background, skillset, and assigned on admission to each individual. The committee also discussed a single point of contact (e.g. a clinical nurse specialist) at discharge from the hospital to provide people and their family/carers with information, help and advice. It was explained that anyone could do this with a clinical background and that it doesn't have to be one particular person. This would be offered only for a limited time and are not expected to result in additional resource to services.

The committee explained that patients are discussed at the daily trauma multidisciplinary meetings or ward rounds, i.e. multidisciplinary team goes through the patient list and makes plans every morning. It was noted that where there is no daily multidisciplinary team, there will be lots of phone calls with any relevant specialists involved, or a key worker/trauma coordinator will be doing the job. This is current practice, and these recommendations will not result in a resource impact.

The committee explained that involving patients / parents or carers in rehabilitation planning and transfer preparation represents standard practice. The committee explained that patients' participation is a critical component of successful rehabilitation, which professionals must facilitate at every stage.

The recommendations on beginning rehabilitation interventions when medically stable, referral to specialist rehabilitation settings or community falls service, involving specialist form other services into multidisciplinary teams represent current practice and can be justified based on a clinical need.

The recommendations around communication, verbal and written handovers, a rehabilitation passport represent good practice for most services. The committee explained that there might be some modest resource implications for services (e.g., clinicians' time) for services providing sub-optimal care. However, a more efficient rehabilitation process/pathways and potential improvements in an individual's experience and quality of life would justify the additional expense.

The committee explained that the recommendation on the directory of care pathways, rehabilitation facilities and services available for the patient is about signposting and would not incur additional resources to the services. The committee explained that sometimes these are out of date or incomplete. There may be some modest resources, e.g. practitioner time, interdisciplinary meetings, associated with maintaining and keeping these up to date where this is not currently happening. This could be a collective effort with reviews of the directory at fixed intervals.The committee explained that a detailed handover and report / rehabilitation prescription currently happens and would not incur additional resources. There may be some modest resources associated with creating any required templates / documents where this is not happening consistently.

The committee explained that all other recommendations reinforce standard practice and will not require additional resources

Recommendations supported by this evidence review

This evidence review supports recommendations 1.1.4, 1.1.5, 1.2.4, 1.2.5, 1.4.3 to 1.4.5, 1.6.1, 1.6.2, 1.7.2 to 1.7.8, 1.7.10, 1.10.1, 1.10.3, 1.10.4, 1.10.6 and 1.10.7 in the NICE guideline.

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Evidence for children and young people

A systematic review of the literature was conducted, but no studies were identified which were applicable to this review question.

Appendices

Appendix A – Review protocol

Review protocol for review question: D.1a What are the best methods to coordinate rehabilitation services for adults with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

Table 8: Review protocol for co-ordination of inpatient rehabilitation services for adults after traumatic injury

ID	Field	Content
0.	PROSPERO registration number	CRD42019154578
1.	Review title	Service coordination: Inpatient settings for adults
2.	Review question	4.1a: What are the best methods to coordinate rehabilitation services for adults with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?
3.	Objective	To determine the best methods to coordinate rehabilitation services for adults with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings.
4.	Searches	The following databases will be searched: • Cochrane Central Register of Controlled Trials (CENTRAL) • Cochrane Database of Systematic Reviews (CDSR) • Embase • MEDLINE Searches will be restricted by: • Date: ○ Qualitative: The committee is of the opinion that 2010 is a reasonable cut-off date due to the practice changes in rehabilitation services introduced by the establishment of major trauma centres in 2012. Data about adults/CYPs' views of rehabilitation services which predate these changes would be less relevant to current practice and less useful to the committee as a basis for drafting recommendations. ○ Quantitative: 2000 onwards as there has been significant change in practice in 2012 and the guideline committee wanted to capture the evidence that lead to that so imposed a date limit going back 12 years prior to the change in practice • Country: ○ Qualitative: The committee wished to prioritise views about rehabilitation services which most closely

ID	Field	Content
		reflect the UK practice context. They therefore agreed to include studies from high income European countries according to the World Bank (https://datahelpdesk.worldbank.org/knowledgebase/articles/906519; i.e., Andorra, Austria, Belgium, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Faroe Islands, Finland, France, Germany, Gibraltar, Greece, Greenland, Hungary, Iceland, Ireland, Isle of Man, Italy, Latvia, Lichtenstein, Lithuania, Luxembourg, Monaco, Netherlands, Norway, Poland, Portugal, San Marino, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, and UK), Canada, Australia and New Zealand, which would be sufficiently transferable. Priority will be given to UK studies, however data from studies conducted in other high-income countries will be added if new themes arise that are not captured in the UK evidence. ○ Quantitative): no limit • Human studies The full search strategies for MEDLINE database will be published in the final review.
5.	Condition or domain being studied	Complex rehabilitation needs resulting from traumatic injury 'Complex rehab needs' refers to 'multiple needs, and will always involve coordinated multidisciplinary input from 2 or more allied health professional disciplines, and could also include the following: • Vocational or educational social support for the person to return to their pervious functional level, including return to work, school or college • Emotional, psychological and psychosocial support • Equipment or adaptations • Ongoing recovery from injury that may change the person's rehabilitation needs (for example, restrictions of weight bearing, cast immobilisation in feature clinic) • Further surgery and readmissions to hospital Traumatic injury is defined as 'traumatic injury that requires admission to hospital at the time of injury.'
6	Population (quantitative)	In-patient rehabilitation services for adults (aged 18 years or above) with complex rehabilitation needs after traumatic injury, including those with traumatic brain injury, sight loss, and hearing loss
	Population (qualitative)	• Adults (aged 18 years and above) who have been an inpatient and who have complex rehabilitation needs after traumatic injury, including those with traumatic brain injury, sight loss and hearing loss. • Staff working at inpatient rehabilitation settings with adults (aged 18 years and above) who have complex rehabilitation needs after traumatic injury, including those with traumatic brain injury, sight loss and hearing loss.
7	Intervention (quantitative)	Coordination method A (e.g., cohort, neuronavigator, trauma nurse coordinators, rehabilitation consultant, rehabilitation coordinator, Case manager, key workers, specialist trauma MDTs, rehabilitation prescription, discharge coordinator, specialist inreach/outreach [specialist units from outside coming in]; Outreach [within centres], non-specialist trauma MDT)

ID	Field	Content
	Phenomenon of interest (qualitative)	Methods to coordinate inpatient rehabilitation services for adults, including when transferring between inpatient settings, regarded by the population as optimal/not optimal or effective/non-effective. Themes will be identified from the literature, but may include: • Case managers • Rehabilitation specialist • MDT approach
8	Comparator (quantitative)	• Coordination method B (e.g., any of the above interventions) • No coordination
9	Types of study to be included (quantitative)	• Systematic review of RCTs • Randomised controlled trial If no RCT data are available for an intervention, evidence from the followings will be considered in order • Cluster-randomised trial • Systematic review of non-randomised studies • Comparative prospective cohort studies with N≥100 per treatment arm • Comparative retrospective cohort studies with N≥100 per treatment arm
	Types of study to be included (qualitative)	• Systematic reviews of qualitative studies • Qualitative studies (for example, interviews, focus groups, observations)
10	Other exclusion criteria (quantitative)	Study design: • Cross-over design • Case-controls • Cross-sectional • Case series and case reports • Audits Language: • Non-English Publication status: • Abstract only

ID	Field	Content
	Other exclusion criteria (qualitative)	Study design: • Purely quantitative studies (including surveys with only descriptive quantitative data) Language: • Non-English Publication status: • Abstract only
11	Context	Settings - Inclusion: Inpatient setting where patient is admitted as a result of traumatic injury Exclusion: • Accident and emergency departments • Critical care units • Prisons
12	Primary outcomes (critical outcomes; quantitative)	Critical: • Changes in activity of daily living (COPM, Barthel ADL index, Katz, PSMS, OARS, PAT, EADL-Test, GAS, FIMFAM) • Length of hospital stay • Overall quality of life [EURO-QoL 5D 3L, SF-36, SF-12, SF-6D, SFMA] Timeframe for the follow-up will be 0 to 18 months. This will be grouped into short-term (0 to 6 months) and long-term (>6 to 18 months).
	Primary outcomes (critical outcomes; qualitative)	Themes will be identified from the literature pertaining to methods to coordinate inpatient rehabilitation services for adults, including when transferring between inpatient settings, regarded by the population as optimal/not optimal or effective/non-effective. These themes may include: • Case managers • Rehabilitation specialist • MDT approach
13	Secondary outcomes	Important:

ID	Field	Content
	(important outcomes; quantitative)	• Return to work or education • Discharge destination • Unplanned readmission • Patient satisfaction Timeframe for the follow-up will be 0 to 18 months. This will be grouped into short-term (0 to 6 months) and long-term (>6 to 18 months).
	Secondary outcomes (important outcomes; qualitative)	Themes will be identified from the literature pertaining to methods to coordinate inpatient rehabilitation services for adults, including when transferring between inpatient settings, regarded by the population as optimal/not optimal or effective/non-effective. These themes may include: • Case managers • Rehabilitation specialist • MDT approach
14	Data extraction (selection and coding)	All references identified by the searches and from other sources will be uploaded into STAR and de-duplicated. 5% of the abstracts will be reviewed by two reviewers, with any disagreements resolved by discussion or, if necessary, a third independent reviewer. The full text of potentially eligible studies will be retrieved and will be assessed in line with the criteria outlined above. A standardised form will be used to extract data from studies (see Developing NICE guidelines: the manual section 6.4.
15	Risk of bias (quality) Assessment (quantitative)	Risk of bias will be assessed using the Cochrane RoB tool 2.0 for RCTs, the Cochrane ROBINS-I for non-randomised studies, and ROBIS for systematic reviews.
	Risk of bias (quality) Assessment (qualitative)	Risk of bias will be assessed using the CASP qualitative checklist
16	Strategy for data synthesis (quantitative)	NGA STAR software will be used for generating bibliographies/citations, study sifting and data extraction. If pairwise meta-analyses are undertaken, they will be performed using Cochrane Review Manager (RevMan). 'GRADEpro' will be used to assess the quality of evidence for each outcome.
	Strategy for data synthesis (qualitative)	NGA STAR software will be used for generating bibliographies/citations, study sifting and data extraction. Studies will be reviewed chronologically from most recent first to oldest. Thematic analysis of the data will be conducted and findings presented.

ID	Field	Content
		The quality of the evidence will be assessed using GRADE-CERQual for each theme.
17	Analysis of sub-groups (quantitative)	The following subgroups were specified for this question for stratification of the data: • People with spinal cord injuries versus non-spinal cord injuries No further subgroups were specified for this question for stratification of the data, but if there is heterogeneity, we will look at the following subgroups to try to identify the source of it: • Upper limb / lower limb • People with pre-existing physical and/or mental health conditions (including substance misuse), physical and learning disability • Age below 65 years / age above 65 years • Frail / not frail • Vulnerable adults or those who require safeguarding
	Analysis of sub-groups (qualitative)	The following subgroups were specified for this question for stratification of the data: • People with spinal cord injuries versus non-spinal cord injuries
18	Type and method of review	Mixed methods review: Quantitative (intervention) and qualitative
19	Language	English
20	Country	England
21	Anticipated or actual start date	01/03/2020
22	Anticipated completion date	30/05/2020
23	Stage of review at time of this submission	Review stage: Started / Completed Preliminary searches: ☑ / ☑ Piloting of the study selection process: ☑ / ☑ Formal screening of search results against eligibility criteria: ☑ / ☑ Data extraction: ☑ / ☑ Risk of bias (quality) assessment: ☑ / ☑ Data analysis: ☑ / ☑

ID	Field	Content
24	Named contact	National Guideline Alliance
25	Review team members	National Guideline Alliance
26	Funding sources/sponsor	This systematic review is being completed by the National Guideline Alliance which receives funding from NICE.
27	Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
28	Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual. Members of the guideline committee are available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/gid-ng10105
29	Other registration details	-
30	Reference/URL for published protocol	https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=154578
31	Dissemination plans	
32	Keywords	
33	Details of existing review of same topic by same authors	
34	Current review status	
35	Additional information	
36	Details of final publication	www.nice.org.uk

ADL: Activities of daily living; CASP: Critical appraisal skills programme; CDSR: Cochrane Database of Systematic Reviews; CENTRAL: Cochrane Central Register of Controlled Trials; COPM: Canadian occupational performance measure; CYP: Children and young people; E-ADL-Test: Erlangen Activities of Daily Living test; EURO-QoL 5D 3L; EuroQol 5 dimensions and 3 levels; FIMFAM: Functional independence measure and functional assessment measure; GAS: Goal attainment scaling; GRADE: Grading of Recommendations Assessment, Development and Evaluation; MDT: Multi-disciplinary team; NGA: National Guideline Alliance; NHS: National Health Service; NICE: National Institute for Health and Care Excellence; OARS: Older American resources and services scale; PAT: Performance ADL test; PROSPERO: International prospective register of systematic reviews; PSMS; Physical self-maintenance scale; RCT: Randomised controlled trial; RoB: Risk of bias; ROBINS-I: Risk of bias in non-randomized studies of intervention; ROBIS: Risk of bias in systematic reviews; SD: Standard deviation; SFMA; Selective functional movement assessment ; SF-36: 36 item short-form survey; SF-6D: 6-dimension short-form

Review protocol for review question: D.1b What are the best methods to coordinate rehabilitation services for children and young people with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

Table 9: Review protocol for co-ordination of inpatient rehabilitation services for children and young people after traumatic injury

ID	Field	Content
0.	PROSPERO registration number	CRD42019154582
1.	Review title	Service coordination: Inpatient settings for children and young people
2.	Review question	4.1b: What are the best methods to coordinate rehabilitation services for children and young people with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?
3.	Objective	To determine the best methods to coordinate rehabilitation services for children and young people with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings.
4.	Searches	The following databases will be searched: • Cochrane Central Register of Controlled Trials (CENTRAL) • Cochrane Database of Systematic Reviews (CDSR) • Embase • MEDLINE Searches will be restricted by: • Date: ○ Qualitative: The committee is of the opinion that 2010 is a reasonable cut-off date due to the practice changes in rehabilitation services introduced by the establishment of major trauma centres in 2012. Data about adults/CYPs' views of rehabilitation services which predate these changes would be less relevant to current practice and less useful to the committee as a basis for drafting recommendations ○ Quantitative: 2000 onwards as there has been significant change in practice in 2012 and the guideline committee wanted to capture the evidence that lead to that so imposed a date limit going back 12 years prior to the change in practice • Country: ○ Qualitative: The committee wished to prioritise views about rehabilitation services which most closely reflect the UK practice context. They therefore agreed to include studies from high income European countries according to the World Bank (https://datahelpdesk.worldbank.org/knowledgebase/articles/906519; i.e., Andorra, Austria, Belgium, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Faroe Islands,

		Finland, France, Germany, Gibraltar, Greece, Greenland, Hungary, Iceland, Ireland, Isle of Man, Italy, Latvia, Lichtenstein, Lithuania, Luxembourg, Monaco, Netherlands, Norway, Poland, Portugal, San Marino, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, and UK), Canada, Australia and New Zealand, which would be sufficiently transferable. Priority will be given to UK studies, however data from studies conducted in other high-income countries will be added if new themes arise that are not captured in the UK evidence. ○ Quantitative: No country limit • Human studies The full search strategies for MEDLINE database will be published in the final review.
5.	Condition or domain being studied	Complex rehabilitation needs resulting from traumatic injury 'Complex rehab needs' refers to 'multiple needs, and will always involve coordinated multidisciplinary input from 2 or more allied health professional disciplines, and could also include the following: • Vocational or educational social support for the person to return to their pervious functional level, including return to work, school or college • Emotional, psychological and psychosocial support • Equipment or adaptations • Ongoing recovery from injury that may change the person's rehabilitation needs (for example, restrictions of weight bearing, cast immobilisation in feature clinic) • Further surgery and readmissions to hospital Traumatic injury is defined as 'traumatic injury that requires admission to hospital at the time of injury.'
6	Population (quantitative)	In-patient rehabilitation services for children and young people (aged below 18 years) with complex rehabilitation needs after traumatic injury, including those with traumatic brain injury, sight loss, and hearing loss
	Population (qualitative)	• Children and young people (aged below 18 years) who have been an inpatient and who have complex rehabilitation needs after traumatic injury, including those with traumatic brain injury, sight loss and hearing loss, and their families. • Staff working at inpatient rehabilitation settings with children and young people (aged below 18 years) who have complex rehabilitation needs after traumatic injury, including those with traumatic brain injury, sight loss and hearing loss.
7	Intervention (quantitative)	Coordination method A (e.g., Paediatrician, Cohort, Neuronavigator, Trauma nurse coordinators, Rehabilitation consultant, Rehabilitation coordinator, Case manager, key workers, specialist trauma MDTs, rehabilitation prescription, discharge coordinator, specialist inreach/outreach [specialist units from outside coming in], outreach [within centres], non-specialist trauma MDT)
	Phenomenon of interest (qualitative)	Methods to coordinate inpatient rehabilitation services for children and young people, including when

		transferring between inpatient settings, regarded by the population as optimal/not optimal or effective/non-effective. Themes will be identified from the literature, but may include: • Case managers • Rehabilitation specialist • MDT approach
8	Comparator (quantitative)	• Coordination method B (e.g., any of the above interventions) • No coordination
9	Types of study to be included (quantitative)	• Systematic review of RCTs • Randomised controlled trial If no RCT data are available for an intervention, evidence from the followings will be considered in order • Cluster-randomised trial • Systematic review of non-randomised studies • Comparative prospective cohort studies with N≥100 per treatment arm • Comparative retrospective cohort studies with N≥100 per treatment arm
	Types of study to be included (qualitative)	• Systematic reviews of qualitative studies • Qualitative studies (for example, interviews, focus groups, observations)
10	Other exclusion criteria (quantitative)	Study design: • Cross-over design • Case-controls • Cross-sectional • Case series and case reports • Audits Language: • Non-English Publication status: • Abstract only

	Other exclusion criteria (qualitative)	Study design: • Purely quantitative studies (including surveys with only descriptive quantitative data) Language: • Non-English Publication status: • Abstract only
11	Context	Settings - Inclusion: • Inpatient setting where patient is admitted as a result of traumatic injury Exclusion: • Accident and emergency departments • Critical care units • Prisons
12	Primary outcomes (critical outcomes; quantitative)	Critical: • Changes in activity of daily living (COPM, Barthel ADL index, Katz, PSMS, OARS, PAT, EADL-Test, GAS, FIMFAM) • Length of hospital stay • Overall quality of life [EURO-QoL 5D 3L, SF-36, SF-12, SF-6D, SFMA] • Sleep Timeframe for the follow-up will be 0 to 18 months. This will be grouped into short-term (0 to 6 months) and long-term (>6 to 18 months).
	Primary outcomes (critical outcomes; qualitative)	Themes will be identified from the literature pertaining to methods to coordinate inpatient rehabilitation services for children and young people, including when transferring between inpatient settings, regarded by the population as optimal/not optimal or effective/non-effective These themes may include: • Case managers • Rehabilitation specialist

		• MDT approach
13	Secondary outcomes (important outcomes; quantitative)	Important: • Return to nursery, work or education • Discharge destination • Unplanned readmission • Patient satisfaction Timeframe for the follow-up will be 0 to 18 months. This will be grouped into short-term (0 to 6 months) and long-term (>6 to 18 months)
	Secondary outcomes (important outcomes; qualitative)	Themes will be identified from the literature pertaining to methods to coordinate inpatient rehabilitation services for children and young people, including when transferring between inpatient settings, regarded by the population as optimal/not optimal or effective/non-effective These themes may include: • Case managers • Rehabilitation specialist • MDT approach
14	Data extraction (selection and coding)	All references identified by the searches and from other sources will be uploaded into STAR and de-duplicated. 5% of the abstracts will be reviewed by two reviewers, with any disagreements resolved by discussion or, if necessary, a third independent reviewer. The full text of potentially eligible studies will be retrieved and will be assessed in line with the criteria outlined above. A standardised form will be used to extract data from studies (see Developing NICE guidelines: the manual section 6.4.
15	Risk of bias (quality) Assessment (quantitative)	Risk of bias will be assessed using the Cochrane RoB tool 2.0 for RCTs, the Cochrane ROBINS-I for non-randomised studies, and ROBIS for systematic reviews..
	Risk of bias (quality) Assessment (qualitative)	Risk of bias will be assessed using the CASP qualitative checklist
16	Strategy for data synthesis (quantitative)	NGA STAR software will be used for generating bibliographies/citations, study sifting and data extraction. If pairwise meta-analyses are undertaken, they will be performed using Cochrane Review Manager (RevMan). 'GRADEpro' will be used to assess the quality of evidence for each outcome.
	Strategy for data synthesis (qualitative)	NGA STAR software will be used for generating bibliographies/citations, study sifting and data

		extraction. Studies will be reviewed chronologically from most recent first to oldest. Thematic analysis of the data will be conducted and findings presented. The quality of the evidence will be assessed using GRADE-CERQual for each theme.
17	Analysis of sub-groups (quantitative)	The following subgroups were specified for this question for stratification of the data: • Children and young people who are suspected of sustaining non-accidental injuries versus accidental injuries • Children and young people with parents known to social services versus not known • Children and young people with young (< 20 years at birth of child) parents versus not young (≥ 20 years at birth of child) • Children and young people with parents from deprived backgrounds versus not deprived backgrounds • Children and young people with parents who have mental health issues versus none • Children and young people who require safeguarding versus do not require safeguarding • Children and young people with spinal cord injuries versus non-spinal cord injuries If there is any further unexplained heterogeneity, we will look at the following subgroups to try to identify the source of it: • Upper limb / lower limb • Children and young people with pre-existing physical and/or mental health conditions (including substance misuse), physical and learning disability versus no pre-existing conditions • Children and young people whose parents are very involved in their rehabilitation/recovery (e.g., by staying overnight in hospital) versus not involved • Age (0-3 versus 4-7 versus 8-12 versus 13-17
	Analysis of sub-groups (qualitative)	The following subgroups were specified for this question for stratification of the data: • Children and young people who are suspected of sustaining non-accidental injuries versus accidental injuries • Children and young people with parents known to social services versus not known • Children and young people with young (< 20 years at birth of child) parents versus not young (≥ 20 years at birth of child) • Children and young people with parents from deprived backgrounds versus not deprived backgrounds

		• Children and young people with parents who have mental health issues versus none • Children and young people who require safeguarding versus do not require safeguarding • Children and young people with spinal cord injuries versus non-spinal cord injuries
18	Type and method of review	
19	Language	English
20	Country	England
21	Anticipated or actual start date	01/05/2020
22	Anticipated completion date	31/08/2020
23	Stage of review at time of this submission	Review stage / Started / Completed Preliminary searches ☑ ☑ Piloting of the study selection process ☑ ☑ Formal screening of search results against eligibility criteria ☑ ☑ Data extraction ☑ ☑ Risk of bias (quality) assessment ☑ ☑ Data analysis ☑ ☑
24	Named contact	National Guideline Alliance
25	Review team members	National Guideline Alliance
26	Funding sources/sponsor	This systematic review is being completed by the National Guideline Alliance which receives funding from NICE.
27	Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.

28	Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual. Members of the guideline committee are available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/gid-ng10105
29	Other registration details	-
30	Reference/URL for published protocol	https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=154582
31	Dissemination plans	
32	Keywords	
33	Details of existing review of same topic by same authors	
34	Current review status	
35	Additional information	
36	Details of final publication	www.nice.org.uk

ADL: Activities of daily living; CASP: Critical appraisal skills programme; CDSR: Cochrane Database of Systematic Reviews; CENTRAL: Cochrane Central Register of Controlled Trials; COPM: Canadian occupational performance measure; CYP: Children and young people; E-ADL-Test: Erlangen Activities of Daily Living test; EURO-QoL 5D 3L; EuroQol 5 dimensions and 3 levels; FIMFAM: Functional independence measure and functional assessment measure; GAS: Goal attainment scaling; GRADE: Grading of Recommendations Assessment, Development and Evaluation; MDT: Multidisciplinary team; NGA: National Guideline Alliance; NHS: National Health Service; NICE: National Institute for Health and Care Excellence; OARS: Older American resources and services scale; PAT: Performance ADL test; PROSPERO: International prospective register of systematic reviews; PSMS; Physical self-maintenance scale; RCT: Randomised controlled trial; RoB: Risk of bias; ROBINS-I: Risk of bias in non-randomized studies of intervention; ROBIS: Risk of bias in systematic reviews; SD: Standard deviation; SFMA; Selective functional movement assessment ; SF-12: 12 item short-form survey; SF-36: 36 item short-form survey; SF-6D: 6-dimension short-form

Appendix B – Literature search strategies

Literature search strategies for review questions:

D.1a What are the best methods to coordinate rehabilitation services for adults with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

D.1b What are the best methods to coordinate rehabilitation services for children and young people with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

A combined search was conducted for both review questions.

Qualitative literature search strategies

Please note that this search was a combined search for the adult and children and young people evidence reviews covering this question AND the following evidence review questions: D.2 (What are the best methods to deliver and coordinate rehabilitation services for people with complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient rehabilitation services?), D.3 (What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for people with complex rehabilitation needs after traumatic injury?) and D.4 (What are the support needs and preferences of people who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?).

Databases: Medline; Medline EPub Ahead of Print; and Medline In-Process & Other Non-Indexed Citations

Date of last search: 17/01/2020

#	Searches
1	interview:.mp.
2	experience:.mp.
3	qualitative.tw.
4	or/1-3
5	(exp "WOUNDS AND INJURIES"/ not (ASPHYXIA/ or BATTERED CHILD SYNDROME/ or exp BIRTH INJURIES/ or exp "BITES AND STINGS"/ or exp DROWNING/ or "EXTRAVASATION OF DIAGNOSTIC AND THERAPEUTIC MATERIALS"/ or exp FROSTBITE/ or exp HEAT STRESS DISORDERS/ or exp RADIATION INJURIES/ or RETROPNEUMOPERITONEUM/ or SURGICAL WOUND/)) and (HOSPITALIZATION/ or PATIENT ADMISSION/ or ADOLESCENT, HOSPITALIZED/ or CHILD, HOSPITALIZED/ or exp HOSPITALS/ or exp EMERGENCY SERVICE, HOSPITAL/ or exp INTENSIVE CARE UNITS/ or REHABILITATION CENTERS/)
6	(exp "WOUNDS AND INJURIES"/ not (ASPHYXIA/ or BATTERED CHILD SYNDROME/ or exp BIRTH INJURIES/ or exp "BITES AND STINGS"/ or exp DROWNING/ or "EXTRAVASATION OF DIAGNOSTIC AND THERAPEUTIC MATERIALS"/ or exp FROSTBITE/ or exp HEAT STRESS DISORDERS/ or exp RADIATION INJURIES/ or RETROPNEUMOPERITONEUM/ or SURGICAL WOUND/)) and (hospitali?ed or hospitali?tion? or ((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?))).ti,ab.
7	((hospitali?ed or hospitali?ation?) adj10 (injur$ or wound$ or trauma$ or burn? or burned or fractur$ or accident?)).ti,ab.
8	((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?) adj5 (injur$ or wound$ or trauma$ or burn? or burned or fractur$ or accident?)).ti,ab.
9	(patient? adj5 trauma$).ti,ab.
10	(patient? adj3 (burn? or burned or fractur$)).ti,ab.
11	wound$ patient?.ti,ab.
12	injur$ patient?.ti,ab.
13	accident$ patient?.ti,ab.

#	Searches
14	(exp "WOUNDS AND INJURIES"/ not (ASPHYXIA/ or BATTERED CHILD SYNDROME/ or exp BIRTH INJURIES/ or exp "BITES AND STINGS"/ or exp DROWNING/ or "EXTRAVASATION OF DIAGNOSTIC AND THERAPEUTIC MATERIALS"/ or exp FROSTBITE/ or exp HEAT STRESS DISORDERS/ or exp RADIATION INJURIES/ or RETROPNEUMOPERITONEUM/ or SURGICAL WOUND/)) and trauma$.ti.
15	(exp "WOUNDS AND INJURIES"/ not (ASPHYXIA/ or BATTERED CHILD SYNDROME/ or exp BIRTH INJURIES/ or exp "BITES AND STINGS"/ or exp DROWNING/ or "EXTRAVASATION OF DIAGNOSTIC AND THERAPEUTIC MATERIALS"/ or exp FROSTBITE/ or exp HEAT STRESS DISORDERS/ or exp RADIATION INJURIES/ or RETROPNEUMOPERITONEUM/ or SURGICAL WOUND/)) and trauma$.ab. /freq=2
16	exp MULTIPLE TRAUMA/
17	TRAUMATOLOGY/
18	(trauma$ adj5 (injur$ or wound$ or burn? or burned or fractur$)).ti,ab.
19	((complex$ or multiple or critical$) adj3 (injur$ or wound$ or burn? or burned or fractur$)).ti,ab.
20	(trauma$ adj3 (severe or severely or major or multiple)).ti,ab.
21	((injur$ or wound$ or burn? or burned or fractur$) adj2 (severe or severely or major or multiple)).ti,ab.
22	((physical$ or body or bodily) adj3 (injur$ or wound$ or trauma$ or burn? or burned or fractur$)).ti,ab.
23	(acute adj1 (injur$ or trauma$ or wound$ or burn? or burned or fractur$)).ti,ab.
24	(polytrauma? or poly-trauma?).ti,ab.
25	traumatolog$.ti,ab.
26	(ACCIDENTS/ or ACCIDENTAL FALLS/ or ACCIDENTS, HOME/ or ACCIDENTS, OCCUPATIONAL/ or ACCIDENTS, TRAFFIC/) and (exp *"WOUNDS AND INJURIES"/ not (ASPHYXIA/ or BATTERED CHILD SYNDROME/ or exp BIRTH INJURIES/ or exp "BITES AND STINGS"/ or exp DROWNING/ or "EXTRAVASATION OF DIAGNOSTIC AND THERAPEUTIC MATERIALS"/ or exp FROSTBITE/ or exp HEAT STRESS DISORDERS/ or exp RADIATION INJURIES/ or RETROPNEUMOPERITONEUM/ or SURGICAL WOUND/))
27	(ACCIDENTS/ or ACCIDENTAL FALLS/ or ACCIDENTS, HOME/ or ACCIDENTS, OCCUPATIONAL/ or ACCIDENTS, TRAFFIC/) and (injur$ or wound? or trauma$ or burn? or burned or fractur$).ti.
28	(ACCIDENTS/ or ACCIDENTAL FALLS/ or ACCIDENTS, HOME/ or ACCIDENTS, OCCUPATIONAL/ or ACCIDENTS, TRAFFIC/) and (injur$ or wound? or trauma$ or burn? or burned or fractur$).ab. /freq=2
29	(accident? adj5 (injur$ or wound$ or trauma$ or burn? or burned or fractur$)).ti,ab.
30	(accident? adj3 (serious$ or severe or severely or major)).ti,ab.
31	(ACCIDENTS/ or ACCIDENTAL FALLS/ or ACCIDENTS, HOME/ or ACCIDENTS, OCCUPATIONAL/ or ACCIDENTS, TRAFFIC/) and (HOSPITALIZATION/ or PATIENT ADMISSION/ or ADOLESCENT, HOSPITALIZED/ or CHILD, HOSPITALIZED/ or exp HOSPITALS/ or exp EMERGENCY SERVICE, HOSPITAL/ or exp INTENSIVE CARE UNITS/ or REHABILITATION CENTERS/)
32	(ACCIDENTS/ or ACCIDENTAL FALLS/ or ACCIDENTS, HOME/ or ACCIDENTS, OCCUPATIONAL/ or ACCIDENTS, TRAFFIC/) and (hospitali?ed or hospitali?tion? or ((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?))).ti,ab.
33	*SPINAL CORD INJURIES/ or *SPINAL CORD COMPRESSION/
34	exp *THORACIC INJURIES/ or *ACUTE LUNG INJURY/
35	*PERIPHERAL NERVE INJURIES/ or exp *CRANIAL NERVE INJURIES/
36	exp *AMPUTATION/ or *AMPUTATION, TRAUMATIC/ or *AMPUTEES/ or *AMPUTATION STUMPS/ or *LIMB SALVAGE/
37	((spinal$ or spine? or chest? or thoracic$ or nerve?) adj3 injur$).ti.
38	((spinal$ or spine?) adj3 cord? adj3 compress$).ti.
39	((Flail$ or stove in) adj3 chest?).ti.
40	(rib? adj3 fractur$).ti.
41	((brachial or lumbosacral or lumba or sacral or cervical or coccygeal) adj3 plexus adj3 injur$).ti.
42	(amputat$ or amputee?).ti.
43	(limb? adj3 (loss or losing or lost or salvag$ or re-construct$ or reconstruct$)).ti.
44	*HEAD INJURIES, CLOSED/ or *HEAD INJURIES, PENETRATING/
45	(head adj3 injur$).ti.
46	exp *BRAIN INJURIES/
47	(brain adj3 injur$).ti.
48	or/5-47
49	MODELS, ORGANIZATIONAL/
50	"DELIVERY OF HEALTH CARE, INTEGRATED"/
51	INTERINSTITUTIONAL RELATIONS/
52	INTERSECTORAL COLLABORATION/
53	INTERDEPARTMENTAL RELATIONS/
54	INTERPROFESSIONAL RELATIONS/
55	INTERDISCIPLINARY COMMUNICATION/
56	(interinstitution$ or multiinstitution$ or jointinstitution$ or interorgani?ation$ or multiorgani?ation$ or jointorgani?ation$ or intersector$ or multisector$ or jointsector$ or interagenc$ or multiagenc$ or jointagenc$ or interservice$ or multiservice$ or jointservice$ or interdepartment$ or multidepartment$ or jointdepartment$ or interprofession$ or multiprofession$ or jointprofession$).ti,ab.
57	((inter or multi or joint) adj3 (institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$)).ti,ab.
58	(interdisciplin$ or multidisciplin$ or jointdisciplin$).ti.
59	((interdisciplin$ or multidisciplin$ or jointdisciplin$) adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or network$ or communicat$)).ti,ab.
60	((interdisciplin$ or multidisciplin$ or jointdisciplin$) adj5 rehab$).ti,ab.
61	((inter or multi or joint) adj3 disciplin$).ti.
62	((inter or multi or joint) adj3 disciplin$ adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or

#	Searches
	integrat$ or partner$ or network$ or communicat$)).ti,ab.
63	((inter or multi or joint) adj3 disciplin$ adj5 rehab$).ti,ab.
64	((institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$ or disciplin$ or care) adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partnership? or network$ or across)).ti,ab.
65	(rehab$ adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partnership? or network$)).ti,ab.
66	(service? adj5 deliver$).ti,ab.
67	((service? or care) adj3 (configurat$ or model?)).ti,ab.
68	SOCIAL WORK/
69	(social adj1 (service? or work$)).ti,ab.
70	or/49-69
71	"CONTINUITY OF PATIENT CARE"/
72	AFTERCARE/
73	*PATIENT DISCHARGE/
74	PATIENT HANDOFF/
75	PATIENT TRANSFER/
76	TRANSITION TO ADULT CARE/
77	TRANSITIONAL CARE/
78	((continuity or continuum) adj3 care).ti,ab.
79	aftercare.ti,ab.
80	(follow up adj3 (care or service? or outpatient? or communit$)).ti,ab.
81	(patient? adj5 (discharg$ or postdischarg$) adj5 follow$ up).ti,ab.
82	(follow up adj5 (post or after) adj5 discharg$).ti,ab.
83	(discharg$ adj3 plan$).ti,ab.
84	((patient? or clinical or nurs$) adj3 (handoff? or hand$ off? or handover? or hand$ over? or signout? or sign$ out? or signover? or sign$ over?)).ti,ab.
85	(patient? adj3 transfer$ adj3 (service? or setting? or department$ or ward? or hospital?)).ti,ab.
86	(care adj3 transfer$).ti,ab.
87	((inpatient or outpatient) adj3 transfer$).ti,ab.
88	(patient? adj5 transition$).ti,ab.
89	(care adj5 transition$).ti,ab.
90	((inpatient or outpatient) adj5 transition$).ti,ab.
91	or/71-90
92	HEALTH SERVICES ACCESSIBILITY/
93	HEALTHCARE DISPARITIES/
94	"FACILITIES AND SERVICES UTILIZATION"/
95	(access$ adj5 service?).ti,ab.
96	(access$ adj3 care).ti,ab.
97	((service? or care) adj3 (disparit$ or inequal$)).ti,ab.
98	((service? or care) adj3 (utiliz$ or utilis$)).ti,ab.
99	or/92-98
100	*SOCIAL SUPPORT/
101	*SELF CARE/
102	(social$ adj5 support$).ti.
103	(social$ adj3 support$).ab. /freq=2
104	((communit$ or outpatient?) adj5 support$).ti,ab.
105	((support or communit$ or outpatient?) adj3 need?).ti,ab.
106	(support$ adj3 rehab$).ti,ab.
107	COMMUNITY HEALTH SERVICES/
108	(communit$ adj3 service?).ti,ab.
109	((communit$ or outpatient?) adj3 rehab$).ti,ab.
110	((outpatient? or home$ or communit$) adj5 (information or communicat$)).ti,ab.
111	or/100-110
112	48 and 70
113	48 and 91
114	48 and 99
115	48 and 111
116	or/112-115
117	limit 116 to english language
118	limit 117 to yr="2000 -Current"
119	4 and 118

Databases: Embase; and Embase Classic

Date of last search: 17/01/2020

#	Searches
1	interview:.tw.
2	exp HEALTH CARE ORGANIZATION/

#	Searches
3	experiences.tw.
4	or/1-3
5	(exp INJURY/ not (AUTOMUTILATION/ or BATTERED CHILD SYNDROME/ or BIRTH INJURY/ or exp "BITES AND STINGS"/ or exp DROWNING/ or exp EROSION/ or exp EXPERIMENTAL INJURY/ or exp HEART INJURY/ or IMMUNE INJURY/ or IMMUNE MEDIATED INJURY/ or MEMBRANE DAMAGE/ or PRENATAL INJURY/ or PSYCHOTRAUMA/ or exp RADIATION INJURY/ or exp REPERFUSION INJURY/ or exp RESPIRATORY TRACT INJURY/ or exp RUPTURE/ or STRANGULATION/ or SURGICAL INJURY/ or exp THERMAL INJURY/ or BITE WOUND/ or exp SURGICAL WOUND/)) and (HOSPITALIZATION/ or HOSPITAL ADMISSION/ or HOSPITALIZED ADOLESCENT/ or HOSPITALIZED CHILD/ or exp HOSPITAL/ or EMERGENCY HOSPITAL SERVICE/ or exp INTENSIVE CARE UNIT/ or REHABILITATION CENTER/)
6	(exp INJURY/ not (AUTOMUTILATION/ or BATTERED CHILD SYNDROME/ or BIRTH INJURY/ or exp "BITES AND STINGS"/ or exp DROWNING/ or exp EROSION/ or exp EXPERIMENTAL INJURY/ or exp HEART INJURY/ or IMMUNE INJURY/ or IMMUNE MEDIATED INJURY/ or MEMBRANE DAMAGE/ or PRENATAL INJURY/ or PSYCHOTRAUMA/ or exp RADIATION INJURY/ or exp REPERFUSION INJURY/ or exp RESPIRATORY TRACT INJURY/ or exp RUPTURE/ or STRANGULATION/ or SURGICAL INJURY/ or exp THERMAL INJURY/ or BITE WOUND/ or exp SURGICAL WOUND/)) and (hospitali?ed or hospitali?tion? or ((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?))).ti,ab.
7	((hospitali?ed or hospitali?ation?) adj10 (injur$ or wound$ or trauma$ or burn? or burned or fractur$ or accident?)).ti,ab.
8	((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?) adj5 (injur$ or wound$ or trauma$ or burn? or burned or fractur$ or accident?)).ti,ab.
9	(patient? adj5 trauma$).ti,ab.
10	(patient? adj3 (burn? or burned or fractur$)).ti,ab.
11	wound$ patient?.ti,ab.
12	injur$ patient?.ti,ab.
13	accident$ patient?.ti,ab.
14	(exp INJURY/ not (AUTOMUTILATION/ or BATTERED CHILD SYNDROME/ or BIRTH INJURY/ or exp "BITES AND STINGS"/ or exp DROWNING/ or exp EROSION/ or exp EXPERIMENTAL INJURY/ or exp HEART INJURY/ or IMMUNE INJURY/ or IMMUNE MEDIATED INJURY/ or MEMBRANE DAMAGE/ or PRENATAL INJURY/ or PSYCHOTRAUMA/ or exp RADIATION INJURY/ or exp REPERFUSION INJURY/ or exp RESPIRATORY TRACT INJURY/ or exp RUPTURE/ or STRANGULATION/ or SURGICAL INJURY/ or exp THERMAL INJURY/ or BITE WOUND/ or exp SURGICAL WOUND/)) and trauma$.ti.
15	(exp INJURY/ not (AUTOMUTILATION/ or BATTERED CHILD SYNDROME/ or BIRTH INJURY/ or exp "BITES AND STINGS"/ or exp DROWNING/ or exp EROSION/ or exp EXPERIMENTAL INJURY/ or exp HEART INJURY/ or IMMUNE INJURY/ or IMMUNE MEDIATED INJURY/ or MEMBRANE DAMAGE/ or PRENATAL INJURY/ or PSYCHOTRAUMA/ or exp RADIATION INJURY/ or exp REPERFUSION INJURY/ or exp RESPIRATORY TRACT INJURY/ or exp RUPTURE/ or STRANGULATION/ or SURGICAL INJURY/ or exp THERMAL INJURY/ or BITE WOUND/ or exp SURGICAL WOUND/)) and trauma$.ab. /freq=2
16	MULTIPLE TRAUMA/
17	TRAUMATOLOGY/
18	(trauma$ adj5 (injur$ or wound$ or burn? or burned or fractur$)).ti,ab.
19	((complex$ or multiple or critical$) adj3 (injur$ or wound$ or burn? or burned or fractur$)).ti,ab.
20	(trauma$ adj3 (severe or severely or major or multiple)).ti,ab.
21	((injur$ or wound$ or burn? or burned or fractur$) adj2 (severe or severely or major or multiple)).ti,ab.
22	((physical$ or body or bodily) adj3 (injur$ or wound$ or trauma$ or burn? or burned or fractur$)).ti,ab.
23	(acute adj1 (injur$ or trauma$ or wound$ or burn? or burned or fractur$)).ti,ab.
24	(polytrauma? or poly-trauma?).ti,ab.
25	traumatolog$.ti,ab.
26	(ACCIDENT/ or FALLING/ or HOME ACCIDENT/ or exp OCCUPATIONAL ACCIDENT/ or TRAFFIC ACCIDENT/) and (exp INJURY/ not (AUTOMUTILATION/ or BATTERED CHILD SYNDROME/ or BIRTH INJURY/ or exp "BITES AND STINGS"/ or exp DROWNING/ or exp EROSION/ or exp EXPERIMENTAL INJURY/ or exp HEART INJURY/ or IMMUNE INJURY/ or IMMUNE MEDIATED INJURY/ or MEMBRANE DAMAGE/ or PRENATAL INJURY/ or PSYCHOTRAUMA/ or exp RADIATION INJURY/ or exp REPERFUSION INJURY/ or exp RESPIRATORY TRACT INJURY/ or exp RUPTURE/ or STRANGULATION/ or SURGICAL INJURY/ or exp THERMAL INJURY/ or BITE WOUND/ or exp SURGICAL WOUND/))
27	(ACCIDENT/ or FALLING/ or HOME ACCIDENT/ or exp OCCUPATIONAL ACCIDENT/ or TRAFFIC ACCIDENT/) and (injur$ or wound? or trauma$ or burn? or burned or fractur$).ti.
28	(ACCIDENT/ or FALLING/ or HOME ACCIDENT/ or exp OCCUPATIONAL ACCIDENT/ or TRAFFIC ACCIDENT/) and (injur$ or wound? or trauma$ or burn? or burned or fractur$).ab. /freq=2
29	(accident? adj5 (injur$ or wound$ or trauma$ or burn? or burned or fractur$)).ti,ab.
30	(accident? adj3 (serious$ or severe or severely or major)).ti,ab.
31	(ACCIDENT/ or FALLING/ or HOME ACCIDENT/ or exp OCCUPATIONAL ACCIDENT/ or TRAFFIC ACCIDENT/) and (HOSPITALIZATION/ or HOSPITAL ADMISSION/ or HOSPITALIZED ADOLESCENT/ or HOSPITALIZED CHILD/ or exp HOSPITAL/ or EMERGENCY HOSPITAL SERVICE/ or exp INTENSIVE CARE UNIT/ or REHABILITATION CENTER/)
32	(ACCIDENT/ or FALLING/ or HOME ACCIDENT/ or exp OCCUPATIONAL ACCIDENT/ or TRAFFIC ACCIDENT/) and (hospitali?ed or hospitali?tion? or ((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?))).ti,ab.
33	*SPINAL CORD INJURY/ or *SPINAL CORD COMPRESSION/
34	exp *THORAX INJURY/ or *ACUTE LUNG INJURY/ or exp *RIB FRACTURE/
35	exp *NERVE INJURY/

#	Searches
36	exp *AMPUTATION/ or *AMPUTEE/ or *LIMB SALVAGE/
37	((spinal$ or spine? or chest? or thoracic$ or nerve?) adj3 injur$).ti.
38	((spinal$ or spine?) adj3 cord? adj3 compress$).ti.
39	((Flail$ or stove in) adj3 chest?).ti.
40	(rib? adj3 fractur$).ti.
41	((brachial or lumbosacral or lumba or sacral or cervical or coccygeal) adj3 plexus adj3 injur$).ti.
42	(amputat$ or amputee?).ti.
43	(limb? adj3 (loss or losing or lost or salvag$ or re-construct$ or reconstruct$)).ti.
44	*HEAD INJURY/
45	(head adj3 injur$).ti.
46	exp *BRAIN INJURY/
47	(brain adj3 injur$).ti.
48	or/5-47
49	NONBIOLOGICAL MODEL/
50	INTEGRATED HEALTH CARE SYSTEM/
51	PUBLIC RELATIONS/
52	INTERSECTORAL COLLABORATION/
53	INTERDISCIPLINARY COMMUNICATION/
54	MULTIDISCIPLINARY TEAM/
55	COLLABORATIVE CARE TEAM/
56	(interinstitution$ or multiinstitution$ or jointinstitution$ or interorgani?ation$ or multiorgani?ation$ or jointorgani?ation$ or intersector$ or multisector$ or jointsector$ or interagenc$ or multiagenc$ or jointagenc$ or interservice$ or multiservice$ or jointservice$ or interdepartment$ or multidepartment$ or jointdepartment$ or interprofession$ or multiprofession$ or jointprofession$).ti,ab.
57	((inter or multi or joint) adj3 (institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$)).ti,ab.
58	(interdisciplin$ or multidisciplin$ or jointdisciplin$).ti.
59	((interdisciplin$ or multidisciplin$ or jointdisciplin$) adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or network$ or communicat$)).ti,ab.
60	((interdisciplin$ or multidisciplin$ or jointdisciplin$) adj5 rehab$).ti,ab.
61	((inter or multi or joint) adj3 disciplin$).ti.
62	((inter or multi or joint) adj3 disciplin$ adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or network$ or communicat$)).ti,ab.
63	((inter or multi or joint) adj3 disciplin$ adj5 rehab$).ti,ab.
64	((institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$ or disciplin$ or care) adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partnership? or network$ or across)).ti,ab.
65	(rehab$ adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partnership? or network$)).ti,ab.
66	(service? adj5 deliver$).ti,ab.
67	((service? or care) adj3 (configurat$ or model?)).ti,ab.
68	SOCIAL WORK/
69	(social adj1 (service? or work$)).ti,ab.
70	or/49-69
71	*PATIENT CARE/
72	AFTERCARE/
73	*HOSPITAL DISCHARGE/
74	CLINICAL HANDOVER/
75	TRANSITION TO ADULT CARE/
76	TRANSITIONAL CARE/
77	((continuity or continuum) adj3 care).ti,ab.
78	aftercare.ti,ab.
79	(follow up adj3 (care or service? or outpatient? or communit$)).ti,ab.
80	(patient? adj5 (discharg$ or postdischarg$) adj5 follow$ up).ti,ab.
81	(follow up adj5 (post or after) adj5 discharg$).ti,ab.
82	(discharg$ adj3 plan$).ti,ab.
83	((patient? or clinical or nurs$) adj3 (handoff? or hand$ off? or handover? or hand$ over? or signout? or sign$ out? or signover? or sign$ over?)).ti,ab.
84	(patient? adj3 transfer$ adj3 (service? or setting? or department$ or ward? or hospital?)).ti,ab.
85	(care adj3 transfer$).ti,ab.
86	((inpatient or outpatient) adj3 transfer$).ti,ab.
87	(patient? adj5 transition$).ti,ab.
88	(care adj5 transition$).ti,ab.
89	((inpatient or outpatient) adj5 transition$).ti,ab.
90	or/71-89
91	*HEALTH CARE DELIVERY/
92	*HEALTH CARE DISPARITY/
93	*HEALTH CARE UTILIZATION/
94	(access$ adj5 service?).ti,ab.
95	(access$ adj3 care).ti,ab.
96	((service? or care) adj3 (disparit$ or inequal$)).ti,ab.

#	Searches
97	((service? or care) adj3 (utiliz$ or utilis$)).ti,ab.
98	or/91-97
99	*SOCIAL SUPPORT/
100	*SELF CARE/
101	(social$ adj5 support$).ti.
102	(social$ adj3 support$).ab. /freq=2
103	((communit$ or outpatient?) adj5 support$).ti,ab.
104	((support or communit$ or outpatient?) adj3 need?).ti,ab.
105	(support$ adj3 rehab$).ti,ab.
106	*COMMUNITY CARE/
107	COMMUNITY BASED REHABILITATION/
108	(communit$ adj3 service?).ti,ab.
109	((communit$ or outpatient?) adj3 rehab$).ti,ab.
110	((outpatient? or home$ or communit$) adj5 (information or communicat$)).ti,ab.
111	or/99-110
112	48 and 70
113	48 and 90
114	48 and 98
115	48 and 111
116	or/112-115
117	limit 116 to english language
118	limit 117 to yr="2000 -Current"
119	4 and 118

Database: PsycInfo

Date of last search: 17/01/2020

#	Searches
1	experiences.tw.
2	interview:.tw.
3	qualitative.tw.
4	or/1-3
5	(exp INJURIES/ not BIRTH INJURIES/) and (HOSPITALIZATION/ or HOSPITAL ADMISSION/ or HOSPITALIZED PATIENTS/ or HOSPITALS/ or exp INTENSIVE CARE/ or REHABILITATION CENTERS/)
6	(exp INJURIES/ not BIRTH INJURIES/) and (hospitali?ed or hospitali?tion? or ((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?))).ti,ab.
7	((hospitali?ed or hospitali?ation?) adj10 (injur$ or wound$ or trauma$ or burn? or burned or fractur$ or accident?)).ti,ab.
8	((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?) adj5 (injur$ or wound$ or trauma$ or burn? or burned or fractur$ or accident?)).ti,ab.
9	(patient? adj5 trauma$).ti,ab.
10	(patient? adj3 (burn? or burned or fractur$)).ti,ab.
11	wound$ patient?.ti,ab.
12	injur$ patient?.ti,ab.
13	accident$ patient?.ti,ab.
14	(exp INJURIES/ not BIRTH INJURIES/) and trauma$.ti,ab.
15	(trauma$ adj5 (injur$ or wound$ or burn? or burned or fractur$)).ti,ab.
16	((complex$ or multiple or critical$) adj3 (injur$ or wound$ or burn? or burned or fractur$)).ti,ab.
17	(trauma$ adj3 (severe or severely or major or multiple)).ti,ab.
18	((injur$ or wound$ or burn? or burned or fractur$) adj2 (severe or severely or major or multiple)).ti,ab.
19	((physical$ or body or bodily) adj3 (injur$ or wound$ or trauma$ or burn? or burned or fractur$)).ti,ab.
20	(acute adj1 (injur$ or trauma$ or wound$ or burn? or burned or fractur$)).ti,ab.
21	(polytrauma? or poly-trauma?).ti,ab.
22	traumatolog$.ti,ab.
23	exp ACCIDENTS/ and (exp INJURIES/ not BIRTH INJURIES/)
24	exp ACCIDENTS/ and (injur$ or wound? or trauma$ or burn? or burned or fractur$).ti,ab.
25	(accident? adj5 (injur$ or wound$ or trauma$ or burn? or burned or fractur$)).ti,ab.
26	(accident? adj3 (serious$ or severe or severely or major)).ti,ab.
27	exp ACCIDENTS/ and (HOSPITALIZATION/ or HOSPITAL ADMISSION/ or HOSPITALIZED PATIENTS/ or HOSPITALS/ or exp INTENSIVE CARE/ or REHABILITATION CENTERS/)
28	exp ACCIDENTS/ and (hospitali?ed or hospitali?tion? or ((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?))).ti,ab.
29	SPINAL CORD INJURIES/
30	AMPUTATION/
31	((spinal$ or spine? or chest? or thoracic$ or nerve?) adj3 injur$).ti.
32	((spinal$ or spine?) adj3 cord? adj3 compress$).ti.
33	((Flail$ or stove in) adj3 chest?).ti.
34	(rib? adj3 fractur$).ti.

#	Searches
35	((brachial or lumbosacral or lumba or sacral or cervical or coccygeal) adj3 plexus adj3 injur$).ti.
36	(amputat$ or amputee?).ti.
37	(limb? adj3 (loss or losing or lost or salvag$ or re-construct$ or reconstruct$)).ti.
38	HEAD INJURIES/
39	(head adj3 injur$).ti.
40	exp BRAIN INJURIES/
41	(brain adj3 injur$).ti.
42	or/5-41
43	INTEGRATED SERVICES/
44	INTERDISCIPLINARY TREATMENT APPROACH/
45	(interinstitution$ or multiinstitution$ or jointinstitution$ or interorgani?ation$ or multiorgani?ation$ or jointorgani?ation$ or intersector$ or multisector$ or jointsector$ or interagenc$ or multiagenc$ or jointagenc$ or interservice$ or multiservice$ or jointservice$ or interdepartment$ or multidepartment$ or jointdepartment$ or interprofession$ or multiprofession$ or jointprofession$).ti,ab.
46	((inter or multi or joint) adj3 (institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$)).ti,ab.
47	(interdisciplin$ or multidisciplin$ or jointdisciplin$).ti.
48	((interdisciplin$ or multidisciplin$ or jointdisciplin$) adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or network$ or communicat$)).ti,ab.
49	((interdisciplin$ or multidisciplin$ or jointdisciplin$) adj5 rehab$).ti,ab.
50	((inter or multi or joint) adj3 disciplin$).ti.
51	((inter or multi or joint) adj3 disciplin$ adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or network$ or communicat$)).ti,ab.
52	((inter or multi or joint) adj3 disciplin$ adj5 rehab$).ti,ab.
53	((institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$ or disciplin$ or care) adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partnership? or network$ or across)).ti,ab.
54	(rehab$ adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partnership? or network$)).ti,ab.
55	(service? adj5 deliver$).ti,ab.
56	((service? or care) adj3 (configurat$ or model?)).ti,ab.
57	SOCIAL CASEWORK/
58	SOCIAL SERVICES/
59	(social adj1 (service? or work$)).ti,ab.
60	or/43-59
61	"CONTINUUM OF CARE"/
62	AFTERCARE/
63	FACILITY DISCHARGE/
64	HOSPITAL DISCHARGE/
65	DISCHARGE PLANNING/
66	CLIENT TRANSFER/
67	POSTTREATMENT FOLLOWUP/
68	OUTPATIENT TREATMENT/
69	((continuity or continuum) adj3 care).ti,ab.
70	aftercare.ti,ab.
71	(follow up adj3 (care or service? or outpatient? or communit$)).ti,ab.
72	(patient? adj5 (discharg$ or postdischarg$) adj5 follow$ up).ti,ab.
73	(follow up adj5 (post or after) adj5 discharg$).ti,ab.
74	(discharg$ adj3 plan$).ti,ab.
75	((patient? or clinical or nurs$) adj3 (handoff? or hand$ off? or handover? or hand$ over? or signout? or sign$ out? or signover? or sign$ over?)).ti,ab.
76	(patient? adj3 transfer$ adj3 (service? or setting? or department$ or ward? or hospital?)).ti,ab.
77	(care adj3 transfer$).ti,ab.
78	((inpatient or outpatient) adj3 transfer$).ti,ab.
79	(patient? adj5 transition$).ti,ab.
80	(care adj5 transition$).ti,ab.
81	((inpatient or outpatient) adj5 transition$).ti,ab.
82	or/61-81
83	HEALTH CARE ACCESS/
84	HEALTH DISPARITIES/
85	HEALTH CARE UTILIZATION/
86	(access$ adj5 service?).ti,ab.
87	(access$ adj3 care).ti,ab.
88	((service? or care) adj3 (disparit$ or inequal$)).ti,ab.
89	((service? or care) adj3 (utiliz$ or utilis$)).ti,ab.
90	or/83-89
91	SOCIAL SUPPORT/
92	SELF-CARE SKILLS/
93	(social$ adj5 support$).ti.
94	(social$ adj3 support$).ab. /freq=2
95	((communit$ or outpatient?) adj5 support$).ti,ab.

#	Searches
96	((support or communit$ or outpatient?) adj3 need?).ti,ab.
97	(support$ adj3 rehab$).ti,ab.
98	COMMUNITY SERVICES/
99	COMMUNITY HEALTH/
100	(communit$ adj3 service?).ti,ab.
101	((communit$ or outpatient?) adj3 rehab$).ti,ab.
102	((outpatient? or home$ or communit$) adj5 (information or communicat$)).ti,ab.
103	or/91-102
104	42 and 60
105	42 and 82
106	42 and 90
107	42 and 103
108	or/104-107
109	limit 108 to english language
110	limit 109 to yr="2000 -Current"
111	4 and 110
112	limit 111 to ("0100 journal" or "0110 peer-reviewed journal" or "0120 non-peer-reviewed journal")

Database: Social Policy and Practice

Date of last search: 17/01/2020

#	Searches
1	interview:.mp.
2	experience:.mp.
3	qualitative.tw.
4	or/1-3
5	((hospitali?ed or hospitali?ation?) adj10 (injur$ or wound$ or trauma$ or burn? or burned or fractur$ or accident?)).ti,ab.
6	((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?) adj5 (injur$ or wound$ or trauma$ or burn? or burned or fractur$ or accident?)).ti,ab.
7	(patient? adj5 trauma$).ti,ab.
8	(patient? adj3 (burn? or burned or fractur$)).ti,ab.
9	wound$ patient?.ti,ab.
10	injur$ patient?.ti,ab.
11	accident$ patient?.ti,ab.
12	(trauma$ adj5 (injur$ or wound$ or burn? or burned or fractur$)).ti,ab.
13	((complex$ or multiple or critical$) adj3 (injur$ or wound$ or burn? or burned or fractur$)).ti,ab.
14	(trauma$ adj3 (severe or severely or major or multiple)).ti,ab.
15	((injur$ or wound$ or burn? or burned or fractur$) adj2 (severe or severely or major or multiple)).ti,ab.
16	((physical$ or body or bodily) adj3 (injur$ or wound$ or trauma$ or burn? or burned or fractur$)).ti,ab.
17	(acute adj1 (injur$ or trauma$ or wound$ or burn? or burned or fractur$)).ti,ab.
18	(polytrauma? or poly-trauma?).ti,ab.
19	traumatolog$.ti,ab.
20	(accident? adj5 (injur$ or wound$ or trauma$ or burn? or burned or fractur$)).ti,ab.
21	(accident? adj3 (serious$ or severe or severely or major)).ti,ab.
22	((spinal$ or spine? or chest? or thoracic$ or nerve?) adj3 injur$).ti.
23	((spinal$ or spine?) adj3 cord? adj3 compress$).ti.
24	((Flail$ or stove in) adj3 chest?).ti.
25	(rib? adj3 fractur$).ti.
26	((brachial or lumbosacral or lumba or sacral or cervical or coccygeal) adj3 plexus adj3 injur$).ti.
27	(amputat$ or amputee?).ti.
28	(limb? adj3 (loss or losing or lost or salvag$ or re-construct$ or reconstruct$)).ti.
29	(head adj3 injur$).ti.
30	(brain adj3 injur$).ti.
31	or/5-30
32	(interinstitution$ or multiinstitution$ or jointinstitution$ or interorgani?ation$ or multiorgani?ation$ or jointorgani?ation$ or intersector$ or multisector$ or jointsector$ or interagenc$ or multiagenc$ or jointagenc$ or interservice$ or multiservice$ or jointservice$ or interdepartment$ or multidepartment$ or jointdepartment$ or interprofession$ or multiprofession$ or jointprofession$).ti,ab.
33	((inter or multi or joint) adj3 (institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$)).ti,ab.
34	(interdisciplin$ or multidisciplin$ or jointdisciplin$).ti.
35	((interdisciplin$ or multidisciplin$ or jointdisciplin$) adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or network$ or communicat$)).ti,ab.
36	((interdisciplin$ or multidisciplin$ or jointdisciplin$) adj5 rehab$).ti,ab.
37	((inter or multi or joint) adj3 disciplin$).ti.
38	((inter or multi or joint) adj3 disciplin$ adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or network$ or communicat$)).ti,ab.
39	((inter or multi or joint) adj3 disciplin$ adj5 rehab$).ti,ab.

#	Searches
40	((institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$ or disciplin$ or care) adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partnership? or network$ or across)).ti,ab.
41	(rehab$ adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partnership? or network$)).ti,ab.
42	(service? adj5 deliver$).ti,ab.
43	((service? or care) adj3 (configurat$ or model?)).ti,ab.
44	(social adj1 (service? or work$)).ti,ab.
45	or/32-44
46	((continuity or continuum) adj3 care).ti,ab.
47	aftercare.ti,ab.
48	(follow up adj3 (care or service? or outpatient? or communit$)).ti,ab.
49	(patient? adj5 (discharg$ or postdischarg$) adj5 follow$ up).ti,ab.
50	(follow up adj5 (post or after) adj5 discharg$).ti,ab.
51	(discharg$ adj3 plan$).ti,ab.
52	((patient? or clinical or nurs$) adj3 (handoff? or hand$ off? or handover? or hand$ over? or signout? or sign$ out? or signover? or sign$ over?)).ti,ab.
53	(patient? adj3 transfer$ adj3 (service? or setting? or department$ or ward? or hospital?)).ti,ab.
54	(care adj3 transfer$).ti,ab.
55	((inpatient or outpatient) adj3 transfer$).ti,ab.
56	(patient? adj5 transition$).ti,ab.
57	(care adj5 transition$).ti,ab.
58	((inpatient or outpatient) adj5 transition$).ti,ab.
59	or/46-58
60	(access$ adj5 service?).ti,ab.
61	(access$ adj3 care).ti,ab.
62	((service? or care) adj3 (disparit$ or inequal$)).ti,ab.
63	((service? or care) adj3 (utiliz$ or utilis$)).ti,ab.
64	or/60-63
65	(social$ adj5 support$).ti.
66	(social$ adj3 support$).ab. /freq=2
67	((communit$ or outpatient?) adj5 support$).ti,ab.
68	((support or communit$ or outpatient?) adj3 need?).ti,ab.
69	(support$ adj3 rehab$).ti,ab.
70	(communit$ adj3 service?).ti,ab.
71	((communit$ or outpatient?) adj3 rehab$).ti,ab.
72	((outpatient? or home$ or communit$) adj5 (information or communicat$)).ti,ab.
73	or/65-72
74	31 and 45
75	31 and 59
76	31 and 64
77	31 and 73
78	or/74-77
79	limit 78 to yr="2000 -Current"
80	4 and 79

Databases: Cochrane Central Register of Controlled Trials (CCTR); and Cochrane Database of Systematic Reviews (CDSR)

Date of last search: 17/01/2020

#	Searches
#1	interview*:ti,ab
#2	experience*:ti,ab
#3	qualitative:ti,ab
#4	#1 or #2 or #3
#5	([mh "WOUNDS AND INJURIES"] not ([mh ^ASPHYXIA] or [mh ^"BATTERED CHILD SYNDROME"] or [mh "BIRTH INJURIES"] or [mh "BITES AND STINGS"] or [mh DROWNING] or [mh ^"EXTRAVASATION OF DIAGNOSTIC AND THERAPEUTIC MATERIALS"] or [mh ^FROSTBITE] or [mh "HEAT STRESS DISORDERS"] or [mh "RADIATION INJURIES"] or [mh ^RETROPNEUMOPERITONEUM] or [mh ^"SURGICAL WOUND"]))
#6	([mh ^HOSPITALIZATION] or [mh ^"PATIENT ADMISSION"] or [mh ^"ADOLESCENT, HOSPITALIZED"] or [mh ^"CHILD, HOSPITALIZED"] or [mh HOSPITALS] or [mh "EMERGENCY SERVICE, HOSPITAL"] or [mh "INTENSIVE CARE UNITS"] or [mh ^"REHABILITATION CENTERS"])
#7	#5 and #6
#8	(hospitalised or hospitalized or hospitalistion* or hospitaliztion* or ((admi* or stay* or stayed or treat* or present*) near/5 (hospital* or unit* or "intensive care" or ICU* or PICU* or NICU* or department* or centre* or center*))):ti,ab
#9	#5 and #8
#10	((hospitalised or hospitalized or hospitalistion* or hospitaliztion*) near/10 (injur* or wound* or trauma* or burn* or burned or fractur* or accident*)):ti,ab
#11	((admi* or stay* or stayed or treat* or present*) near/5 (hospital* or unit* or "intensive care" or ICU* or PICU* or NICU* or department* or centre* or center*) near/5 (injur* or wound* or trauma* or burn* or burned or fractur* or

#	Searches
	accident*)):ti,ab
#12	(patient* near/5 trauma*):ti,ab
#13	(patient* near/3 (burn* or burned or fractur*)):ti,ab
#14	"wound* patient*":ti,ab
#15	"injur* patient*":ti,ab
#16	"accident* patient*":ti,ab
#17	trauma*:ti,ab
#18	#5 and #17
#19	[mh "MULTIPLE TRAUMA"]
#20	[mh ^TRAUMATOLOGY]
#21	(trauma* near/5 (injur* or wound* or burn* or burned or fractur*)):ti,ab
#22	((complex* or multiple or critical*) near/3 (injur* or wound* or burn* or burned or fractur*)):ti,ab
#23	(trauma* near/3 (severe or severely or major or multiple)):ti,ab
#24	((injur* or wound* or burn* or burned or fractur*) near/2 (severe or severely or major or multiple)):ti,ab
#25	((physical* or body or bodily) near/3 (injur* or wound* or trauma* or burn* or burned or fractur*)):ti,ab
#26	(acute near/1 (injur* or trauma* or wound* or burn* or burned or fractur*)):ti,ab
#27	(polytrauma* or poly-trauma*):ti,ab
#28	traumatolog*:ti,ab
#29	([mh ^ACCIDENTS] or [mh ^"ACCIDENTAL FALLS"] or [mh ^"ACCIDENTS, HOME"] or [mh ^"ACCIDENTS, OCCUPATIONAL"] or [mh ^"ACCIDENTS, TRAFFIC"])
#30	#5 and #29
#31	(injur* or wound* or trauma* or burn* or burned or fractur*):ti,ab
#32	#29 and #31
#33	(accident* near/5 (injur* or wound* or trauma* or burn* or burned or fractur*)):ti,ab
#34	(accident* near/3 (serious* or severe or severely or major)):ti,ab
#35	#6 and #29
#36	(hospitalised or hospitalized or hospitalistion* or hospitaliztion* or ((admi* or stay* or stayed or treat* or present*) near/5 (hospital* or unit* or intensive care or ICU* or PICU* or NICU* or department* or centre* or center*))):ti,ab
#37	#29 and #36
#38	[mh ^"SPINAL CORD INJURIES"] or [mh ^"SPINAL CORD COMPRESSION"]
#39	[mh "THORACIC INJURIES"] or [mh ^"ACUTE LUNG INJURY"]
#40	[mh ^"PERIPHERAL NERVE INJURIES"] or [mh "CRANIAL NERVE INJURIES"]
#41	[mh AMPUTATION] or [mh ^"AMPUTATION, TRAUMATIC"] or [mh ^AMPUTEES] or [mh ^"AMPUTATION STUMPS"] or [mh ^"LIMB SALVAGE"]
#42	((spinal* or spine* or chest* or thoracic* or nerve*) near/3 injur*):ti
#43	((spinal* or spine*) near/3 cord* near/3 compress*):ti
#44	((Flail* or stove in) near/3 chest*):ti
#45	(rib* near/3 fractur*):ti
#46	((brachial or lumbosacral or lumba or sacral or cervical or coccygeal) near/3 plexus near/3 injur*):ti
#47	(amputat* or amputee*):ti
#48	(limb* near/3 (loss or losing or lost or salvag* or re-construct* or reconstruct*)):ti
#49	[mh ^"HEAD INJURIES, CLOSED"] or [mh ^"HEAD INJURIES, PENETRATING"]
#50	(head near/3 injur*):ti
#51	[mh "BRAIN INJURIES"]
#52	(brain near/3 injur*):ti
#53	#7 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27 or #28 or #30 or #32 or #33 or #34 or #35 or #37 or #38 or #39 or #40 or #41 or #42 or #43 or #44 or #45 or #46 or #47 or #48 or #49 or #50 or #51 or #52
#54	[mh ^"MODELS, ORGANIZATIONAL"]
#55	[mh ^"DELIVERY OF HEALTH CARE, INTEGRATED"]
#56	[mh ^"INTERINSTITUTIONAL RELATIONS"]
#57	[mh ^"INTERSECTORAL COLLABORATION"]
#58	[mh ^"INTERDEPARTMENTAL RELATIONS"]
#59	[mh ^"INTERPROFESSIONAL RELATIONS"]
#60	[mh ^"INTERDISCIPLINARY COMMUNICATION"]
#61	(interinstitution* or multiinstitution* or jointinstitution* or interorganisation* or interorganization* or multiorganisation* or multiorganization* or jointorganisation* or jointorganization* or intersector* or multisector* or jointsector* or interagenc* or multiagenc* or jointagenc* or interservice* or multiservice* or jointservice* or interdepartment* or multidepartment* or jointdepartment* or interprofession* or multiprofession* or jointprofession*):ti,ab
#62	((inter or multi or joint) near/3 (institution* or organisation* or organization* or sector* or agenc* or service* or department* or profession*)):ti,ab
#63	(interdisciplin* or multidisciplin* or jointdisciplin*).ti.
#64	((interdisciplin* or multidisciplin* or jointdisciplin*) near/5 (collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partner* or network* or communicat*)):ti,ab
#65	((interdisciplin* or multidisciplin* or jointdisciplin*) near/5 rehab*):ti,ab
#66	((inter or multi or joint) near/3 disciplin*).ti.
#67	((inter or multi or joint) near/3 disciplin* near/5 (collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partner* or network* or communicat*)):ti,ab
#68	((inter or multi or joint) near/3 disciplin* near/5 rehab*):ti,ab
#69	((institution* or organisation* or organization* or sector* or agenc* or service* or department* or profession* or disciplin* or care) near/5 (collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or

#	Searches
	partnership* or network* or across)):ti,ab
#70	(rehab* near/5 (collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partnership* or network*)):ti,ab
#71	(service* near/5 deliver*):ti,ab
#72	((service* or care) near/3 (configurat* or model*)):ti,ab
#73	[mh ^"SOCIAL WORK"]
#74	(social near/1 (service* or work*)):ti,ab
#75	#54 or #55 or #56 or #57 or #58 or #59 or #60 or #61 or #62 or #63 or #64 or #65 or #66 or #67 or #68 or #69 or #70 or #71 or #72 or #73 or #74
#76	[mh ^"CONTINUITY OF PATIENT CARE"]
#77	[mh ^AFTERCARE]
#78	[mh ^"PATIENT DISCHARGE"]
#79	[mh ^"PATIENT HANDOFF"]
#80	[mh ^"PATIENT TRANSFER"]
#81	[mh ^"TRANSITION TO ADULT CARE"]
#82	[mh ^"TRANSITIONAL CARE"]
#83	((continuity or continuum) near/3 care):ti,ab
#84	aftercare:ti,ab
#85	(follow up near/3 (care or service* or outpatient* or communit*)):ti,ab
#86	(patient* near/5 (discharg* or postdischarg*) near/5 follow* up):ti,ab
#87	(follow up near/5 (post or after) near/5 discharg*):ti,ab
#88	(discharg* near/3 plan*):ti,ab
#89	((patient* or clinical or nurs*) near/3 (handoff* or "hand* off*" or handover* or "hand* over*" or signout* or "sign* out*" or signover* or "sign* over*")):ti,ab
#90	(patient* near/3 transfer* near/3 (service* or setting* or department* or ward* or hospital*)):ti,ab
#91	(care near/3 transfer*):ti,ab
#92	((inpatient or outpatient) near/3 transfer*):ti,ab
#93	(patient* near/5 transition*):ti,ab
#94	(care near/5 transition*):ti,ab
#95	((inpatient or outpatient) near/5 transition*):ti,ab
#96	#76 or #77 or #78 or #79 or #80 or #81 or #82 or #83 or #84 or #85 or #86 or #87 or #88 or #89 or #90 or #91 or #92 or #93 or #94 or #95
#97	[mh ^"HEALTH SERVICES ACCESSIBILITY"]
#98	[mh ^"HEALTHCARE DISPARITIES"]
#99	[mh ^"FACILITIES AND SERVICES UTILIZATION"]
#100	(access* near/5 service*):ti,ab
#101	(access* near/3 care):ti,ab
#102	((service* or care) near/3 (disparit* or inequal*)):ti,ab
#103	((service* or care) near/3 (utiliz* or utilis*)):ti,ab
#104	#97 or #98 or #99 or #100 or #101 or #102 or #103
#105	[mh ^"SOCIAL SUPPORT"]
#106	[mh ^"SELF CARE"]
#107	(social* near/5 support*).ti,ab.
#108	((communit* or outpatient*) near/5 support*):ti,ab
#109	((support or communit* or outpatient*) near/3 need*):ti,ab
#110	(support* near/3 rehab*):ti,ab
#111	[mh ^"COMMUNITY HEALTH SERVICES"]
#112	(communit* near/3 service*):ti,ab
#113	((communit* or outpatient*) near/3 rehab*):ti,ab
#114	((outpatient* or home* or communit*) near/5 (information or communicat*)):ti,ab
#115	#105 or #106 or #107 or #108 or #109 or #110 or #111 or #112 or #113 or #114
#116	#53 and #75
#117	#53 and #96
#118	#53 and #104
#119	#53 and #115
#120	#116 or #117 or #118 or #119
#121	#4 and #120
#122	#4 and #120 with Cochrane Library publication date Between Jan 2000 and Jan 2019, in Cochrane Reviews
#123	#4 and #120 with Publication Year from 2000 to 2019, in Trials

Database: Social Care Online

Date of last search: 17/01/2020

#	Searches
	AllFields: qualitative or interview or experience
	AND AllFields: rehabilitation
	AND AllFields: trauma or injury
	AND PublicationYear:'2000 2019'

Quantitative literature search strategies

Please note that this search was a combined search for the adult and children and young people evidence reviews covering this question AND evidence review D.2 (What are the best methods to deliver and coordinate rehabilitation services for people with complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient rehabilitation services?).

Databases: Medline; Medline EPub Ahead of Print; and Medline In-Process & Other Non-Indexed Citations

Date of last search: 03/03/2020

#	Searches
1	(exp "WOUNDS AND INJURIES"/ not (ASPHYXIA/ or BATTERED CHILD SYNDROME/ or exp BIRTH INJURIES/ or exp "BITES AND STINGS"/ or exp DROWNING/ or "EXTRAVASATION OF DIAGNOSTIC AND THERAPEUTIC MATERIALS"/ or exp FROSTBITE/ or exp HEAT STRESS DISORDERS/ or exp RADIATION INJURIES/ or RETROPNEUMOPERITONEUM/ or SURGICAL WOUND/)) and (HOSPITALIZATION/ or PATIENT ADMISSION/ or ADOLESCENT, HOSPITALIZED/ or CHILD, HOSPITALIZED/ or exp HOSPITALS/ or exp EMERGENCY SERVICE, HOSPITAL/ or exp INTENSIVE CARE UNITS/ or REHABILITATION CENTERS/)
2	(exp "WOUNDS AND INJURIES"/ not (ASPHYXIA/ or BATTERED CHILD SYNDROME/ or exp BIRTH INJURIES/ or exp "BITES AND STINGS"/ or exp DROWNING/ or "EXTRAVASATION OF DIAGNOSTIC AND THERAPEUTIC MATERIALS"/ or exp FROSTBITE/ or exp HEAT STRESS DISORDERS/ or exp RADIATION INJURIES/ or RETROPNEUMOPERITONEUM/ or SURGICAL WOUND/)) and (hospitali?ed or hospitali?tion? or ((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?))).ti,ab.
3	((hospitali?ed or hospitali?ation?) adj10 (injur$ or wound$ or trauma$ or burn? or burned or fractur$ or accident?)).ti,ab.
4	((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?) adj5 (injur$ or wound$ or trauma$ or burn? or burned or fractur$ or accident?)).ti,ab.
5	(patient? adj5 trauma$).ti,ab.
6	(patient? adj3 (burn? or burned or fractur$)).ti,ab.
7	wound$ patient?.ti,ab.
8	injur$ patient?.ti,ab.
9	accident$ patient?.ti,ab.
10	(exp "WOUNDS AND INJURIES"/ not (ASPHYXIA/ or BATTERED CHILD SYNDROME/ or exp BIRTH INJURIES/ or exp "BITES AND STINGS"/ or exp DROWNING/ or "EXTRAVASATION OF DIAGNOSTIC AND THERAPEUTIC MATERIALS"/ or exp FROSTBITE/ or exp HEAT STRESS DISORDERS/ or exp RADIATION INJURIES/ or RETROPNEUMOPERITONEUM/ or SURGICAL WOUND/)) and trauma$.ti.
11	(exp "WOUNDS AND INJURIES"/ not (ASPHYXIA/ or BATTERED CHILD SYNDROME/ or exp BIRTH INJURIES/ or exp "BITES AND STINGS"/ or exp DROWNING/ or "EXTRAVASATION OF DIAGNOSTIC AND THERAPEUTIC MATERIALS"/ or exp FROSTBITE/ or exp HEAT STRESS DISORDERS/ or exp RADIATION INJURIES/ or RETROPNEUMOPERITONEUM/ or SURGICAL WOUND/)) and trauma$.ab. /freq=2
12	exp MULTIPLE TRAUMA/
13	TRAUMATOLOGY/
14	(trauma$ adj5 (injur$ or wound$ or burn? or burned or fractur$)).ti,ab.
15	((complex$ or multiple or critical$) adj3 (injur$ or wound$ or burn? or burned or fractur$)).ti,ab.
16	(trauma$ adj3 (severe or severely or major or multiple)).ti,ab.
17	((injur$ or wound$ or burn? or burned or fractur$) adj2 (severe or severely or major or multiple)).ti,ab.
18	((physical$ or body or bodily) adj3 (injur$ or wound$ or trauma$ or burn? or burned or fractur$)).ti,ab.
19	(acute adj1 (injur$ or trauma$ or wound$ or burn? or burned or fractur$)).ti,ab.
20	(polytrauma? or poly-trauma?).ti,ab.
21	traumatolog$.ti,ab.
22	(ACCIDENTS/ or ACCIDENTAL FALLS/ or ACCIDENTS, HOME/ or ACCIDENTS, OCCUPATIONAL/ or ACCIDENTS, TRAFFIC/) and (exp *"WOUNDS AND INJURIES"/ not (ASPHYXIA/ or BATTERED CHILD SYNDROME/ or exp BIRTH INJURIES/ or exp "BITES AND STINGS"/ or exp DROWNING/ or "EXTRAVASATION OF DIAGNOSTIC AND THERAPEUTIC MATERIALS"/ or exp FROSTBITE/ or exp HEAT STRESS DISORDERS/ or exp RADIATION INJURIES/ or RETROPNEUMOPERITONEUM/ or SURGICAL WOUND/))
23	(ACCIDENTS/ or ACCIDENTAL FALLS/ or ACCIDENTS, HOME/ or ACCIDENTS, OCCUPATIONAL/ or ACCIDENTS, TRAFFIC/) and (injur$ or wound? or trauma$ or burn? or burned or fractur$).ti.
24	(ACCIDENTS/ or ACCIDENTAL FALLS/ or ACCIDENTS, HOME/ or ACCIDENTS, OCCUPATIONAL/ or ACCIDENTS, TRAFFIC/) and (injur$ or wound? or trauma$ or burn? or burned or fractur$).ab. /freq=2
25	(accident? adj5 (injur$ or wound$ or trauma$ or burn? or burned or fractur$)).ti,ab.
26	(accident? adj3 (serious$ or severe or severely or major)).ti,ab.
27	(ACCIDENTS/ or ACCIDENTAL FALLS/ or ACCIDENTS, HOME/ or ACCIDENTS, OCCUPATIONAL/ or ACCIDENTS, TRAFFIC/) and (HOSPITALIZATION/ or PATIENT ADMISSION/ or ADOLESCENT, HOSPITALIZED/ or CHILD, HOSPITALIZED/ or exp HOSPITALS/ or exp EMERGENCY SERVICE, HOSPITAL/ or exp INTENSIVE CARE UNITS/ or REHABILITATION CENTERS/)
28	(ACCIDENTS/ or ACCIDENTAL FALLS/ or ACCIDENTS, HOME/ or ACCIDENTS, OCCUPATIONAL/ or ACCIDENTS, TRAFFIC/) and (hospitali?ed or hospitali?tion? or ((admi$ or stay? or stayed or treat$ or present$) adj5

#	Searches
	(hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?))).ti,ab.
29	*SPINAL CORD INJURIES/ or *SPINAL CORD COMPRESSION/
30	exp *THORACIC INJURIES/ or *ACUTE LUNG INJURY/
31	*PERIPHERAL NERVE INJURIES/ or exp *CRANIAL NERVE INJURIES/
32	exp *AMPUTATION/ or *AMPUTATION, TRAUMATIC/ or *AMPUTEES/ or *AMPUTATION STUMPS/ or *LIMB SALVAGE/
33	((spinal$ or spine? or chest? or thoracic$ or nerve?) adj3 injur$).ti.
34	((spinal$ or spine?) adj3 cord? adj3 compress$).ti.
35	((Flail$ or stove in) adj3 chest?).ti.
36	(rib? adj3 fractur$).ti.
37	((brachial or lumbosacral or lumba or sacral or cervical or coccygeal) adj3 plexus adj3 injur$).ti.
38	(amputat$ or amputee?).ti.
39	(limb? adj3 (loss or losing or lost or salvag$ or re-construct$ or reconstruct$)).ti.
40	*HEAD INJURIES, CLOSED/ or *HEAD INJURIES, PENETRATING/
41	(head adj3 injur$).ti.
42	exp *BRAIN INJURIES/
43	(brain adj3 injur$).ti.
44	or/1-43
45	exp REHABILITATION/ and (MODELS, ORGANIZATIONAL/ or "DELIVERY OF HEALTH CARE, INTEGRATED"/ or INTERINSTITUTIONAL RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDEPARTMENTAL RELATIONS/ or INTERPROFESSIONAL RELATIONS/ or INTERDISCIPLINARY COMMUNICATION/ or "CONTINUITY OF PATIENT CARE"/ or *PATIENT CARE TEAM/)
46	rh.fs. and (MODELS, ORGANIZATIONAL/ or "DELIVERY OF HEALTH CARE, INTEGRATED"/ or INTERINSTITUTIONAL RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDEPARTMENTAL RELATIONS/ or INTERPROFESSIONAL RELATIONS/ or INTERDISCIPLINARY COMMUNICATION/)
47	((interinstitution$ or multiinstitution$ or jointinstitution$ or interorgani?ation$ or multiorgani?ation$ or jointorgani?ation$ or intersector$ or multisector$ or jointsector$ or interagenc$ or multiagenc$ or jointagenc$ or interservice$ or multiservice$ or jointservice$ or interdepartment$ or multidepartment$ or jointdepartment$ or interprofession$ or multiprofession$ or jointprofession$) adj10 rehab$).ti,ab.
48	((inter or multi or joint) adj3 (institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$) adj10 rehab$).ti,ab.
49	((interdisciplin$ or multidisciplin$ or jointdisciplin$) adj5 rehab$).ti.
50	((inter or multi or joint) adj3 disciplin$ adj5 rehab$).ti.
51	((interdisciplin$ or multidisciplin$ or jointdisciplin$) adj10 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or network$ or communicat$) adj10 rehab$).ti,ab.
52	((inter or multi or joint) adj3 disciplin$ adj10 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or network$ or communicat$) adj10 rehab$).ti,ab.
53	((institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$ or disciplin$ or care) adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partnership? or network$ or across) adj5 rehab$).ti,ab.
54	or/45-53
55	(INPATIENTS/ or OUTPATIENTS/) and (MODELS, ORGANIZATIONAL/ or "DELIVERY OF HEALTH CARE, INTEGRATED"/ or INTERINSTITUTIONAL RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDEPARTMENTAL RELATIONS/ or INTERPROFESSIONAL RELATIONS/ or INTERDISCIPLINARY COMMUNICATION/ or "CONTINUITY OF PATIENT CARE"/ or PATIENT CARE TEAM/)
56	((interinstitution$ or multiinstitution$ or jointinstitution$ or interorgani?ation$ or multiorgani?ation$ or jointorgani?ation$ or intersector$ or multisector$ or jointsector$ or interagenc$ or multiagenc$ or jointagenc$ or interservice$ or multiservice$ or jointservice$ or interdepartment$ or multidepartment$ or jointdepartment$ or interprofession$ or multiprofession$ or jointprofession$ or interdisciplin$ or multidisciplin$ or jointdisciplin$) adj7 (inpatient? or outpatient?)).ti,ab.
57	((inter$ or multi$ or joint$) adj3 (institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$ or disciplin$) adj7 (inpatient? or outpatient?)).ti,ab.
58	((collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or liais$ or connect$ or join$ up) adj7 (inpatient? or outpatient?)).ti,ab.
59	or/55-58
60	("CONTINUITY OF PATIENT CARE"/ or AFTERCARE/ or TRANSITION TO ADULT CARE/ or TRANSITIONAL CARE/) and (MODELS, ORGANIZATIONAL/ or "DELIVERY OF HEALTH CARE, INTEGRATED"/ or INTERINSTITUTIONAL RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDEPARTMENTAL RELATIONS/ or INTERPROFESSIONAL RELATIONS/ or INTERDISCIPLINARY COMMUNICATION/ or PATIENT CARE TEAM/)
61	((interinstitution$ or multiinstitution$ or jointinstitution$ or interorgani?ation$ or multiorgani?ation$ or jointorgani?ation$ or intersector$ or multisector$ or jointsector$ or interagenc$ or multiagenc$ or jointagenc$ or interservice$ or multiservice$ or jointservice$ or interdepartment$ or multidepartment$ or jointdepartment$ or interprofession$ or multiprofession$ or jointprofession$ or interdisciplin$ or multidisciplin$ or jointdisciplin$) adj10 transition$).ti,ab.
62	((inter$ or multi$ or joint$) adj3 (institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$ or disciplin$) adj10 transition$).ti,ab.
63	((collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or liais$ or connect$ or join$ up) adj10 transition$).ti,ab.
64	((continuity or continuum) adj3 care adj10 transition$).ti,ab.
65	((continuity or continuum) adj3 care adj10 rehab$).ti,ab.
66	(case manager? adj10 transition$).ti,ab.
67	or/60-66

#	Searches
68	(HEALTH SERVICES/ or CHILD HEALTH SERVICES/ or ADOLESCENT HEALTH SERVICES/ or COMMUNITY HEALTH SERVICES/ or HOME CARE SERVICES/ or HEALTH SERVICES FOR PEOPLE WITH DISABILITIES/ or MENTAL HEALTH SERVICES/ or NURSING SERVICES/ or exp HEALTH PERSONNEL/) and (exp SOCIAL WORK/ or SOCIAL WORK, PSYCHIATRIC/ or SOCIAL WORKERS/)
69	((health$ or NHS or clinical or clinician? or medical or medic? or physician? or consultant? or nurse? or general practitioner? or GP? or occupational therapist? or OT? or allied health professional? or AHP? or ((speech or language) adj3 therapist?) or SLT?) adj10 (social$ adj3 (work$ or care or service?)) adj10 (rehab$ or deliver$ or collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or liais$ or connect$ or join$ up or inpatient? or outpatient? or transition$ or discharg$ or assess$)).ti,ab.
70	or/68-69
71	*NURSE ADMINISTRATORS/
72	CASE MANAGERS/
73	exp REHABILITATION/ and (CONSULTANTS/ or PEDIATRICIANS/ or GENERAL PRACTITIONERS/ or SOCIAL WORKERS/ or OCCUPATIONAL THERAPISTS/ or SCHOOL TEACHERS/ or NURSES, COMMUNITY HEALTH/)
74	(neuronavigator? or neuro-navigator?).ti,ab.
75	(trauma nurse? adj3 (coordinator? or co-ordinator?)).ti,ab.
76	key worker?.ti,ab.
77	(discharge adj3 (coordinator? or co-ordinator?)).ti,ab.
78	community p?ediatrician?.ti,ab.
79	SENCO?.ti,ab.
80	health$ assessor?.ti,ab.
81	(housing adj3 (officer? or staff or team? or service? or liaison or occupational therapist? or OT or OTs)).ti,ab.
82	((re-enabl$ or enablement or reabl$ or re-abl$) adj3 (specialist? or team? or service?)).ti,ab.
83	(rehab$ adj10 (case manager? or consultant? or coordinator? or co-ordinator? or p?ediatrician? or general practitioner? or GP or GPs or social worker? or occupational therapist? or OT or OTs or teacher? or community nurse? or district nurse? or SLT or SLTs)).ti,ab.
84	(rehab$ adj10 (speech or language) adj3 (therapist? or pathologist?)).ti,ab.
85	or/71-84
86	PATIENT CARE TEAM/ and (COMMUNITY HEALTH SERVICES/ or COMMUNITY HEALTH NURSING/ or COMMUNITY MENTAL HEALTH SERVICES/ or COMMUNITY PHARMACY SERVICES/)
87	(MODELS, ORGANIZATIONAL/ or "DELIVERY OF HEALTH CARE, INTEGRATED"/ or INTERINSTITUTIONAL RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDEPARTMENTAL RELATIONS/ or INTERPROFESSIONAL RELATIONS/ or INTERDISCIPLINARY COMMUNICATION/ or "CONTINUITY OF PATIENT CARE"/) and (COMMUNITY HEALTH SERVICES/ or COMMUNITY HEALTH NURSING/ or COMMUNITY MENTAL HEALTH SERVICES/ or COMMUNITY PHARMACY SERVICES/)
88	((specialist or non-specialist or trauma$) adj3 (multi-disciplin$ team? or multidisciplin$ team? or MDT?)).ti,ab.
89	(rehab$ adj10 (multi-disciplin$ team? or multidisciplin$ team? or MDT?)).ti,ab.
90	combined clinic?.ti,ab.
91	cohort? clinic?.ti,ab.
92	(interfac$ adj3 team?).ti,ab.
93	(rehab$ adj10 intermediate care).ti,ab.
94	(rehab$ adj10 communit$ adj5 (team? or service?)).ti,ab.
95	(communit$ adj10 (multi-disciplin$ team? or multidisciplin$ team? or MDT?)).ti,ab.
96	or/86-95
97	PATIENT DISCHARGE/ and (MODELS, ORGANIZATIONAL/ or "DELIVERY OF HEALTH CARE, INTEGRATED"/ or INTERINSTITUTIONAL RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDEPARTMENTAL RELATIONS/ or INTERPROFESSIONAL RELATIONS/ or INTERDISCIPLINARY COMMUNICATION/ or "CONTINUITY OF PATIENT CARE"/ or PATIENT CARE TEAM/)
98	(support$ adj3 discharg$).ti,ab.
99	homefirst.ti,ab.
100	(discharg$ adj5 plan$ adj5 (service? or team? or meet$ or consult$)).ti,ab.
101	((interinstitution$ or multiinstitution$ or jointinstitution$ or interorgani?ation$ or multiorgani?ation$ or jointorgani?ation$ or intersector$ or multisector$ or jointsector$ or interagenc$ or multiagenc$ or jointagenc$ or interservice$ or multiservice$ or jointservice$ or interdepartment$ or multidepartment$ or jointdepartment$ or interprofession$ or multiprofession$ or jointprofession$ or interdisciplin$ or multidisciplin$ or jointdisciplin$) adj10 discharg$).ti,ab.
102	((inter$ or multi$ or joint$) adj3 (institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$ or disciplin$) adj10 discharg$).ti,ab.
103	((collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or liais$ or connect$ or join$ up) adj5 discharg$).ti,ab.
104	((continuity or continuum) adj3 care adj10 discharg$).ti,ab.
105	(case manager? adj10 discharg$).ti,ab.
106	or/97-105
107	SELF-MANAGEMENT/
108	SELF CARE/ and (MODELS, ORGANIZATIONAL/ or "DELIVERY OF HEALTH CARE, INTEGRATED"/ or INTERINSTITUTIONAL RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDEPARTMENTAL RELATIONS/ or INTERPROFESSIONAL RELATIONS/ or INTERDISCIPLINARY COMMUNICATION/ or "CONTINUITY OF PATIENT CARE"/ or PATIENT CARE TEAM/)
109	SELF CARE/ and SOCIAL SUPPORT/
110	(SOCIAL SUPPORT/ or CHARITIES/ or CONSUMER ORGANIZATIONS/ or ORGANIZATIONS, NONPROFIT/ or VOLUNTARY HEALTH AGENCIES/ or SELF-HELP GROUPS/) and (MODELS, ORGANIZATIONAL/ or "DELIVERY OF HEALTH CARE, INTEGRATED"/ or INTERINSTITUTIONAL RELATIONS/ or INTERSECTORAL

#	Searches
	COLLABORATION/ or INTERDEPARTMENTAL RELATIONS/ or INTERPROFESSIONAL RELATIONS/ or INTERDISCIPLINARY COMMUNICATION/ or "CONTINUITY OF PATIENT CARE"/ or PATIENT CARE TEAMS/)
111	(self adj3 manag$ adj5 support$).ti,ab.
112	(rehab$ adj10 (family or families or caregiver? or carer?) adj5 support$).ti,ab.
113	volunt$ organi?ation?.ti,ab.
114	volunt$ sector?.ti,ab.
115	non-government$ organi?ation?.ti,ab.
116	(NGO or NGOs).ti,ab.
117	(charity or charities).ti,ab.
118	(user? adj3 led adj3 organi?ation?).ti,ab.
119	or/107-118
120	*BUDGETS/
121	personal$ budget$.ti,ab.
122	disabled facilities grant?.ti,ab.
123	((pooled or coordinat$ or co-ordinat$ or joint$ or shared) adj3 (budget$ or finance?)).ti,ab.
124	((budget$ or financ$) adj5 discharg$).ti,ab.
125	or/120-124
126	(special$ adj5 (inreach or in-reach or outreach or out-reach)).ti,ab.
127	(special$ adj3 outpatient?).ti,ab.
128	(rehab$ adj3 prescription?).ti,ab.
129	(follow$ up adj3 (meet$ or consultation?)).ti,ab.
130	(follow up adj3 (care or service?) adj10 rehab$).ti,ab.
131	(aftercare adj10 rehab$).ti,ab.
132	((communit$ or outpatient? or post discharg$ or postdischarg$) adj10 rehab$ adj3 (group? or cohort? or non-cohort? or individual$ or intensive$ or non-intensive$ or multi-disciplin$ or multidisciplin$ or MDT or MDTs or uni-disciplin$ or unidisciplin$ or speciali$ or non-speciali$)).ti,ab.
133	or/126-132
134	44 and 54
135	44 and 59
136	44 and 67
137	44 and 70
138	44 and 85
139	44 and 96
140	44 and 106
141	44 and 119
142	44 and 125
143	44 and 133
144	or/134-143
145	limit 144 to english language
146	limit 145 to yr="2000 -Current"
147	LETTER/
148	EDITORIAL/
149	NEWS/
150	exp HISTORICAL ARTICLE/
151	ANECDOTES AS TOPIC/
152	COMMENT/
153	CASE REPORT/
154	(letter or comment*).ti.
155	or/147-154
156	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
157	155 not 156
158	ANIMALS/ not HUMANS/
159	exp ANIMALS, LABORATORY/
160	exp ANIMAL EXPERIMENTATION/
161	exp MODELS, ANIMAL/
162	exp RODENTIA/
163	(rat or rats or mouse or mice).ti.
164	or/157-163
165	146 not 164

Databases: Embase; and Embase Classic

Date of last search: 03/03/2020

#	Searches
1	(exp INJURY/ not (AUTOMUTILATION/ or BATTERED CHILD SYNDROME/ or BIRTH INJURY/ or exp "BITES AND STINGS"/ or exp DROWNING/ or exp EROSION/ or exp EXPERIMENTAL INJURY/ or exp HEART INJURY/ or IMMUNE INJURY/ or IMMUNE MEDIATED INJURY/ or MEMBRANE DAMAGE/ or PRENATAL INJURY/ or PSYCHOTRAUMA/ or exp RADIATION INJURY/ or exp REPERFUSION INJURY/ or exp RESPIRATORY TRACT INJURY/ or exp RUPTURE/ or STRANGULATION/ or SURGICAL INJURY/ or exp THERMAL INJURY/ or BITE WOUND/ or exp SURGICAL WOUND/)) and (HOSPITALIZATION/ or HOSPITAL ADMISSION/ or HOSPITALIZED

#	Searches
	ADOLESCENT/ or HOSPITALIZED CHILD/ or exp HOSPITAL/ or EMERGENCY HOSPITAL SERVICE/ or exp INTENSIVE CARE UNIT/ or REHABILITATION CENTER/)
2	(exp INJURY/ not (AUTOMUTILATION/ or BATTERED CHILD SYNDROME/ or BIRTH INJURY/ or exp "BITES AND STINGS"/ or exp DROWNING/ or exp EROSION/ or exp EXPERIMENTAL INJURY/ or exp HEART INJURY/ or IMMUNE INJURY/ or IMMUNE MEDIATED INJURY/ or MEMBRANE DAMAGE/ or PRENATAL INJURY/ or PSYCHOTRAUMA/ or exp RADIATION INJURY/ or exp REPERFUSION INJURY/ or exp RESPIRATORY TRACT INJURY/ or exp RUPTURE/ or STRANGULATION/ or SURGICAL INJURY/ or exp THERMAL INJURY/ or BITE WOUND/ or exp SURGICAL WOUND/)) and (hospitali?ed or hospitali?tion? or ((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?))).ti,ab.
3	((hospitali?ed or hospitali?ation?) adj10 (injur$ or wound$ or trauma$ or burn? or burned or fractur$ or accident?)).ti,ab.
4	((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?) adj5 (injur$ or wound$ or trauma$ or burn? or burned or fractur$ or accident?)).ti,ab.
5	(patient? adj5 trauma$).ti,ab.
6	(patient? adj3 (burn? or burned or fractur$)).ti,ab.
7	wound$ patient?.ti,ab.
8	injur$ patient?.ti,ab.
9	accident$ patient?.ti,ab.
10	(exp INJURY/ not (AUTOMUTILATION/ or BATTERED CHILD SYNDROME/ or BIRTH INJURY/ or exp "BITES AND STINGS"/ or exp DROWNING/ or exp EROSION/ or exp EXPERIMENTAL INJURY/ or exp HEART INJURY/ or IMMUNE INJURY/ or IMMUNE MEDIATED INJURY/ or MEMBRANE DAMAGE/ or PRENATAL INJURY/ or PSYCHOTRAUMA/ or exp RADIATION INJURY/ or exp REPERFUSION INJURY/ or exp RESPIRATORY TRACT INJURY/ or exp RUPTURE/ or STRANGULATION/ or SURGICAL INJURY/ or exp THERMAL INJURY/ or BITE WOUND/ or exp SURGICAL WOUND/)) and trauma$.ti.
11	(exp INJURY/ not (AUTOMUTILATION/ or BATTERED CHILD SYNDROME/ or BIRTH INJURY/ or exp "BITES AND STINGS"/ or exp DROWNING/ or exp EROSION/ or exp EXPERIMENTAL INJURY/ or exp HEART INJURY/ or IMMUNE INJURY/ or IMMUNE MEDIATED INJURY/ or MEMBRANE DAMAGE/ or PRENATAL INJURY/ or PSYCHOTRAUMA/ or exp RADIATION INJURY/ or exp REPERFUSION INJURY/ or exp RESPIRATORY TRACT INJURY/ or exp RUPTURE/ or STRANGULATION/ or SURGICAL INJURY/ or exp THERMAL INJURY/ or BITE WOUND/ or exp SURGICAL WOUND/)) and trauma$.ab. /freq=2
12	MULTIPLE TRAUMA/
13	TRAUMATOLOGY/
14	(trauma$ adj5 (injur$ or wound$ or burn? or burned or fractur$)).ti,ab.
15	((complex$ or multiple or critical$) adj3 (injur$ or wound$ or burn? or burned or fractur$)).ti,ab.
16	(trauma$ adj3 (severe or severely or major or multiple)).ti,ab.
17	((injur$ or wound$ or burn? or burned or fractur$) adj2 (severe or severely or major or multiple)).ti,ab.
18	((physical$ or body or bodily) adj3 (injur$ or wound$ or trauma$ or burn? or burned or fractur$)).ti,ab.
19	(acute adj1 (injur$ or trauma$ or wound$ or burn? or burned or fractur$)).ti,ab.
20	(polytrauma? or poly-trauma?).ti,ab.
21	traumatolog$.ti,ab.
22	(ACCIDENT/ or FALLING/ or HOME ACCIDENT/ or exp OCCUPATIONAL ACCIDENT/ or TRAFFIC ACCIDENT/) and (exp INJURY/ not (AUTOMUTILATION/ or BATTERED CHILD SYNDROME/ or BIRTH INJURY/ or exp "BITES AND STINGS"/ or exp DROWNING/ or exp EROSION/ or exp EXPERIMENTAL INJURY/ or exp HEART INJURY/ or IMMUNE INJURY/ or IMMUNE MEDIATED INJURY/ or MEMBRANE DAMAGE/ or PRENATAL INJURY/ or PSYCHOTRAUMA/ or exp RADIATION INJURY/ or exp REPERFUSION INJURY/ or exp RESPIRATORY TRACT INJURY/ or exp RUPTURE/ or STRANGULATION/ or SURGICAL INJURY/ or exp THERMAL INJURY/ or BITE WOUND/ or exp SURGICAL WOUND/))
23	(ACCIDENT/ or FALLING/ or HOME ACCIDENT/ or exp OCCUPATIONAL ACCIDENT/ or TRAFFIC ACCIDENT/) and (injur$ or wound? or trauma$ or burn? or burned or fractur$).ti.
24	(ACCIDENT/ or FALLING/ or HOME ACCIDENT/ or exp OCCUPATIONAL ACCIDENT/ or TRAFFIC ACCIDENT/) and (injur$ or wound? or trauma$ or burn? or burned or fractur$).ab. /freq=2
25	(accident? adj5 (injur$ or wound$ or trauma$ or burn? or burned or fractur$)).ti,ab.
26	(accident? adj3 (serious$ or severe or severely or major)).ti,ab.
27	(ACCIDENT/ or FALLING/ or HOME ACCIDENT/ or exp OCCUPATIONAL ACCIDENT/ or TRAFFIC ACCIDENT/) and (HOSPITALIZATION/ or HOSPITAL ADMISSION/ or HOSPITALIZED ADOLESCENT/ or HOSPITALIZED CHILD/ or exp HOSPITAL/ or EMERGENCY HOSPITAL SERVICE/ or exp INTENSIVE CARE UNIT/ or REHABILITATION CENTER/)
28	(ACCIDENT/ or FALLING/ or HOME ACCIDENT/ or exp OCCUPATIONAL ACCIDENT/ or TRAFFIC ACCIDENT/) and (hospitali?ed or hospitali?tion? or ((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?))).ti,ab.
29	*SPINAL CORD INJURY/ or *SPINAL CORD COMPRESSION/
30	exp *THORAX INJURY/ or *ACUTE LUNG INJURY/ or exp *RIB FRACTURE/
31	exp *NERVE INJURY/
32	exp *AMPUTATION/ or *AMPUTEE/ or *LIMB SALVAGE/
33	((spinal$ or spine? or chest? or thoracic$ or nerve?) adj3 injur$).ti.
34	((spinal$ or spine?) adj3 cord? adj3 compress$).ti.
35	((Flail$ or stove in) adj3 chest?).ti.
36	(rib? adj3 fractur$).ti.
37	((brachial or lumbosacral or lumba or sacral or cervical or coccygeal) adj3 plexus adj3 injur$).ti.
38	(amputat$ or amputee?).ti.
39	(limb? adj3 (loss or losing or lost or salvag$ or re-construct$ or reconstruct$)).ti.

#	Searches
40	*HEAD INJURY/
41	(head adj3 injur$).ti.
42	exp *BRAIN INJURY/
43	(brain adj3 injur$).ti.
44	or/1-43
45	exp REHABILITATION/ and (NONBIOLOGICAL MODEL/ or INTEGRATED HEALTH CARE SYSTEM/ or PUBLIC RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDISCIPLINARY COMMUNICATION/ or MULTIDISCIPLINARY TEAM/ or COLLABORATIVE CARE TEAM/ or *PATIENT CARE/)
46	rh.fs. and (NONBIOLOGICAL MODEL/ or INTEGRATED HEALTH CARE SYSTEM/ or PUBLIC RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDISCIPLINARY COMMUNICATION/ or MULTIDISCIPLINARY TEAM/ or COLLABORATIVE CARE TEAM/)
47	((interinstitution$ or multiinstitution$ or jointinstitution$ or interorgani?ation$ or multiorgani?ation$ or jointorgani?ation$ or intersector$ or multisector$ or jointsector$ or interagenc$ or multiagenc$ or jointagenc$ or interservice$ or multiservice$ or jointservice$ or interdepartment$ or multidepartment$ or jointdepartment$ or interprofession$ or multiprofession$ or jointprofession$) adj10 rehab$).ti,ab.
48	((inter or multi or joint) adj3 (institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$) adj10 rehab$).ti,ab.
49	((interdisciplin$ or multidisciplin$ or jointdisciplin$) adj5 rehab$).ti.
50	((inter or multi or joint) adj3 disciplin$ adj5 rehab$).ti.
51	((interdisciplin$ or multidisciplin$ or jointdisciplin$) adj10 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or network$ or communicat$) adj10 rehab$).ti,ab.
52	((inter or multi or joint) adj3 disciplin$ adj10 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or network$ or communicat$) adj10 rehab$).ti,ab.
53	((institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$ or disciplin$ or care) adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partnership? or network$ or across) adj5 rehab$).ti,ab.
54	or/45-53
55	(*HOSPITAL PATIENT/ or OUTPATIENT/) and (NONBIOLOGICAL MODEL/ or INTEGRATED HEALTH CARE SYSTEM/ or PUBLIC RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDISCIPLINARY COMMUNICATION/ or MULTIDISCIPLINARY TEAM/ or COLLABORATIVE CARE TEAM/ or *PATIENT CARE/)
56	((interinstitution$ or multiinstitution$ or jointinstitution$ or interorgani?ation$ or multiorgani?ation$ or jointorgani?ation$ or intersector$ or multisector$ or jointsector$ or interagenc$ or multiagenc$ or jointagenc$ or interservice$ or multiservice$ or jointservice$ or interdepartment$ or multidepartment$ or jointdepartment$ or interprofession$ or multiprofession$ or jointprofession$ or interdisciplin$ or multidisciplin$ or jointdisciplin$) adj5 (inpatient? or outpatient?)).ti,ab.
57	((inter$ or multi$ or joint$) adj3 (institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$ or disciplin$) adj5 (inpatient? or outpatient?)).ti,ab.
58	((collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or liais$ or connect$ or join$ up) adj5 (inpatient? or outpatient?)).ti,ab.
59	or/55-58
60	(AFTERCARE/ or TRANSITION TO ADULT CARE/ or TRANSITIONAL CARE/) and (NONBIOLOGICAL MODEL/ or INTEGRATED HEALTH CARE SYSTEM/ or PUBLIC RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDISCIPLINARY COMMUNICATION/ or MULTIDISCIPLINARY TEAM/ or COLLABORATIVE CARE TEAM/ or *PATIENT CARE/)
61	*PATIENT CARE/ and (NONBIOLOGICAL MODEL/ or INTEGRATED HEALTH CARE SYSTEM/ or PUBLIC RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDISCIPLINARY COMMUNICATION/ or MULTIDISCIPLINARY TEAM/ or COLLABORATIVE CARE TEAM/)
62	((interinstitution$ or multiinstitution$ or jointinstitution$ or interorgani?ation$ or multiorgani?ation$ or jointorgani?ation$ or intersector$ or multisector$ or jointsector$ or interagenc$ or multiagenc$ or jointagenc$ or interservice$ or multiservice$ or jointservice$ or interdepartment$ or multidepartment$ or jointdepartment$ or interprofession$ or multiprofession$ or jointprofession$ or interdisciplin$ or multidisciplin$ or jointdisciplin$) adj10 transition$).ti,ab.
63	((inter$ or multi$ or joint$) adj3 (institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$ or disciplin$) adj10 transition$).ti,ab.
64	((collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or liais$ or connect$ or join$ up) adj10 transition$).ti,ab.
65	((continuity or continuum) adj3 care adj10 transition$).ti,ab.
66	((continuity or continuum) adj3 care adj10 rehab$).ti,ab.
67	(case manager? adj10 transition$).ti,ab.
68	or/60-67
69	(HEALTH SERVICE/ or CHILD HEALTH CARE/ or COMMUNITY CARE/ or HOME CARE/ or MENTAL HEALTH SERVICE/ or *NURSING/ or exp *HEALTH CARE PERSONNEL/) and (SOCIAL CARE/ or SOCIAL WORK/ or SOCIAL WORKER/)
70	((health$ or NHS or clinical or clinician? or medical or medic? or physician? or consultant? or nurse? or general practitioner? or GP? or occupational therapist? or OT? or allied health professional? or AHP? or ((speech or language) adj3 therapist?) or SLT?) adj7 (social$ adj3 (work$ or care or service?)) adj7 (rehab$ or deliver$ or collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or liais$ or connect$ or join$ up or inpatient? or outpatient? or transition$ or discharg$ or assess$)).ti,ab.
71	or/69-70
72	*NURSE ADMINISTRATOR/
73	CARE COORDINATOR/
74	exp REHABILITATION/ and (PEDIATRICIANS/ or *GENERAL PRACTITIONERS/ or *SOCIAL WORKERS/ or *OCCUPATIONAL THERAPISTS/ or SCHOOL TEACHERS/)

#	Searches
75	(neuronavigator? or neuro-navigator?).ti,ab.
76	(trauma nurse? adj3 (coordinator? or co-ordinator?)).ti,ab.
77	key worker?.ti,ab.
78	(discharge adj3 (coordinator? or co-ordinator?)).ti,ab.
79	community p?ediatrician?.ti,ab.
80	SENCO?.ti,ab.
81	health$ assessor?.ti,ab.
82	(housing adj3 (officer? or staff or team? or service? or liaison or occupational therapist? or OT or OTs)).ti,ab.
83	((re-enabl$ or enablement or reabl$ or re-abl$) adj3 (specialist? or team? or service?)).ti,ab.
84	(rehab$ adj7 (case manager? or consultant? or coordinator? or co-ordinator? or p?ediatrician? or general practitioner? or GP or GPs or social worker? or occupational therapist? or OT or OTs or teacher? or community nurse? or district nurse? or SLT or SLTs)).ti,ab.
85	(rehab$ adj7 (speech or language) adj3 (therapist? or pathologist?)).ti,ab.
86	or/72-85
87	(*PATIENT CARE/ or MULTIDISCIPLINARY TEAM/ or COLLABORATIVE CARE TEAM/) and (COMMUNITY CARE/ or COMMUNITY BASED REHABILITATION/ or COMMUNITY HEALTH NURSING/)
88	(NONBIOLOGICAL MODEL/ or INTEGRATED HEALTH CARE SYSTEM/ or PUBLIC RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDISCIPLINARY COMMUNICATION/) and (COMMUNITY CARE/ or COMMUNITY BASED REHABILITATION/ or COMMUNITY HEALTH NURSING/)
89	((specialist or non-specialist or trauma$) adj3 (multi-disciplin$ team? or multidisciplin$ team? or MDT?)).ti,ab.
90	(rehab$ adj10 (multi-disciplin$ team? or multidisciplin$ team? or MDT?)).ti,ab.
91	combined clinic?.ti,ab.
92	cohort? clinic?.ti,ab.
93	(interfac$ adj3 team?).ti,ab.
94	(rehab$ adj10 intermediate care).ti,ab.
95	(rehab$ adj7 communit$ adj5 (team? or service?)).ti,ab.
96	(communit$ adj10 (multi-disciplin$ team? or multidisciplin$ team? or MDT?)).ti,ab.
97	or/87-96
98	HOSPITAL DISCHARGE/ and (NONBIOLOGICAL MODEL/ or INTEGRATED HEALTH CARE SYSTEM/ or PUBLIC RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDISCIPLINARY COMMUNICATION/ or MULTIDISCIPLINARY TEAM/ or COLLABORATIVE CARE TEAM/)
99	*HOSPITAL DISCHARGE/ and *PATIENT CARE/
100	(support$ adj3 discharg$).ti,ab.
101	homefirst.ti,ab.
102	(discharg$ adj5 plan$ adj5 (service? or team? or meet$ or consult$)).ti,ab.
103	((interinstitution$ or multiinstitution$ or jointinstitution$ or interorgani?ation$ or multiorgani?ation$ or jointorgani?ation$ or intersector$ or multisector$ or jointsector$ or interagenc$ or multiagenc$ or jointagenc$ or interservice$ or multiservice$ or jointservice$ or interdepartment$ or multidepartment$ or jointdepartment$ or interprofession$ or multiprofession$ or jointprofession$ or interdisciplin$ or multidisciplin$ or jointdisciplin$) adj7 discharg$).ti,ab.
104	((inter$ or multi$ or joint$) adj3 (institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$ or disciplin$) adj7 discharg$).ti,ab.
105	((collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or liais$ or connect$ or join$ up) adj5 discharg$).ti,ab.
106	((continuity or continuum) adj3 care adj10 discharg$).ti,ab.
107	(case manager? adj10 discharg$).ti,ab.
108	or/98-107
109	SELF CARE/ and (NONBIOLOGICAL MODEL/ or INTEGRATED HEALTH CARE SYSTEM/ or PUBLIC RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDISCIPLINARY COMMUNICATION/ or MULTIDISCIPLINARY TEAM/ or COLLABORATIVE CARE TEAM/ or *PATIENT CARE/)
110	SELF CARE/ and SOCIAL SUPPORT/
111	(SOCIAL SUPPORT/ or SOCIAL WELFARE/ or CONSUMER ORGANIZATION/ or NON PROFIT ORGANIZATION/ or SELF HELP/) and (NONBIOLOGICAL MODEL/ or INTEGRATED HEALTH CARE SYSTEM/ or PUBLIC RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDISCIPLINARY COMMUNICATION/ or MULTIDISCIPLINARY TEAM/ or COLLABORATIVE CARE TEAM/ or *PATIENT CARE/)
112	(self adj3 manag$ adj5 support$).ti,ab.
113	(rehab$ adj10 (family or families or caregiver? or carer?) adj5 support$).ti,ab.
114	volunt$ organi?ation?.ti,ab.
115	volunt$ sector?.ti,ab.
116	non-government$ organi?ation?.ti,ab.
117	(NGO or NGOs).ti,ab.
118	(charity or charities).ti,ab.
119	(user? adj3 led adj3 organi?ation?).ti,ab.
120	or/109-119
121	*BUDGET/
122	personal$ budget$.ti,ab.
123	disabled facilities grant?.ti,ab.
124	((pooled or coordinat$ or co-ordinat$ or joint$ or shared) adj3 (budget$ or finance?)).ti,ab.
125	((budget$ or financ$) adj5 discharg$).ti,ab.
126	or/121-125
127	(special$ adj5 (inreach or in-reach or outreach or out-reach)).ti,ab.
128	(special$ adj3 outpatient?).ti,ab.

#	Searches
129	(rehab$ adj3 prescription?).ti,ab.
130	(follow$ up adj3 (meet$ or consultation?)).ti,ab.
131	(follow up adj3 (care or service?) adj10 rehab$).ti,ab.
132	(aftercare adj10 rehab$).ti,ab.
133	((communit$ or outpatient? or post discharg$ or postdischarg$) adj10 rehab$ adj3 (group? or cohort? or non-cohort? or individual$ or intensive$ or non-intensive$ or multi-disciplin$ or multidisciplin$ or MDT or MDTs or uni-disciplin$ or unidisciplin$ or speciali$ or non-speciali$)).ti,ab.
134	or/127-133
135	44 and 54
136	44 and 59
137	44 and 68
138	44 and 71
139	44 and 86
140	44 and 97
141	44 and 108
142	44 and 120
143	44 and 126
144	44 and 134
145	or/135-144
146	limit 145 to english language
147	limit 146 to yr="2000 -Current"
148	letter.pt. or LETTER/
149	note.pt.
150	editorial.pt.
151	CASE REPORT/ or CASE STUDY/
152	(letter or comment*).ti.
153	or/148-152
154	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
155	153 not 154
156	ANIMAL/ not HUMAN/
157	NONHUMAN/
158	exp ANIMAL EXPERIMENT/
159	exp EXPERIMENTAL ANIMAL/
160	ANIMAL MODEL/
161	exp RODENT/
162	(rat or rats or mouse or mice).ti.
163	or/155-162
164	147 not 163

Databases: Cochrane Central Register of Controlled Trials (CCTR); and Cochrane Database of Systematic Reviews (CDSR)

Date of last search: 03/03/2020

#	Searches
#1	([mh "WOUNDS AND INJURIES"] not ([mh ^ASPHYXIA] or [mh ^"BATTERED CHILD SYNDROME"] or [mh "BIRTH INJURIES"] or [mh "BITES AND STINGS"] or [mh DROWNING] or [mh ^"EXTRAVASATION OF DIAGNOSTIC AND THERAPEUTIC MATERIALS"] or [mh ^FROSTBITE] or [mh "HEAT STRESS DISORDERS"] or [mh "RADIATION INJURIES"] or [mh ^RETROPNEUMOPERITONEUM] or [mh ^"SURGICAL WOUND"]))
#2	([mh ^HOSPITALIZATION] or [mh ^"PATIENT ADMISSION"] or [mh ^"ADOLESCENT, HOSPITALIZED"] or [mh ^"CHILD, HOSPITALIZED"] or [mh HOSPITALS] or [mh "EMERGENCY SERVICE, HOSPITAL"] or [mh "INTENSIVE CARE UNITS"] or [mh ^"REHABILITATION CENTERS"])
#3	#1 and #2
#4	(hospitalised or hospitalized or hospitalistion* or hospitaliztion* or ((admi* or stay* or stayed or treat* or present*) near/5 (hospital* or unit* or "intensive care" or ICU* or PICU* or NICU* or department* or centre* or center*))):ti,ab
#5	#1 and #4
#6	((hospitalised or hospitalized or hospitalistion* or hospitaliztion*) near/10 (injur* or wound* or trauma* or burn* or burned or fractur* or accident*)):ti,ab
#7	((admi* or stay* or stayed or treat* or present*) near/5 (hospital* or unit* or "intensive care" or ICU* or PICU* or NICU* or department* or centre* or center*) near/5 (injur* or wound* or trauma* or burn* or burned or fractur* or accident*)):ti,ab
#8	(patient* near/5 trauma*):ti,ab
#9	(patient* near/3 (burn* or burned or fractur*)):ti,ab
#10	"wound* patient*":ti,ab
#11	"injur* patient*":ti,ab
#12	"accident* patient*":ti,ab
#13	trauma*:ti,ab
#14	#1 and #13
#15	[mh "MULTIPLE TRAUMA"]
#16	[mh ^TRAUMATOLOGY]
#17	(trauma* near/5 (injur* or wound* or burn* or burned or fractur*)):ti,ab

#	Searches
#18	((complex* or multiple or critical*) near/3 (injur* or wound* or burn* or burned or fractur*)):ti,ab
#19	(trauma* near/3 (severe or severely or major or multiple)):ti,ab
#20	((injur* or wound* or burn* or burned or fractur*) near/2 (severe or severely or major or multiple)):ti,ab
#21	((physical* or body or bodily) near/3 (injur* or wound* or trauma* or burn* or burned or fractur*)):ti,ab
#22	(acute near/1 (injur* or trauma* or wound* or burn* or burned or fractur*)):ti,ab
#23	(polytrauma* or poly-trauma*):ti,ab
#24	traumatolog*:ti,ab
#25	([mh ^ACCIDENTS] or [mh ^"ACCIDENTAL FALLS"] or [mh ^"ACCIDENTS, HOME"] or [mh ^"ACCIDENTS, OCCUPATIONAL"] or [mh ^"ACCIDENTS, TRAFFIC"])
#26	#1 and #25
#27	(injur* or wound* or trauma* or burn* or burned or fractur*):ti,ab
#28	#25 and #27
#29	(accident* near/5 (injur* or wound* or trauma* or burn* or burned or fractur*)):ti,ab
#30	(accident* near/3 (serious* or severe or severely or major)):ti,ab
#31	#2 and #25
#32	(hospitalised or hospitalized or hospitalistion* or hospitaliztion* or ((admi* or stay* or stayed or treat* or present*) near/5 (hospital* or unit* or intensive care or ICU* or PICU* or NICU* or department* or centre* or center*))):ti,ab
#33	#25 and #32
#34	[mh ^"SPINAL CORD INJURIES"] or [mh ^"SPINAL CORD COMPRESSION"]
#35	[mh "THORACIC INJURIES"] or [mh ^"ACUTE LUNG INJURY"]
#36	[mh ^"PERIPHERAL NERVE INJURIES"] or [mh "CRANIAL NERVE INJURIES"]
#37	[mh AMPUTATION] or [mh ^"AMPUTATION, TRAUMATIC"] or [mh ^AMPUTEES] or [mh ^"AMPUTATION STUMPS"] or [mh ^"LIMB SALVAGE"]
#38	((spinal* or spine* or chest* or thoracic* or nerve*) near/3 injur*):ti
#39	((spinal* or spine*) near/3 cord* near/3 compress*):ti
#40	((Flail* or stove in) near/3 chest*):ti
#41	(rib* near/3 fractur*):ti
#42	((brachial or lumbosacral or lumba or sacral or cervical or coccygeal) near/3 plexus near/3 injur*):ti
#43	(amputat* or amputee*):ti
#44	(limb* near/3 (loss or losing or lost or salvag* or re-construct* or reconstruct*)):ti
#45	[mh ^"HEAD INJURIES, CLOSED"] or [mh ^"HEAD INJURIES, PENETRATING"]
#46	(head near/3 injur*):ti
#47	[mh "BRAIN INJURIES"]
#48	(brain near/3 injur*):ti
#49	#3 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #14 or #15 or #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #26 or #28 or #29 or #30 or #31 or #33 or #34 or #35 or #36 or #37 or #38 or #39 or #40 or #41 or #42 or #43 or #44 or #45 or #46 or #47 or #48
#50	[mh REHABILITATION] and ([mh ^"MODELS, ORGANIZATIONAL"] or [mh ^"DELIVERY OF HEALTH CARE, INTEGRATED"] or [mh ^"INTERINSTITUTIONAL RELATIONS"] or [mh ^"INTERSECTORAL COLLABORATION"] or [mh ^"INTERDEPARTMENTAL RELATIONS"] or [mh ^"INTERPROFESSIONAL RELATIONS"] or [mh ^"INTERDISCIPLINARY COMMUNICATION"] or [mh ^"CONTINUITY OF PATIENT CARE"] or [mh ^"PATIENT CARE TEAM"])
#51	MeSH descriptor: [] explode all trees and with qualifier(s): [rehabilitation - RH]
#52	([mh ^"MODELS, ORGANIZATIONAL"] or [mh ^"DELIVERY OF HEALTH CARE, INTEGRATED"] or [mh ^"INTERINSTITUTIONAL RELATIONS"] or [mh ^"INTERSECTORAL COLLABORATION"] or [mh ^"INTERDEPARTMENTAL RELATIONS"] or [mh ^"INTERPROFESSIONAL RELATIONS"] or [mh ^"INTERDISCIPLINARY COMMUNICATION"])
#53	#51 and #52
#54	((interinstitution* or multiinstitution* or jointinstitution* or interorganisation* or interorganization* or multiorganisation* or multiorganization* or jointorganisation* or jointorganization* or intersector* or multisector* or jointsector* or interagenc* or multiagenc* or jointagenc* or interservice* or multiservice* or jointservice* or interdepartment* or multidepartment* or jointdepartment* or interprofession* or multiprofession* or jointprofession*) near/10 rehab*):ti,ab
#55	((inter or multi or joint) near/3 (institution* or organisation* or organization* or sector* or agenc* or service* or department* or profession*) near/10 rehab*):ti,ab
#56	((interdisciplin* or multidisciplin* or jointdisciplin*) near/5 rehab*):ti
#57	((inter or multi or joint) near/3 disciplin* near/5 rehab*):ti
#58	((interdisciplin* or multidisciplin* or jointdisciplin*) near/10 (collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partner* or network* or communicat*) near/10 rehab*):ti,ab
#59	((inter or multi or joint) near/3 disciplin* near/10 (collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partner* or network* or communicat*) near/10 rehab*):ti,ab
#60	((institution* or organisation* or organization* or sector* or agenc* or service* or department* or profession* or disciplin* or care) near/5 (collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partnership* or network* or across) near/5 rehab*):ti,ab
#61	#50 or #53 or #54 or #55 or #56 or #57 or #58 or #59 or #60
#62	([mh ^INPATIENTS] or [mh ^OUTPATIENTS]) and ([mh ^"MODELS, ORGANIZATIONAL"] or [mh ^"DELIVERY OF HEALTH CARE, INTEGRATED"] or [mh ^"INTERINSTITUTIONAL RELATIONS"] or [mh ^"INTERSECTORAL COLLABORATION"] or [mh ^"INTERDEPARTMENTAL RELATIONS"] or [mh ^"INTERPROFESSIONAL RELATIONS"] or [mh ^"INTERDISCIPLINARY COMMUNICATION"] or [mh ^"CONTINUITY OF PATIENT CARE"] or [mh ^"PATIENT CARE TEAM"])
#63	((interinstitution* or multiinstitution* or jointinstitution* or interorganisation* or interorganization* or multiorganisation* or multiorganization* or jointorganisation* or jointorganization* or intersector* or multisector* or jointsector* or interagenc* or multiagenc* or jointagenc* or interservice* or multiservice* or jointservice* or interdepartment* or

#	Searches
	multidepartment* or jointdepartment* or interprofession* or multiprofession* or jointprofession* or interdisciplin* or multidisciplin* or jointdisciplin*) near/7 (inpatient* or outpatient*)):ti,ab
#64	((inter* or multi* or joint*) near/3 (institution* or organisation* or organization* or sector* or agenc* or service* or department* or profession* or disciplin*) near/7 (inpatient* or outpatient*)):ti,ab
#65	((collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partner* or liais* or connect* or "join* up") near/7 (inpatient* or outpatient*)):ti,ab
#66	#62 or #63 or #64 or #65
#67	[mh ^"CONTINUITY OF PATIENT CARE"] and ([mh ^"MODELS, ORGANIZATIONAL"] or [mh ^"DELIVERY OF HEALTH CARE, INTEGRATED"] or [mh ^"INTERINSTITUTIONAL RELATIONS"] or [mh ^"INTERSECTORAL COLLABORATION"] or [mh ^"INTERDEPARTMENTAL RELATIONS"] or [mh ^"INTERPROFESSIONAL RELATIONS"] or [mh ^"INTERDISCIPLINARY COMMUNICATION"] or [mh ^"PATIENT CARE TEAM"])
#68	((interinstitution* or multiinstitution* or jointinstitution* or interorganisation* or interorganization* or multiorganisation* or multiorganization* or jointorganisation* or jointorganization* or intersector* or multisector* or jointsector* or interagenc* or multiagenc* or jointagenc* or interservice* or multiservice* or jointservice* or interdepartment* or multidepartment* or jointdepartment* or interprofession* or multiprofession* or jointprofession* or interdisciplin* or multidisciplin* or jointdisciplin*) near/10 transition*):ti,ab
#69	((inter* or multi* or joint*) near/3 (institution* or organisation* or organization* or sector* or agenc* or service* or department* or profession* or disciplin*) near/10 transition*):ti,ab
#70	((collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partner* or liais* or connect* or "join* up") near/10 transition*):ti,ab
#71	((continuity or continuum) near/3 care near/10 transition*):ti,ab
#72	((continuity or continuum) near/3 care near/10 rehab*):ti,ab
#73	("case manager*" near/10 transition*):ti,ab
#74	#67 or #68 or #69 or #70 or #71 or #72 or #73
#75	([mh ^"HEALTH SERVICES"] or [mh ^"CHILD HEALTH SERVICES"] or [mh ^"ADOLESCENT HEALTH SERVICES"] or [mh ^"COMMUNITY HEALTH SERVICES"] or [mh ^"HOME CARE SERVICES"] or [mh ^"HEALTH SERVICES FOR PEOPLE WITH DISABILITIES"] or [mh ^"MENTAL HEALTH SERVICES"] or [mh ^"NURSING SERVICES"] or [mh "HEALTH PERSONNEL"]) and ([mh "SOCIAL WORK"] or [mh ^"SOCIAL WORK, PSYCHIATRIC"] or [mh ^"SOCIAL WORKERS"])
#76	((health* or NHS or clinical or clinician* or medical or medic* or physician* or consultant* or nurse* or "general practitioner*" or GP OR GPs or "occupational therapist*" or OT or OTs or "allied health professional*" or AHP* or ((speech or language) near/3 therapist*) or SLT*) near/10 (social* near/3 (work* or care or service*)) near/10 (rehab* or deliver* or collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partner* or liais* or connect* or "join* up" or inpatient* or outpatient* or transition* or discharg* or assess*)):ti,ab
#77	#75 or #76
#78	[mh ^"NURSE ADMINISTRATORS"]
#79	[mh ^"CASE MANAGERS"]
#80	[mh REHABILITATION] and ([mh ^CONSULTANTS] or [mh ^PEDIATRICIANS] or [mh ^"GENERAL PRACTITIONERS"] or [mh ^"SOCIAL WORKERS"] or [mh ^"OCCUPATIONAL THERAPISTS"] or [mh ^"SCHOOL TEACHERS"] or [mh ^"NURSES, COMMUNITY HEALTH"])
#81	(neuronavigator* or neuro-navigator*):ti,ab
#82	("trauma nurse*" near/3 (coordinator* or co-ordinator*)):ti,ab
#83	"key worker*":ti,ab
#84	(discharge near/3 (coordinator* or co-ordinator*)):ti,ab
#85	("community paediatrician*" or "community pediatrician*"):ti,ab
#86	SENCO*:ti,ab
#87	"health* assessor*":ti,ab
#88	(housing near/3 (officer* or staff or team* or service* or liaison or "occupational therapist*" or OT or OTs)):ti,ab
#89	((re-enabl* or enablement or reabl* or re-abl*) near/3 (specialist* or team* or service*)):ti,ab
#90	(rehab* near/10 ("case manager*" or consultant* or coordinator* or co-ordinator* or p*ediatrician* or "general practitioner*" or GP or GPs or "social worker*" or "occupational therapist*" or OT or OTs or teacher* or "community nurse*" or "district nurse*" or SLT or SLTs)):ti,ab
#91	(rehab* near/10 (speech or language) near/3 (therapist* or pathologist*)):ti,ab
#92	#78 or #79 or #80 or #81 or #82 or #83 or #84 or #85 or #86 or #87 or #88 or #89 or #90 or #91
#93	[mh ^"PATIENT CARE TEAM"] and ([mh ^"COMMUNITY HEALTH SERVICES"] or [mh ^"COMMUNITY HEALTH NURSING"] or [mh ^"COMMUNITY MENTAL HEALTH SERVICES"] or [mh ^"COMMUNITY PHARMACY SERVICES"])
#94	([mh ^"MODELS, ORGANIZATIONAL"] or [mh ^"DELIVERY OF HEALTH CARE, INTEGRATED"] or [mh ^"INTERINSTITUTIONAL RELATIONS"] or [mh ^"INTERSECTORAL COLLABORATION"] or [mh ^"INTERDEPARTMENTAL RELATIONS"] or [mh ^"INTERPROFESSIONAL RELATIONS"] or [mh ^"INTERDISCIPLINARY COMMUNICATION"] or [mh ^"CONTINUITY OF PATIENT CARE"] or [mh ^"PATIENT CARE TEAM"]) and ([mh ^"COMMUNITY HEALTH SERVICES"] or [mh ^"COMMUNITY HEALTH NURSING"] or [mh ^"COMMUNITY MENTAL HEALTH SERVICES"] or [mh ^"COMMUNITY PHARMACY SERVICES"])
#95	((specialist or non-specialist or trauma*) near/3 ("multi-disciplin* team*" or "multidisciplin* team*" or MDT or MDTs)):ti,ab
#96	(rehab* near/10 ("multi-disciplin* team*" or "multidisciplin* team*" or MDT or MDTs)):ti,ab
#97	"combined clinic*":ti,ab
#98	"cohort* clinic*":ti,ab
#99	(interfac* near/3 team*):ti,ab
#100	(rehab* near/10 "intermediate care"):ti,ab
#101	(rehab* near/10 communit* near/5 (team* or service*)):ti,ab
#102	(communit* near/10 ("multi-disciplin* team*" or "multidisciplin* team*" or MDT or MDTs)):ti,ab
#103	#93 or #94 or #95 or #96 or #97 or #98 or #99 or #100 or #101 or #102

#	Searches
#104	[mh ^"PATIENT DISCHARGE"] and ([mh ^"MODELS, ORGANIZATIONAL"] or [mh ^"DELIVERY OF HEALTH CARE, INTEGRATED"] or [mh ^"INTERINSTITUTIONAL RELATIONS"] or [mh ^"INTERSECTORAL COLLABORATION"] or [mh ^"INTERDEPARTMENTAL RELATIONS"] or [mh ^"INTERPROFESSIONAL RELATIONS"] or [mh ^"INTERDISCIPLINARY COMMUNICATION"] or [mh ^"CONTINUITY OF PATIENT CARE"] or [mh ^"PATIENT CARE TEAM"])
#105	(support* near/3 discharg*):ti,ab
#106	homefirst:ti,ab
#107	(discharg* near/5 plan* near/5 (service* or team* or meet* or consult*)):ti,ab
#108	((interinstitution* or multiinstitution* or jointinstitution* or interorganisation* or interorganization* or multiorganisation* or multiorganization* or jointorganisation* or jointorganization* or intersector* or multisector* or jointsector* or interagenc* or multiagenc* or jointagenc* or interservice* or multiservice* or jointservice* or interdepartment* or multidepartment* or jointdepartment* or interprofession* or multiprofession* or jointprofession* or interdisciplin* or multidisciplin* or jointdisciplin*) near/10 discharg*):ti,ab
#109	((inter* or multi* or joint*) near/3 (institution* or organisation* or organization* or sector* or agenc* or service* or department* or profession* or disciplin*) near/10 discharg*):ti,ab
#110	((collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partner* or liais* or connect* or "join* up") near/5 discharg*):ti,ab
#111	((continuity or continuum) near/3 care near/10 discharg*):ti,ab
#112	("case manager*" near/10 discharg*):ti,ab
#113	#104 or #105 or #106 or #107 or #108 or #109 or #110 or #111 or #112
#114	[mh ^"SELF-MANAGEMENT"]
#115	[mh ^"SELF CARE"] and ([mh ^"MODELS, ORGANIZATIONAL"] or [mh ^"DELIVERY OF HEALTH CARE, INTEGRATED"] or [mh ^"INTERINSTITUTIONAL RELATIONS"] or [mh ^"INTERSECTORAL COLLABORATION"] or [mh ^"INTERDEPARTMENTAL RELATIONS"] or [mh ^"INTERPROFESSIONAL RELATIONS"] or [mh ^"INTERDISCIPLINARY COMMUNICATION"] or [mh ^"CONTINUITY OF PATIENT CARE"] or [mh ^"PATIENT CARE TEAM"])
#116	[mh ^"SELF CARE"] and [mh ^"SOCIAL SUPPORT"]
#117	([mh ^"SOCIAL SUPPORT"] or [mh ^CHARITIES] or [mh ^"CONSUMER ORGANIZATIONS"] or [mh ^"ORGANIZATIONS, NONPROFIT"] or [mh ^"VOLUNTARY HEALTH AGENCIES"] or [mh ^"SELF-HELP GROUPS"]) and ([mh ^"MODELS, ORGANIZATIONAL"] or [mh ^"DELIVERY OF HEALTH CARE, INTEGRATED"] or [mh ^"INTERINSTITUTIONAL RELATIONS"] or [mh ^"INTERSECTORAL COLLABORATION"] or [mh ^"INTERDEPARTMENTAL RELATIONS"] or [mh ^"INTERPROFESSIONAL RELATIONS"] or [mh ^"INTERDISCIPLINARY COMMUNICATION"] or [mh ^"CONTINUITY OF PATIENT CARE"] or [mh ^"PATIENT CARE TEAM"])
#118	(self near/3 manag* near/5 support*):ti,ab
#119	(rehab* near/10 (family or families or caregiver* or carer*) near/5 support*):ti,ab
#120	("volunt* organisation*" or "volunt* organization*"):ti,ab
#121	"volunt* sector*":ti,ab
#122	("non-government* organisation*" or "non-government* organization*"):ti,ab
#123	(NGO or NGOs):ti,ab
#124	(charity or charities):ti,ab
#125	(user* near/3 led near/3 (organisation* or organization*)):ti,ab
#126	#114 or #115 or #116 or #117 or #118 or #119 or #120 or #121 or #122 or #123 or #124 or #125
#127	[mh ^"BUDGETS"]
#128	"personal* budget*":ti,ab
#129	"disabled facilities grant*":ti,ab
#130	((pooled or coordinat* or co-ordinat* or joint* or shared) near/3 (budget* or finance*)):ti,ab
#131	((budget* or financ*) near/5 discharg*):ti,ab
#132	#127 or #128 or #129 or #130 or #131
#133	(special* near/5 (inreach or in-reach or outreach or out-reach)):ti,ab
#134	(special* near/3 outpatient*):ti,ab
#135	(rehab* near/3 prescription*):ti,ab
#136	("follow* up" near/3 (meet* or consultation*)):ti,ab
#137	("follow up" near/3 (care or service*) near/10 rehab*):ti,ab
#138	(aftercare near/10 rehab*):ti,ab
#139	((communit* or outpatient* or "post discharg*" or postdischarg*) near/10 rehab* near/3 (group* or cohort* or non-cohort* or individual* or intensive* or non-intensive* or "multi-disciplin*" or multidisciplin* or MDT or MDTs or uni-disciplin* or unidisciplin* or speciali* or non-speciali*)):ti,ab
#140	#133 or #134 or #135 or #136 or #137 or #138 or #139
#141	#49 and #61
#142	#49 and #66
#143	#49 and #74
#144	#49 and #77
#145	#49 and #92
#146	#49 and #103
#147	#49 and #113
#148	#49 and #126
#149	#49 and #132
#150	#49 and #140
#151	#141 or #142 or #143 or #144 or #145 or #146 or #147 or #148 or #149 or #150
#152	#141 or #142 or #143 or #144 or #145 or #146 or #147 or #148 or #149 or #150 with Cochrane Library publication date Between Jan 2000 and Mar 2020, in Cochrane Reviews

#	Searches
#153	#141 or #142 or #143 or #144 or #145 or #146 or #147 or #148 or #149 or #150 with Publication Year from 2000 to 2020, in Trials

Health economics literature search strategies

Please note that this search was a combined search for the adult and children and young people evidence reviews covering this question AND evidence review D.2 (What are the best methods to deliver and coordinate rehabilitation services for people with complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient rehabilitation services?).

Databases: Medline; Medline EPub Ahead of Print; and Medline In-Process & Other Non-Indexed Citations

Date of last search: 18/03/2020

#	Searches
1	ECONOMICS/
2	VALUE OF LIFE/
3	exp "COSTS AND COST ANALYSIS"/
4	exp ECONOMICS, HOSPITAL/
5	exp ECONOMICS, MEDICAL/
6	exp RESOURCE ALLOCATION/
7	ECONOMICS, NURSING/
8	ECONOMICS, PHARMACEUTICAL/
9	exp "FEES AND CHARGES"/
10	exp BUDGETS/
11	budget*.ti,ab.
12	cost*.ti,ab.
13	(economic* or pharmaco?economic*).ti,ab.
14	(price* or pricing*).ti,ab.
15	(financ* or fee or fees or expenditure* or saving*).ti,ab.
16	(value adj2 (money or monetary)).ti,ab.
17	resourc* allocat*.ti,ab.
18	(fund or funds or funding* or funded).ti,ab.
19	(ration or rations or rationing* or rationed).ti,ab.
20	ec.fs.
21	or/1-20
22	(exp "WOUNDS AND INJURIES"/ not (ASPHYXIA/ or BATTERED CHILD SYNDROME/ or exp BIRTH INJURIES/ or exp "BITES AND STINGS"/ or exp DROWNING/ or "EXTRAVASATION OF DIAGNOSTIC AND THERAPEUTIC MATERIALS"/ or exp FROSTBITE/ or exp HEAT STRESS DISORDERS/ or exp RADIATION INJURIES/ or RETROPNEUMOPERITONEUM/ or SURGICAL WOUND/)) and (HOSPITALIZATION/ or PATIENT ADMISSION/ or ADOLESCENT, HOSPITALIZED/ or CHILD, HOSPITALIZED/ or exp HOSPITALS/ or exp EMERGENCY SERVICE, HOSPITAL/ or exp INTENSIVE CARE UNITS/ or REHABILITATION CENTERS/)
23	(exp "WOUNDS AND INJURIES"/ not (ASPHYXIA/ or BATTERED CHILD SYNDROME/ or exp BIRTH INJURIES/ or exp "BITES AND STINGS"/ or exp DROWNING/ or "EXTRAVASATION OF DIAGNOSTIC AND THERAPEUTIC MATERIALS"/ or exp FROSTBITE/ or exp HEAT STRESS DISORDERS/ or exp RADIATION INJURIES/ or RETROPNEUMOPERITONEUM/ or SURGICAL WOUND/)) and (hospitali?ed or hospitali?tion? or ((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?))).ti,ab.
24	((hospitali?ed or hospitali?ation?) adj10 (injur$ or wound$ or trauma$ or burn? or burned or fractur$ or accident?)).ti,ab.
25	((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?) adj5 (injur$ or wound$ or trauma$ or burn? or burned or fractur$ or accident?)).ti,ab.
26	(patient? adj5 trauma$).ti,ab.
27	(patient? adj3 (burn? or burned or fractur$)).ti,ab.
28	wound$ patient?.ti,ab.
29	injur$ patient?.ti,ab.
30	accident$ patient?.ti,ab.
31	(exp "WOUNDS AND INJURIES"/ not (ASPHYXIA/ or BATTERED CHILD SYNDROME/ or exp BIRTH INJURIES/ or exp "BITES AND STINGS"/ or exp DROWNING/ or "EXTRAVASATION OF DIAGNOSTIC AND THERAPEUTIC MATERIALS"/ or exp FROSTBITE/ or exp HEAT STRESS DISORDERS/ or exp RADIATION INJURIES/ or RETROPNEUMOPERITONEUM/ or SURGICAL WOUND/)) and trauma$.ti.
32	(exp "WOUNDS AND INJURIES"/ not (ASPHYXIA/ or BATTERED CHILD SYNDROME/ or exp BIRTH INJURIES/ or exp "BITES AND STINGS"/ or exp DROWNING/ or "EXTRAVASATION OF DIAGNOSTIC AND THERAPEUTIC MATERIALS"/ or exp FROSTBITE/ or exp HEAT STRESS DISORDERS/ or exp RADIATION INJURIES/ or RETROPNEUMOPERITONEUM/ or SURGICAL WOUND/)) and trauma$.ab. /freq=2
33	exp MULTIPLE TRAUMA/

#	Searches
34	TRAUMATOLOGY/
35	(trauma$ adj5 (injur$ or wound$ or burn? or burned or fractur$)).ti,ab.
36	((complex$ or multiple or critical$) adj3 (injur$ or wound$ or burn? or burned or fractur$)).ti,ab.
37	(trauma$ adj3 (severe or severely or major or multiple)).ti,ab.
38	((injur$ or wound$ or burn? or burned or fractur$) adj2 (severe or severely or major or multiple)).ti,ab.
39	((physical$ or body or bodily) adj3 (injur$ or wound$ or trauma$ or burn? or burned or fractur$)).ti,ab.
40	(acute adj1 (injur$ or trauma$ or wound$ or burn? or burned or fractur$)).ti,ab.
41	(polytrauma? or poly-trauma?).ti,ab.
42	traumatolog$.ti,ab.
43	(ACCIDENTS/ or ACCIDENTAL FALLS/ or ACCIDENTS, HOME/ or ACCIDENTS, OCCUPATIONAL/ or ACCIDENTS, TRAFFIC/) and (exp *"WOUNDS AND INJURIES"/ not (ASPHYXIA/ or BATTERED CHILD SYNDROME/ or exp BIRTH INJURIES/ or exp "BITES AND STINGS"/ or exp DROWNING/ or "EXTRAVASATION OF DIAGNOSTIC AND THERAPEUTIC MATERIALS"/ or exp FROSTBITE/ or exp HEAT STRESS DISORDERS/ or exp RADIATION INJURIES/ or RETROPNEUMOPERITONEUM/ or SURGICAL WOUND/))
44	(ACCIDENTS/ or ACCIDENTAL FALLS/ or ACCIDENTS, HOME/ or ACCIDENTS, OCCUPATIONAL/ or ACCIDENTS, TRAFFIC/) and (injur$ or wound? or trauma$ or burn? or burned or fractur$).ti.
45	(ACCIDENTS/ or ACCIDENTAL FALLS/ or ACCIDENTS, HOME/ or ACCIDENTS, OCCUPATIONAL/ or ACCIDENTS, TRAFFIC/) and (injur$ or wound? or trauma$ or burn? or burned or fractur$).ab. /freq=2
46	(accident? adj5 (injur$ or wound$ or trauma$ or burn? or burned or fractur$)).ti,ab.
47	(accident? adj3 (serious$ or severe or severely or major)).ti,ab.
48	(ACCIDENTS/ or ACCIDENTAL FALLS/ or ACCIDENTS, HOME/ or ACCIDENTS, OCCUPATIONAL/ or ACCIDENTS, TRAFFIC/) and (HOSPITALIZATION/ or PATIENT ADMISSION/ or ADOLESCENT, HOSPITALIZED/ or CHILD, HOSPITALIZED/ or exp HOSPITALS/ or exp EMERGENCY SERVICE, HOSPITAL/ or exp INTENSIVE CARE UNITS/ or REHABILITATION CENTERS/)
49	(ACCIDENTS/ or ACCIDENTAL FALLS/ or ACCIDENTS, HOME/ or ACCIDENTS, OCCUPATIONAL/ or ACCIDENTS, TRAFFIC/) and (hospitali?ed or hospitali?tion? or ((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?))).ti,ab.
50	*SPINAL CORD INJURIES/ or *SPINAL CORD COMPRESSION/
51	exp *THORACIC INJURIES/ or *ACUTE LUNG INJURY/
52	*PERIPHERAL NERVE INJURIES/ or exp *CRANIAL NERVE INJURIES/
53	exp *AMPUTATION/ or *AMPUTATION, TRAUMATIC/ or *AMPUTEES/ or *AMPUTATION STUMPS/ or *LIMB SALVAGE/
54	((spinal$ or spine? or chest? or thoracic$ or nerve?) adj3 injur$).ti.
55	((spinal$ or spine?) adj3 cord? adj3 compress$).ti.
56	((Flail$ or stove in) adj3 chest?).ti.
57	(rib? adj3 fractur$).ti.
58	((brachial or lumbosacral or lumba or sacral or cervical or coccygeal) adj3 plexus adj3 injur$).ti.
59	(amputat$ or amputee?).ti.
60	(limb? adj3 (loss or losing or lost or salvag$ or re-construct$ or reconstruct$)).ti.
61	*HEAD INJURIES, CLOSED/ or *HEAD INJURIES, PENETRATING/
62	(head adj3 injur$).ti.
63	exp *BRAIN INJURIES/
64	(brain adj3 injur$).ti.
65	or/22-64
66	exp REHABILITATION/ and (MODELS, ORGANIZATIONAL/ or "DELIVERY OF HEALTH CARE, INTEGRATED"/ or INTERINSTITUTIONAL RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDEPARTMENTAL RELATIONS/ or INTERPROFESSIONAL RELATIONS/ or INTERDISCIPLINARY COMMUNICATION/ or "CONTINUITY OF PATIENT CARE"/ or *PATIENT CARE TEAM/)
67	rh.fs. and (MODELS, ORGANIZATIONAL/ or "DELIVERY OF HEALTH CARE, INTEGRATED"/ or INTERINSTITUTIONAL RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDEPARTMENTAL RELATIONS/ or INTERPROFESSIONAL RELATIONS/ or INTERDISCIPLINARY COMMUNICATION/)
68	((interinstitution$ or multiinstitution$ or jointinstitution$ or interorgani?ation$ or multiorgani?ation$ or jointorgani?ation$ or intersector$ or multisector$ or jointsector$ or interagenc$ or multiagenc$ or jointagenc$ or interservice$ or multiservice$ or jointservice$ or interdepartment$ or multidepartment$ or jointdepartment$ or interprofession$ or multiprofession$ or jointprofession$) adj10 rehab$).ti,ab.
69	((inter or multi or joint) adj3 (institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$) adj10 rehab$).ti,ab.
70	((interdisciplin$ or multidisciplin$ or jointdisciplin$) adj5 rehab$).ti.
71	((inter or multi or joint) adj3 disciplin$ adj5 rehab$).ti.
72	((interdisciplin$ or multidisciplin$ or jointdisciplin$) adj10 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or network$ or communicat$) adj10 rehab$).ti,ab.
73	((inter or multi or joint) adj3 disciplin$ adj10 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or network$ or communicat$) adj10 rehab$).ti,ab.
74	((institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$ or disciplin$ or care) adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partnership? or network$ or across) adj5 rehab$).ti,ab.
75	or/66-74
76	(INPATIENTS/ or OUTPATIENTS/) and (MODELS, ORGANIZATIONAL/ or "DELIVERY OF HEALTH CARE, INTEGRATED"/ or INTERINSTITUTIONAL RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDEPARTMENTAL RELATIONS/ or INTERPROFESSIONAL RELATIONS/ or INTERDISCIPLINARY COMMUNICATION/ or "CONTINUITY OF PATIENT CARE"/ or PATIENT CARE TEAM/)
77	((interinstitution$ or multiinstitution$ or jointinstitution$ or interorgani?ation$ or multiorgani?ation$ or

#	Searches
	jointorgani?ation$ or intersector$ or multisector$ or jointsector$ or interagenc$ or multiagenc$ or jointagenc$ or interservice$ or multiservice$ or jointservice$ or interdepartment$ or multidepartment$ or jointdepartment$ or interprofession$ or multiprofession$ or jointprofession$ or interdisciplin$ or multidisciplin$ or jointdisciplin$) adj7 (inpatient? or outpatient?)).ti,ab.
78	((inter$ or multi$ or joint$) adj3 (institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$ or disciplin$) adj7 (inpatient? or outpatient?)).ti,ab.
79	((collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or liais$ or connect$ or join$ up) adj7 (inpatient? or outpatient?)).ti,ab.
80	or/76-79
81	("CONTINUITY OF PATIENT CARE"/ or AFTERCARE/ or TRANSITION TO ADULT CARE/ or TRANSITIONAL CARE/) and (MODELS, ORGANIZATIONAL/ or "DELIVERY OF HEALTH CARE, INTEGRATED"/ or INTERINSTITUTIONAL RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDEPARTMENTAL RELATIONS/ or INTERPROFESSIONAL RELATIONS/ or INTERDISCIPLINARY COMMUNICATION/ or PATIENT CARE TEAM/)
82	((interinstitution$ or multiinstitution$ or jointinstitution$ or interorgani?ation$ or multiorgani?ation$ or jointorgani?ation$ or intersector$ or multisector$ or jointsector$ or interagenc$ or multiagenc$ or jointagenc$ or interservice$ or multiservice$ or jointservice$ or interdepartment$ or multidepartment$ or jointdepartment$ or interprofession$ or multiprofession$ or jointprofession$ or interdisciplin$ or multidisciplin$ or jointdisciplin$) adj10 transition$).ti,ab.
83	((inter$ or multi$ or joint$) adj3 (institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$ or disciplin$) adj10 transition$).ti,ab.
84	((collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or liais$ or connect$ or join$ up) adj10 transition$).ti,ab.
85	((continuity or continuum) adj3 care adj10 transition$).ti,ab.
86	((continuity or continuum) adj3 care adj10 rehab$).ti,ab.
87	(case manager? adj10 transition$).ti,ab.
88	or/81-87
89	(HEALTH SERVICES/ or CHILD HEALTH SERVICES/ or ADOLESCENT HEALTH SERVICES/ or COMMUNITY HEALTH SERVICES/ or HOME CARE SERVICES/ or HEALTH SERVICES FOR PEOPLE WITH DISABILITIES/ or MENTAL HEALTH SERVICES/ or NURSING SERVICES/ or exp HEALTH PERSONNEL/) and (exp SOCIAL WORK/ or SOCIAL WORK, PSYCHIATRIC/ or SOCIAL WORKERS/)
90	((health$ or NHS or clinical or clinician? or medical or medic? or physician? or consultant? or nurse? or general practitioner? or GP? or occupational therapist? or OT? or allied health professional? or AHP? or ((speech or language) adj3 therapist?) or SLT?) adj10 (social$ adj3 (work$ or care or service?)) adj10 (rehab$ or deliver$ or collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or liais$ or connect$ or join$ up or inpatient? or outpatient? or transition$ or discharg$ or assess$)).ti,ab.
91	or/89-90
92	*NURSE ADMINISTRATORS/
93	CASE MANAGERS/
94	exp REHABILITATION/ and (CONSULTANTS/ or PEDIATRICIANS/ or GENERAL PRACTITIONERS/ or SOCIAL WORKERS/ or OCCUPATIONAL THERAPISTS/ or SCHOOL TEACHERS/ or NURSES, COMMUNITY HEALTH/)
95	(neuronavigator? or neuro-navigator?).ti,ab.
96	(trauma nurse? adj3 (coordinator? or co-ordinator?)).ti,ab.
97	key worker?.ti,ab.
98	(discharge adj3 (coordinator? or co-ordinator?)).ti,ab.
99	community p?ediatrician?.ti,ab.
100	SENCO?.ti,ab.
101	health$ assessor?.ti,ab.
102	(housing adj3 (officer? or staff or team? or service? or liaison or occupational therapist? or OT or OTs)).ti,ab.
103	((re-enabl$ or enablement or reabl$ or re-abl$) adj3 (specialist? or team? or service?)).ti,ab.
104	(rehab$ adj10 (case manager? or consultant? or coordinator? or co-ordinator? or p?ediatrician? or general practitioner? or GP or GPs or social worker? or occupational therapist? or OT or OTs or teacher? or community nurse? or district nurse? or SLT or SLTs)).ti,ab.
105	(rehab$ adj10 (speech or language) adj3 (therapist? or pathologist?)).ti,ab.
106	or/92-105
107	PATIENT CARE TEAM/ and (COMMUNITY HEALTH SERVICES/ or COMMUNITY HEALTH NURSING/ or COMMUNITY MENTAL HEALTH SERVICES/ or COMMUNITY PHARMACY SERVICES/)
108	(MODELS, ORGANIZATIONAL/ or "DELIVERY OF HEALTH CARE, INTEGRATED"/ or INTERINSTITUTIONAL RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDEPARTMENTAL RELATIONS/ or INTERPROFESSIONAL RELATIONS/ or INTERDISCIPLINARY COMMUNICATION/ or "CONTINUITY OF PATIENT CARE"/) and (COMMUNITY HEALTH SERVICES/ or COMMUNITY HEALTH NURSING/ or COMMUNITY MENTAL HEALTH SERVICES/ or COMMUNITY PHARMACY SERVICES/)
109	((specialist or non-specialist or trauma$) adj3 (multi-disciplin$ team? or multidisciplin$ team? or MDT?)).ti,ab.
110	(rehab$ adj10 (multi-disciplin$ team? or multidisciplin$ team? or MDT?)).ti,ab.
111	combined clinic?.ti,ab.
112	cohort? clinic?.ti,ab.
113	(interfac$ adj3 team?).ti,ab.
114	(rehab$ adj10 intermediate care).ti,ab.
115	(rehab$ adj10 communit$ adj5 (team? or service?)).ti,ab.
116	(communit$ adj10 (multi-disciplin$ team? or multidisciplin$ team? or MDT?)).ti,ab.
117	or/107-116
118	PATIENT DISCHARGE/ and (MODELS, ORGANIZATIONAL/ or "DELIVERY OF HEALTH CARE, INTEGRATED"/ or INTERINSTITUTIONAL RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDEPARTMENTAL

#	Searches
	RELATIONS/ or INTERPROFESSIONAL RELATIONS/ or INTERDISCIPLINARY COMMUNICATION/ or "CONTINUITY OF PATIENT CARE"/ or PATIENT CARE TEAM/)
119	(support$ adj3 discharg$).ti,ab.
120	homefirst.ti,ab.
121	(discharg$ adj5 plan$ adj5 (service? or team? or meet$ or consult$)).ti,ab.
122	((interinstitution$ or multiinstitution$ or jointinstitution$ or interorgani?ation$ or multiorgani?ation$ or jointorgani?ation$ or intersector$ or multisector$ or jointsector$ or interagenc$ or multiagenc$ or jointagenc$ or interservice$ or multiservice$ or jointservice$ or interdepartment$ or multidepartment$ or jointdepartment$ or interprofession$ or multiprofession$ or jointprofession$ or interdisciplin$ or multidisciplin$ or jointdisciplin$) adj10 discharg$).ti,ab.
123	((inter$ or multi$ or joint$) adj3 (institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$ or disciplin$) adj10 discharg$).ti,ab.
124	((collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or liais$ or connect$ or join$ up) adj5 discharg$).ti,ab.
125	((continuity or continuum) adj3 care adj10 discharg$).ti,ab.
126	(case manager? adj10 discharg$).ti,ab.
127	or/118-126
128	SELF-MANAGEMENT/
129	SELF CARE/ and (MODELS, ORGANIZATIONAL/ or "DELIVERY OF HEALTH CARE, INTEGRATED"/ or INTERINSTITUTIONAL RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDEPARTMENTAL RELATIONS/ or INTERPROFESSIONAL RELATIONS/ or INTERDISCIPLINARY COMMUNICATION/ or "CONTINUITY OF PATIENT CARE"/ or PATIENT CARE TEAM/)
130	SELF CARE/ and SOCIAL SUPPORT/
131	(SOCIAL SUPPORT/ or CHARITIES/ or CONSUMER ORGANIZATIONS/ or ORGANIZATIONS, NONPROFIT/ or VOLUNTARY HEALTH AGENCIES/ or SELF-HELP GROUPS/) and (MODELS, ORGANIZATIONAL/ or "DELIVERY OF HEALTH CARE, INTEGRATED"/ or INTERINSTITUTIONAL RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDEPARTMENTAL RELATIONS/ or INTERPROFESSIONAL RELATIONS/ or INTERDISCIPLINARY COMMUNICATION/ or "CONTINUITY OF PATIENT CARE"/ or PATIENT CARE TEAMS/)
132	(self adj3 manag$ adj5 support$).ti,ab.
133	(rehab$ adj10 (family or families or caregiver? or carer?) adj5 support$).ti,ab.
134	volunt$ organi?ation?.ti,ab.
135	volunt$ sector?.ti,ab.
136	non-government$ organi?ation?.ti,ab.
137	(NGO or NGOs).ti,ab.
138	(charity or charities).ti,ab.
139	(user? adj3 led adj3 organi?ation?).ti,ab.
140	or/128-139
141	*BUDGETS/
142	personal$ budget$.ti,ab.
143	disabled facilities grant?.ti,ab.
144	((pooled or coordinat$ or co-ordinat$ or joint$ or shared) adj3 (budget$ or finance?)).ti,ab.
145	((budget$ or financ$) adj5 discharg$).ti,ab.
146	or/141-145
147	(special$ adj5 (inreach or in-reach or outreach or out-reach)).ti,ab.
148	(special$ adj3 outpatient?).ti,ab.
149	(rehab$ adj3 prescription?).ti,ab.
150	(follow$ up adj3 (meet$ or consultation?)).ti,ab.
151	(follow up adj3 (care or service?) adj10 rehab$).ti,ab.
152	(aftercare adj10 rehab$).ti,ab.
153	((communit$ or outpatient? or post discharg$ or postdischarg$) adj10 rehab$ adj3 (group? or cohort? or non-cohort? or individual$ or intensive$ or non-intensive$ or multi-disciplin$ or multidisciplin$ or MDT or MDTs or uni-disciplin$ or unidisciplin$ or speciali$ or non-speciali$)).ti,ab.
154	or/147-153
155	65 and 75
156	65 and 80
157	65 and 88
158	65 and 91
159	65 and 106
160	65 and 117
161	65 and 127
162	65 and 140
163	65 and 146
164	65 and 154
165	or/155-164
166	limit 165 to english language
167	limit 166 to yr="2000 -Current"
168	LETTER/
169	EDITORIAL/
170	NEWS/
171	exp HISTORICAL ARTICLE/
172	ANECDOTES AS TOPIC/

#	Searches
173	COMMENT/
174	CASE REPORT/
175	(letter or comment*).ti.
176	or/168-175
177	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
178	176 not 177
179	ANIMALS/ not HUMANS/
180	exp ANIMALS, LABORATORY/
181	exp ANIMAL EXPERIMENTATION/
182	exp MODELS, ANIMAL/
183	exp RODENTIA/
184	(rat or rats or mouse or mice).ti.
185	or/178-184
186	167 not 185
187	21 and 186

Databases: Embase; and Embase Classic

Date of last search: 18/03/2020

#	Searches
1	HEALTH ECONOMICS/
2	exp ECONOMIC EVALUATION/
3	exp HEALTH CARE COST/
4	exp FEE/
5	BUDGET/
6	FUNDING/
7	RESOURCE ALLOCATION/
8	budget*.ti,ab.
9	cost*.ti,ab.
10	(economic* or pharmaco?economic*).ti,ab.
11	(price* or pricing*).ti,ab.
12	(financ* or fee or fees or expenditure* or saving*).ti,ab.
13	(value adj2 (money or monetary)).ti,ab.
14	resourc* allocat*.ti,ab.
15	(fund or funds or funding* or funded).ti,ab.
16	(ration or rations or rationing* or rationed).ti,ab.
17	or/1-16
18	(exp INJURY/ not (AUTOMUTILATION/ or BATTERED CHILD SYNDROME/ or BIRTH INJURY/ or exp "BITES AND STINGS"/ or exp DROWNING/ or exp EROSION/ or exp EXPERIMENTAL INJURY/ or exp HEART INJURY/ or IMMUNE INJURY/ or IMMUNE MEDIATED INJURY/ or MEMBRANE DAMAGE/ or PRENATAL INJURY/ or PSYCHOTRAUMA/ or exp RADIATION INJURY/ or exp REPERFUSION INJURY/ or exp RESPIRATORY TRACT INJURY/ or exp RUPTURE/ or STRANGULATION/ or SURGICAL INJURY/ or exp THERMAL INJURY/ or BITE WOUND/ or exp SURGICAL WOUND/)) and (HOSPITALIZATION/ or HOSPITAL ADMISSION/ or HOSPITALIZED ADOLESCENT/ or HOSPITALIZED CHILD/ or exp HOSPITAL/ or EMERGENCY HOSPITAL SERVICE/ or exp INTENSIVE CARE UNIT/ or REHABILITATION CENTER/)
19	(exp INJURY/ not (AUTOMUTILATION/ or BATTERED CHILD SYNDROME/ or BIRTH INJURY/ or exp "BITES AND STINGS"/ or exp DROWNING/ or exp EROSION/ or exp EXPERIMENTAL INJURY/ or exp HEART INJURY/ or IMMUNE INJURY/ or IMMUNE MEDIATED INJURY/ or MEMBRANE DAMAGE/ or PRENATAL INJURY/ or PSYCHOTRAUMA/ or exp RADIATION INJURY/ or exp REPERFUSION INJURY/ or exp RESPIRATORY TRACT INJURY/ or exp RUPTURE/ or STRANGULATION/ or SURGICAL INJURY/ or exp THERMAL INJURY/ or BITE WOUND/ or exp SURGICAL WOUND/)) and (hospitali?ed or hospitali?tion? or ((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?))).ti,ab.
20	((hospitali?ed or hospitali?ation?) adj10 (injur$ or wound$ or trauma$ or burn? or burned or fractur$ or accident?)).ti,ab.
21	((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?) adj5 (injur$ or wound$ or trauma$ or burn? or burned or fractur$ or accident?)).ti,ab.
22	(patient? adj5 trauma$).ti,ab.
23	(patient? adj3 (burn? or burned or fractur$)).ti,ab.
24	wound$ patient?.ti,ab.
25	injur$ patient?.ti,ab.
26	accident$ patient?.ti,ab.
27	(exp INJURY/ not (AUTOMUTILATION/ or BATTERED CHILD SYNDROME/ or BIRTH INJURY/ or exp "BITES AND STINGS"/ or exp DROWNING/ or exp EROSION/ or exp EXPERIMENTAL INJURY/ or exp HEART INJURY/ or IMMUNE INJURY/ or IMMUNE MEDIATED INJURY/ or MEMBRANE DAMAGE/ or PRENATAL INJURY/ or PSYCHOTRAUMA/ or exp RADIATION INJURY/ or exp REPERFUSION INJURY/ or exp RESPIRATORY TRACT INJURY/ or exp RUPTURE/ or STRANGULATION/ or SURGICAL INJURY/ or exp THERMAL INJURY/ or BITE WOUND/ or exp SURGICAL WOUND/)) and trauma$.ti.
28	(exp INJURY/ not (AUTOMUTILATION/ or BATTERED CHILD SYNDROME/ or BIRTH INJURY/ or exp "BITES AND STINGS"/ or exp DROWNING/ or exp EROSION/ or exp EXPERIMENTAL INJURY/ or exp HEART INJURY/ or

#	Searches
	IMMUNE INJURY/ or IMMUNE MEDIATED INJURY/ or MEMBRANE DAMAGE/ or PRENATAL INJURY/ or PSYCHOTRAUMA/ or exp RADIATION INJURY/ or exp REPERFUSION INJURY/ or exp RESPIRATORY TRACT INJURY/ or exp RUPTURE/ or STRANGULATION/ or SURGICAL INJURY/ or exp THERMAL INJURY/ or BITE WOUND/ or exp SURGICAL WOUND/)) and trauma$.ab. /freq=2
29	MULTIPLE TRAUMA/
30	TRAUMATOLOGY/
31	(trauma$ adj5 (injur$ or wound$ or burn? or burned or fractur$)).ti,ab.
32	((complex$ or multiple or critical$) adj3 (injur$ or wound$ or burn? or burned or fractur$)).ti,ab.
33	(trauma$ adj3 (severe or severely or major or multiple)).ti,ab.
34	((injur$ or wound$ or burn? or burned or fractur$) adj2 (severe or severely or major or multiple)).ti,ab.
35	((physical$ or body or bodily) adj3 (injur$ or wound$ or trauma$ or burn? or burned or fractur$)).ti,ab.
36	(acute adj1 (injur$ or trauma$ or wound$ or burn? or burned or fractur$)).ti,ab.
37	(polytrauma? or poly-trauma?).ti,ab.
38	traumatolog$.ti,ab.
39	(ACCIDENT/ or FALLING/ or HOME ACCIDENT/ or exp OCCUPATIONAL ACCIDENT/ or TRAFFIC ACCIDENT/) and (exp INJURY/ not (AUTOMUTILATION/ or BATTERED CHILD SYNDROME/ or BIRTH INJURY/ or exp "BITES AND STINGS"/ or exp DROWNING/ or exp EROSION/ or exp EXPERIMENTAL INJURY/ or exp HEART INJURY/ or IMMUNE INJURY/ or IMMUNE MEDIATED INJURY/ or MEMBRANE DAMAGE/ or PRENATAL INJURY/ or PSYCHOTRAUMA/ or exp RADIATION INJURY/ or exp REPERFUSION INJURY/ or exp RESPIRATORY TRACT INJURY/ or exp RUPTURE/ or STRANGULATION/ or SURGICAL INJURY/ or exp THERMAL INJURY/ or BITE WOUND/ or exp SURGICAL WOUND/))
40	(ACCIDENT/ or FALLING/ or HOME ACCIDENT/ or exp OCCUPATIONAL ACCIDENT/ or TRAFFIC ACCIDENT/) and (injur$ or wound? or trauma$ or burn? or burned or fractur$).ti.
41	(ACCIDENT/ or FALLING/ or HOME ACCIDENT/ or exp OCCUPATIONAL ACCIDENT/ or TRAFFIC ACCIDENT/) and (injur$ or wound? or trauma$ or burn? or burned or fractur$).ab. /freq=2
42	(accident? adj5 (injur$ or wound$ or trauma$ or burn? or burned or fractur$)).ti,ab.
43	(accident? adj3 (serious$ or severe or severely or major)).ti,ab.
44	(ACCIDENT/ or FALLING/ or HOME ACCIDENT/ or exp OCCUPATIONAL ACCIDENT/ or TRAFFIC ACCIDENT/) and (HOSPITALIZATION/ or HOSPITAL ADMISSION/ or HOSPITALIZED ADOLESCENT/ or HOSPITALIZED CHILD/ or exp HOSPITAL/ or EMERGENCY HOSPITAL SERVICE/ or exp INTENSIVE CARE UNIT/ or REHABILITATION CENTER/)
45	(ACCIDENT/ or FALLING/ or HOME ACCIDENT/ or exp OCCUPATIONAL ACCIDENT/ or TRAFFIC ACCIDENT/) and (hospitali?ed or hospitali?tion? or ((admi$ or stay? or stayed or treat$ or present$) adj5 (hospital? or unit? or intensive care or ICU? or PICU? or NICU? or department? or centre? or center?))).ti,ab.
46	*SPINAL CORD INJURY/ or *SPINAL CORD COMPRESSION/
47	exp *THORAX INJURY/ or *ACUTE LUNG INJURY/ or exp *RIB FRACTURE/
48	exp *NERVE INJURY/
49	exp *AMPUTATION/ or *AMPUTEE/ or *LIMB SALVAGE/
50	((spinal$ or spine? or chest? or thoracic$ or nerve?) adj3 injur$).ti.
51	((spinal$ or spine?) adj3 cord? adj3 compress$).ti.
52	((Flail$ or stove in) adj3 chest?).ti.
53	(rib? adj3 fractur$).ti.
54	((brachial or lumbosacral or lumba or sacral or cervical or coccygeal) adj3 plexus adj3 injur$).ti.
55	(amputat$ or amputee?).ti.
56	(limb? adj3 (loss or losing or lost or salvag$ or re-construct$ or reconstruct$)).ti.
57	*HEAD INJURY/
58	(head adj3 injur$).ti.
59	exp *BRAIN INJURY/
60	(brain adj3 injur$).ti.
61	or/18-60
62	exp REHABILITATION/ and (NONBIOLOGICAL MODEL/ or INTEGRATED HEALTH CARE SYSTEM/ or PUBLIC RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDISCIPLINARY COMMUNICATION/ or MULTIDISCIPLINARY TEAM/ or COLLABORATIVE CARE TEAM/ or *PATIENT CARE/)
63	rh.fs. and (NONBIOLOGICAL MODEL/ or INTEGRATED HEALTH CARE SYSTEM/ or PUBLIC RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDISCIPLINARY COMMUNICATION/ or MULTIDISCIPLINARY TEAM/ or COLLABORATIVE CARE TEAM/)
64	((interinstitution$ or multiinstitution$ or jointinstitution$ or interorgani?ation$ or multiorgani?ation$ or jointorgani?ation$ or intersector$ or multisector$ or jointsector$ or interagenc$ or multiagenc$ or jointagenc$ or interservice$ or multiservice$ or jointservice$ or interdepartment$ or multidepartment$ or jointdepartment$ or interprofession$ or multiprofession$ or jointprofession$) adj10 rehab$).ti,ab.
65	((inter or multi or joint) adj3 (institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$) adj10 rehab$).ti,ab.
66	((interdisciplin$ or multidisciplin$ or jointdisciplin$) adj5 rehab$).ti.
67	((inter or multi or joint) adj3 disciplin$ adj5 rehab$).ti.
68	((interdisciplin$ or multidisciplin$ or jointdisciplin$) adj10 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or network$ or communicat$) adj10 rehab$).ti,ab.
69	((inter or multi or joint) adj3 disciplin$ adj10 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or network$ or communicat$) adj10 rehab$).ti,ab.
70	((institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$ or disciplin$ or care) adj5 (collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partnership? or network$ or across) adj5 rehab$).ti,ab.
71	or/62-70

#	Searches
72	(*HOSPITAL PATIENT/ or OUTPATIENT/) and (NONBIOLOGICAL MODEL/ or INTEGRATED HEALTH CARE SYSTEM/ or PUBLIC RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDISCIPLINARY COMMUNICATION/ or MULTIDISCIPLINARY TEAM/ or COLLABORATIVE CARE TEAM/ or *PATIENT CARE/)
73	((interinstitution$ or multiinstitution$ or jointinstitution$ or interorgani?ation$ or multiorgani?ation$ or jointorgani?ation$ or intersector$ or multisector$ or jointsector$ or interagenc$ or multiagenc$ or jointagenc$ or interservice$ or multiservice$ or jointservice$ or interdepartment$ or multidepartment$ or jointdepartment$ or interprofession$ or multiprofession$ or jointprofession$ or interdisciplin$ or multidisciplin$ or jointdisciplin$) adj5 (inpatient? or outpatient?)).ti,ab.
74	((inter$ or multi$ or joint$) adj3 (institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$ or disciplin$) adj5 (inpatient? or outpatient?)).ti,ab.
75	((collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or liais$ or connect$ or join$ up) adj5 (inpatient? or outpatient?)).ti,ab.
76	or/72-75
77	(AFTERCARE/ or TRANSITION TO ADULT CARE/ or TRANSITIONAL CARE/) and (NONBIOLOGICAL MODEL/ or INTEGRATED HEALTH CARE SYSTEM/ or PUBLIC RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDISCIPLINARY COMMUNICATION/ or MULTIDISCIPLINARY TEAM/ or COLLABORATIVE CARE TEAM/ or *PATIENT CARE/)
78	*PATIENT CARE/ and (NONBIOLOGICAL MODEL/ or INTEGRATED HEALTH CARE SYSTEM/ or PUBLIC RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDISCIPLINARY COMMUNICATION/ or MULTIDISCIPLINARY TEAM/ or COLLABORATIVE CARE TEAM/)
79	((interinstitution$ or multiinstitution$ or jointinstitution$ or interorgani?ation$ or multiorgani?ation$ or jointorgani?ation$ or intersector$ or multisector$ or jointsector$ or interagenc$ or multiagenc$ or jointagenc$ or interservice$ or multiservice$ or jointservice$ or interdepartment$ or multidepartment$ or jointdepartment$ or interprofession$ or multiprofession$ or jointprofession$ or interdisciplin$ or multidisciplin$ or jointdisciplin$) adj10 transition$).ti,ab.
80	((inter$ or multi$ or joint$) adj3 (institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$ or disciplin$) adj10 transition$).ti,ab.
81	((collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or liais$ or connect$ or join$ up) adj10 transition$).ti,ab.
82	((continuity or continuum) adj3 care adj10 transition$).ti,ab.
83	((continuity or continuum) adj3 care adj10 rehab$).ti,ab.
84	(case manager? adj10 transition$).ti,ab.
85	or/77-84
86	(HEALTH SERVICE/ or CHILD HEALTH CARE/ or COMMUNITY CARE/ or HOME CARE/ or MENTAL HEALTH SERVICE/ or *NURSING/ or exp *HEALTH CARE PERSONNEL/) and (SOCIAL CARE/ or SOCIAL WORK/ or SOCIAL WORKER/)
87	((health$ or NHS or clinical or clinician? or medical or medic? or physician? or consultant? or nurse? or general practitioner? or GP? or occupational therapist? or OT? or allied health professional? or AHP? or ((speech or language) adj3 therapist?) or SLT?) adj7 (social$ adj3 (work$ or care or service?)) adj7 (rehab$ or deliver$ or collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or liais$ or connect$ or join$ up or inpatient? or outpatient? or transition$ or discharg$ or assess$)).ti,ab.
88	or/86-87
89	*NURSE ADMINISTRATOR/
90	CARE COORDINATOR/
91	exp REHABILITATION/ and (PEDIATRICIANS/ or *GENERAL PRACTITIONERS/ or *SOCIAL WORKERS/ or *OCCUPATIONAL THERAPISTS/ or SCHOOL TEACHERS/)
92	(neuronavigator? or neuro-navigator?).ti,ab.
93	(trauma nurse? adj3 (coordinator? or co-ordinator?)).ti,ab.
94	key worker?.ti,ab.
95	(discharge adj3 (coordinator? or co-ordinator?)).ti,ab.
96	community p?ediatrician?.ti,ab.
97	SENCO?.ti,ab.
98	health$ assessor?.ti,ab.
99	(housing adj3 (officer? or staff or team? or service? or liaison or occupational therapist? or OT or OTs)).ti,ab.
100	((re-enabl$ or enablement or reabl$ or re-abl$) adj3 (specialist? or team? or service?)).ti,ab.
101	(rehab$ adj7 (case manager? or consultant? or coordinator? or co-ordinator? or p?ediatrician? or general practitioner? or GP or GPs or social worker? or occupational therapist? or OT or OTs or teacher? or community nurse? or district nurse? or SLT or SLTs)).ti,ab.
102	(rehab$ adj7 (speech or language) adj3 (therapist? or pathologist?)).ti,ab.
103	or/89-102
104	(*PATIENT CARE/ or MULTIDISCIPLINARY TEAM/ or COLLABORATIVE CARE TEAM/) and (COMMUNITY CARE/ or COMMUNITY BASED REHABILITATION/ or COMMUNITY HEALTH NURSING/)
105	(NONBIOLOGICAL MODEL/ or INTEGRATED HEALTH CARE SYSTEM/ or PUBLIC RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDISCIPLINARY COMMUNICATION/) and (COMMUNITY CARE/ or COMMUNITY BASED REHABILITATION/ or COMMUNITY HEALTH NURSING/)
106	((specialist or non-specialist or trauma$) adj3 (multi-disciplin$ team? or multidisciplin$ team? or MDT?)).ti,ab.
107	(rehab$ adj10 (multi-disciplin$ team? or multidisciplin$ team? or MDT?)).ti,ab.
108	combined clinic?.ti,ab.
109	cohort? clinic?.ti,ab.
110	(interfac$ adj3 team?).ti,ab.
111	(rehab$ adj10 intermediate care).ti,ab.
112	(rehab$ adj7 communit$ adj5 (team? or service?)).ti,ab.
113	(communit$ adj10 (multi-disciplin$ team? or multidisciplin$ team? or MDT?)).ti,ab.

#	Searches
114	or/104-113
115	HOSPITAL DISCHARGE/ and (NONBIOLOGICAL MODEL/ or INTEGRATED HEALTH CARE SYSTEM/ or PUBLIC RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDISCIPLINARY COMMUNICATION/ or MULTIDISCIPLINARY TEAM/ or COLLABORATIVE CARE TEAM/)
116	*HOSPITAL DISCHARGE/ and *PATIENT CARE/
117	(support$ adj3 discharg$).ti,ab.
118	homefirst.ti,ab.
119	(discharg$ adj5 plan$ adj5 (service? or team? or meet$ or consult$)).ti,ab.
120	((interinstitution$ or multiinstitution$ or jointinstitution$ or interorgani?ation$ or multiorgani?ation$ or jointorgani?ation$ or intersector$ or multisector$ or jointsector$ or interagenc$ or multiagenc$ or jointagenc$ or interservice$ or multiservice$ or jointservice$ or interdepartment$ or multidepartment$ or jointdepartment$ or interprofession$ or multiprofession$ or jointprofession$ or interdisciplin$ or multidisciplin$ or jointdisciplin$) adj7 discharg$).ti,ab.
121	((inter$ or multi$ or joint$) adj3 (institution$ or organi?ation$ or sector$ or agenc$ or service? or department$ or profession$ or disciplin$) adj7 discharg$).ti,ab.
122	((collaborat$ or coordinat$ or co-ordinat$ or cooperat$ or co-operat$ or integrat$ or partner$ or liais$ or connect$ or join$ up) adj5 discharg$).ti,ab.
123	((continuity or continuum) adj3 care adj10 discharg$).ti,ab.
124	(case manager? adj10 discharg$).ti,ab.
125	or/115-124
126	SELF CARE/ and (NONBIOLOGICAL MODEL/ or INTEGRATED HEALTH CARE SYSTEM/ or PUBLIC RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDISCIPLINARY COMMUNICATION/ or MULTIDISCIPLINARY TEAM/ or COLLABORATIVE CARE TEAM/ or *PATIENT CARE/)
127	SELF CARE/ and SOCIAL SUPPORT/
128	(SOCIAL SUPPORT/ or SOCIAL WELFARE/ or CONSUMER ORGANIZATION/ or NON PROFIT ORGANIZATION/ or SELF HELP/) and (NONBIOLOGICAL MODEL/ or INTEGRATED HEALTH CARE SYSTEM/ or PUBLIC RELATIONS/ or INTERSECTORAL COLLABORATION/ or INTERDISCIPLINARY COMMUNICATION/ or MULTIDISCIPLINARY TEAM/ or COLLABORATIVE CARE TEAM/ or *PATIENT CARE/)
129	(self adj3 manag$ adj5 support$).ti,ab.
130	(rehab$ adj10 (family or families or caregiver? or carer?) adj5 support$).ti,ab.
131	volunt$ organi?ation?.ti,ab.
132	volunt$ sector?.ti,ab.
133	non-government$ organi?ation?.ti,ab.
134	(NGO or NGOs).ti,ab.
135	(charity or charities).ti,ab.
136	(user? adj3 led adj3 organi?ation?).ti,ab.
137	or/126-136
138	*BUDGET/
139	personal$ budget$.ti,ab.
140	disabled facilities grant?.ti,ab.
141	((pooled or coordinat$ or co-ordinat$ or joint$ or shared) adj3 (budget$ or finance?)).ti,ab.
142	((budget$ or financ$) adj5 discharg$).ti,ab.
143	or/138-142
144	(special$ adj5 (inreach or in-reach or outreach or out-reach)).ti,ab.
145	(special$ adj3 outpatient?).ti,ab.
146	(rehab$ adj3 prescription?).ti,ab.
147	(follow$ up adj3 (meet$ or consultation?)).ti,ab.
148	(follow up adj3 (care or service?) adj10 rehab$).ti,ab.
149	(aftercare adj10 rehab$).ti,ab.
150	((communit$ or outpatient? or post discharg$ or postdischarg$) adj10 rehab$ adj3 (group? or cohort? or non-cohort? or individual$ or intensive$ or non-intensive$ or multi-disciplin$ or multidisciplin$ or MDT or MDTs or uni-disciplin$ or unidisciplin$ or speciali$ or non-speciali$)).ti,ab.
151	or/144-150
152	61 and 71
153	61 and 76
154	61 and 85
155	61 and 88
156	61 and 103
157	61 and 114
158	61 and 125
159	61 and 137
160	61 and 143
161	61 and 151
162	or/152-161
163	limit 162 to english language
164	limit 163 to yr="2000 -Current"
165	letter.pt. or LETTER/
166	note.pt.
167	editorial.pt.
168	CASE REPORT/ or CASE STUDY/
169	(letter or comment*).ti.

#	Searches
170	or/165-169
171	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
172	170 not 171
173	ANIMAL/ not HUMAN/
174	NONHUMAN/
175	exp ANIMAL EXPERIMENT/
176	exp EXPERIMENTAL ANIMAL/
177	ANIMAL MODEL/
178	exp RODENT/
179	(rat or rats or mouse or mice).ti.
180	or/172-179
181	164 not 180
182	17 and 181

Databases: Cochrane Central Register of Controlled Trials (CCTR)

Date of last search: 18/03/2020

#	Searches
#1	MeSH descriptor: [Economics] this term only
#2	MeSH descriptor: [Value of Life] this term only
#3	MeSH descriptor: [Costs and Cost Analysis] explode all trees
#4	MeSH descriptor: [Economics, Hospital] explode all trees
#5	MeSH descriptor: [Economics, Medical] explode all trees
#6	MeSH descriptor: [Resource Allocation] explode all trees
#7	MeSH descriptor: [Economics, Nursing] this term only
#8	MeSH descriptor: [Economics, Pharmaceutical] this term only
#9	MeSH descriptor: [Fees and Charges] explode all trees
#10	MeSH descriptor: [Budgets] explode all trees
#11	budget*:ti,ab
#12	cost*:ti,ab
#13	(economic* or pharmaco?economic*):ti,ab
#14	(price* or pricing*):ti,ab
#15	(financ* or fee or fees or expenditure* or saving*):ti,ab
#16	(value near/2 (money or monetary)):ti,ab
#17	resourc* allocat*:ti,ab
#18	(fund or funds or funding* or funded):ti,ab
#19	(ration or rations or rationing* or rationed) .ti,ab.
#20	#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19
#21	([mh "WOUNDS AND INJURIES"] not ([mh ^ASPHYXIA] or [mh ^"BATTERED CHILD SYNDROME"] or [mh "BIRTH INJURIES"] or [mh "BITES AND STINGS"] or [mh DROWNING] or [mh ^"EXTRAVASATION OF DIAGNOSTIC AND THERAPEUTIC MATERIALS"] or [mh ^FROSTBITE] or [mh "HEAT STRESS DISORDERS"] or [mh "RADIATION INJURIES"] or [mh ^RETROPNEUMOPERITONEUM] or [mh ^"SURGICAL WOUND"]))
#22	([mh ^HOSPITALIZATION] or [mh ^"PATIENT ADMISSION"] or [mh ^"ADOLESCENT, HOSPITALIZED"] or [mh ^"CHILD, HOSPITALIZED"] or [mh HOSPITALS] or [mh "EMERGENCY SERVICE, HOSPITAL"] or [mh "INTENSIVE CARE UNITS"] or [mh ^"REHABILITATION CENTERS"])
#23	#21 and #22
#24	(hospitalised or hospitalized or hospitalistion* or hospitaliztion* or ((admi* or stay* or stayed or treat* or present*) near/5 (hospital* or unit* or "intensive care" or ICU* or PICU* or NICU* or department* or centre* or center*))):ti,ab
#25	#21 and #24
#26	((hospitalised or hospitalized or hospitalistion* or hospitaliztion*) near/10 (injur* or wound* or trauma* or burn* or burned or fractur* or accident*)):ti,ab
#27	((admi* or stay* or stayed or treat* or present*) near/5 (hospital* or unit* or "intensive care" or ICU* or PICU* or NICU* or department* or centre* or center*) near/5 (injur* or wound* or trauma* or burn* or burned or fractur* or accident*)):ti,ab
#28	(patient* near/5 trauma*):ti,ab
#29	(patient* near/3 (burn* or burned or fractur*)):ti,ab
#30	"wound* patient*":ti,ab
#31	"injur* patient*":ti,ab
#32	"accident* patient*":ti,ab
#33	trauma*:ti,ab
#34	#21 and #33
#35	[mh "MULTIPLE TRAUMA"]
#36	[mh ^TRAUMATOLOGY]
#37	(trauma* near/5 (injur* or wound* or burn* or burned or fractur*)):ti,ab
#38	((complex* or multiple or critical*) near/3 (injur* or wound* or burn* or burned or fractur*)):ti,ab
#39	(trauma* near/3 (severe or severely or major or multiple)):ti,ab
#40	((injur* or wound* or burn* or burned or fractur*) near/2 (severe or severely or major or multiple)):ti,ab
#41	((physical* or body or bodily) near/3 (injur* or wound* or trauma* or burn* or burned or fractur*)):ti,ab
#42	(acute near/1 (injur* or trauma* or wound* or burn* or burned or fractur*)):ti,ab

#	Searches
#43	(polytrauma* or poly-trauma*):ti,ab
#44	traumatolog*:ti,ab
#45	([mh ^ACCIDENTS] or [mh ^"ACCIDENTAL FALLS"] or [mh ^"ACCIDENTS, HOME"] or [mh ^"ACCIDENTS, OCCUPATIONAL"] or [mh ^"ACCIDENTS, TRAFFIC"])
#46	#21 and #45
#47	(injur* or wound* or trauma* or burn* or burned or fractur*):ti,ab
#48	#45 and #47
#49	(accident* near/5 (injur* or wound* or trauma* or burn* or burned or fractur*)):ti,ab
#50	(accident* near/3 (serious* or severe or severely or major)):ti,ab
#51	#22 and #45
#52	(hospitalised or hospitalized or hospitalistion* or hospitaliztion* or ((admi* or stay* or stayed or treat* or present*) near/5 (hospital* or unit* or intensive care or ICU* or PICU* or NICU* or department* or centre* or center*))):ti,ab
#53	#45 and #52
#54	[mh ^"SPINAL CORD INJURIES"] or [mh ^"SPINAL CORD COMPRESSION"]
#55	[mh "THORACIC INJURIES"] or [mh ^"ACUTE LUNG INJURY"]
#56	[mh ^"PERIPHERAL NERVE INJURIES"] or [mh "CRANIAL NERVE INJURIES"]
#57	[mh AMPUTATION] or [mh ^"AMPUTATION, TRAUMATIC"] or [mh ^AMPUTEES] or [mh ^"AMPUTATION STUMPS"] or [mh ^"LIMB SALVAGE"]
#58	((spinal* or spine* or chest* or thoracic* or nerve*) near/3 injur*):ti
#59	((spinal* or spine*) near/3 cord* near/3 compress*):ti
#60	((Flail* or stove in) near/3 chest*):ti
#61	(rib* near/3 fractur*):ti
#62	((brachial or lumbosacral or lumba or sacral or cervical or coccygeal) near/3 plexus near/3 injur*):ti
#63	(amputat* or amputee*):ti
#64	(limb* near/3 (loss or losing or lost or salvag* or re-construct* or reconstruct*)):ti
#65	[mh ^"HEAD INJURIES, CLOSED"] or [mh ^"HEAD INJURIES, PENETRATING"]
#66	(head near/3 injur*):ti
#67	[mh "BRAIN INJURIES"]
#68	(brain near/3 injur*):ti
#69	#23 or #25 or #26 or #27 or #28 or #29 or #30 or #31 or #32 or #34 or #35 or #36 or #37 or #38 or #39 or #40 or #41 or #42 or #43 or #44 or #46 or #48 or #49 or #50 or #51 or #53 or #54 or #55 or #56 or #57 or #58 or #59 or #60 or #61 or #62 or #63 or #64 or #65 or #66 or #67 or #68
#70	[mh REHABILITATION] and ([mh ^"MODELS, ORGANIZATIONAL"] or [mh ^"DELIVERY OF HEALTH CARE, INTEGRATED"] or [mh ^"INTERINSTITUTIONAL RELATIONS"] or [mh ^"INTERSECTORAL COLLABORATION"] or [mh ^"INTERDEPARTMENTAL RELATIONS"] or [mh ^"INTERPROFESSIONAL RELATIONS"] or [mh ^"INTERDISCIPLINARY COMMUNICATION"] or [mh ^"CONTINUITY OF PATIENT CARE"] or [mh ^"PATIENT CARE TEAM"])
#71	MeSH descriptor: [] explode all trees and with qualifier(s): [rehabilitation - RH]
#72	([mh ^"MODELS, ORGANIZATIONAL"] or [mh ^"DELIVERY OF HEALTH CARE, INTEGRATED"] or [mh ^"INTERINSTITUTIONAL RELATIONS"] or [mh ^"INTERSECTORAL COLLABORATION"] or [mh ^"INTERDEPARTMENTAL RELATIONS"] or [mh ^"INTERPROFESSIONAL RELATIONS"] or [mh ^"INTERDISCIPLINARY COMMUNICATION"])
#73	#71 and #72
#74	((interinstitution* or multiinstitution* or jointinstitution* or interorganisation* or interorganization* or multiorganisation* or multiorganization* or jointorganisation* or jointorganization* or intersector* or multisector* or jointsector* or interagenc* or multiagenc* or jointagenc* or interservice* or multiservice* or jointservice* or interdepartment* or multidepartment* or jointdepartment* or interprofession* or multiprofession* or jointprofession*) near/10 rehab*):ti,ab
#75	((inter or multi or joint) near/3 (institution* or organisation* or organization* or sector* or agenc* or service* or department* or profession*) near/10 rehab*):ti,ab
#76	((interdisciplin* or multidisciplin* or jointdisciplin*) near/5 rehab*):ti
#77	((inter or multi or joint) near/3 disciplin* near/5 rehab*):ti
#78	((interdisciplin* or multidisciplin* or jointdisciplin*) near/10 (collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partner* or network* or communicat*) near/10 rehab*):ti,ab
#79	((inter or multi or joint) near/3 disciplin* near/10 (collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partner* or network* or communicat*) near/10 rehab*):ti,ab
#80	((institution* or organisation* or organization* or sector* or agenc* or service* or department* or profession* or disciplin* or care) near/5 (collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partnership* or network* or across) near/5 rehab*):ti,ab
#81	#70 or #73 or #74 or #75 or #76 or #77 or #78 or #79 or #80
#82	([mh ^INPATIENTS] or [mh ^OUTPATIENTS]) and ([mh ^"MODELS, ORGANIZATIONAL"] or [mh ^"DELIVERY OF HEALTH CARE, INTEGRATED"] or [mh ^"INTERINSTITUTIONAL RELATIONS"] or [mh ^"INTERSECTORAL COLLABORATION"] or [mh ^"INTERDEPARTMENTAL RELATIONS"] or [mh ^"INTERPROFESSIONAL RELATIONS"] or [mh ^"INTERDISCIPLINARY COMMUNICATION"] or [mh ^"CONTINUITY OF PATIENT CARE"] or [mh ^"PATIENT CARE TEAM"])
#83	((interinstitution* or multiinstitution* or jointinstitution* or interorganisation* or interorganization* or multiorganisation* or multiorganization* or jointorganisation* or jointorganization* or intersector* or multisector* or jointsector* or interagenc* or multiagenc* or jointagenc* or interservice* or multiservice* or jointservice* or interdepartment* or multidepartment* or jointdepartment* or interprofession* or multiprofession* or jointprofession* or interdisciplin* or multidisciplin* or jointdisciplin*) near/7 (inpatient* or outpatient*)):ti,ab
#84	((inter* or multi* or joint*) near/3 (institution* or organisation* or organization* or sector* or agenc* or service* or department* or profession* or disciplin*) near/7 (inpatient* or outpatient*)):ti,ab
#85	((collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partner* or liais* or connect* or

#	Searches
	"join* up") near/7 (inpatient* or outpatient*)):ti,ab
#86	#82 or #83 or #84 or #85
#87	[mh ^"CONTINUITY OF PATIENT CARE"] and ([mh ^"MODELS, ORGANIZATIONAL"] or [mh ^"DELIVERY OF HEALTH CARE, INTEGRATED"] or [mh ^"INTERINSTITUTIONAL RELATIONS"] or [mh ^"INTERSECTORAL COLLABORATION"] or [mh ^"INTERDEPARTMENTAL RELATIONS"] or [mh ^"INTERPROFESSIONAL RELATIONS"] or [mh ^"INTERDISCIPLINARY COMMUNICATION"] or [mh ^"PATIENT CARE TEAM"])
#88	((interinstitution* or multiinstitution* or jointinstitution* or interorganisation* or interorganization* or multiorganisation* or multiorganization* or jointorganisation* or jointorganization* or intersector* or multisector* or jointsector* or interagenc* or multiagenc* or jointagenc* or interservice* or multiservice* or jointservice* or interdepartment* or multidepartment* or jointdepartment* or interprofession* or multiprofession* or jointprofession* or interdisciplin* or multidisciplin* or jointdisciplin*) near/10 transition*):ti,ab
#89	((inter* or multi* or joint*) near/3 (institution* or organisation* or organization* or sector* or agenc* or service* or department* or profession* or disciplin*) near/10 transition*):ti,ab
#90	((collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partner* or liais* or connect* or "join* up") near/10 transition*):ti,ab
#91	((continuity or continuum) near/3 care near/10 transition*):ti,ab
#92	((continuity or continuum) near/3 care near/10 rehab*):ti,ab
#93	("case manager*" near/10 transition*):ti,ab
#94	#87 or #88 or #89 or #90 or #91 or #92 or #93
#95	([mh ^"HEALTH SERVICES"] or [mh ^"CHILD HEALTH SERVICES"] or [mh ^"ADOLESCENT HEALTH SERVICES"] or [mh ^"COMMUNITY HEALTH SERVICES"] or [mh ^"HOME CARE SERVICES"] or [mh ^"HEALTH SERVICES FOR PEOPLE WITH DISABILITIES"] or [mh ^"MENTAL HEALTH SERVICES"] or [mh ^"NURSING SERVICES"] or [mh "HEALTH PERSONNEL"]) and ([mh "SOCIAL WORK"] or [mh ^"SOCIAL WORK, PSYCHIATRIC"] or [mh ^"SOCIAL WORKERS"])
#96	((health* or NHS or clinical or clinician* or medical or medic* or physician* or consultant* or nurse* or "general practitioner*" or GP OR GPs or "occupational therapist*" or OT or OTs or "allied health professional*" or AHP* or ((speech or language) near/3 therapist*) or SLT*) near/10 (social* near/3 (work* or care or service*)) near/10 (rehab* or deliver* or collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partner* or liais* or connect* or "join* up" or inpatient* or outpatient* or transition* or discharg* or assess*)):ti,ab
#97	#95 or #96
#98	[mh ^"NURSE ADMINISTRATORS"]
#99	[mh ^"CASE MANAGERS"]
#100	[mh REHABILITATION] and ([mh ^CONSULTANTS] or [mh ^PEDIATRICIANS] or [mh ^"GENERAL PRACTITIONERS"] or [mh ^"SOCIAL WORKERS"] or [mh ^"OCCUPATIONAL THERAPISTS"] or [mh ^"SCHOOL TEACHERS"] or [mh ^"NURSES, COMMUNITY HEALTH"])
#101	(neuronavigator* or neuro-navigator*):ti,ab
#102	("trauma nurse*" near/3 (coordinator* or co-ordinator*)):ti,ab
#103	"key worker*":ti,ab
#104	(discharge near/3 (coordinator* or co-ordinator*)):ti,ab
#105	("community paediatrician*" or "community pediatrician*"):ti,ab
#106	SENCO*:ti,ab
#107	"health* assessor*":ti,ab
#108	(housing near/3 (officer* or staff or team* or service* or liaison or "occupational therapist*" or OT or OTs)):ti,ab
#109	((re-enabl* or enablement or reabl* or re-abl*) near/3 (specialist* or team* or service*)):ti,ab
#110	(rehab* near/10 ("case manager*" or consultant* or coordinator* or co-ordinator* or p*ediatrician* or "general practitioner*" or GP or GPs or "social worker*" or "occupational therapist*" or OT or OTs or teacher* or "community nurse*" or "district nurse*" or SLT or SLTs)):ti,ab
#111	(rehab* near/10 (speech or language) near/3 (therapist* or pathologist*)):ti,ab
#112	#98 or #99 or #100 or #101 or #102 or #103 or #104 or #105 or #106 or #107 or #108 or #109 or #110 or #111
#113	[mh ^"PATIENT CARE TEAM"] and ([mh ^"COMMUNITY HEALTH SERVICES"] or [mh ^"COMMUNITY HEALTH NURSING"] or [mh ^"COMMUNITY MENTAL HEALTH SERVICES"] or [mh ^"COMMUNITY PHARMACY SERVICES"])
#114	([mh ^"MODELS, ORGANIZATIONAL"] or [mh ^"DELIVERY OF HEALTH CARE, INTEGRATED"] or [mh ^"INTERINSTITUTIONAL RELATIONS"] or [mh ^"INTERSECTORAL COLLABORATION"] or [mh ^"INTERDEPARTMENTAL RELATIONS"] or [mh ^"INTERPROFESSIONAL RELATIONS"] or [mh ^"INTERDISCIPLINARY COMMUNICATION"] or [mh ^"CONTINUITY OF PATIENT CARE"] or [mh ^"PATIENT CARE TEAM"]) and ([mh ^"COMMUNITY HEALTH SERVICES"] or [mh ^"COMMUNITY HEALTH NURSING"] or [mh ^"COMMUNITY MENTAL HEALTH SERVICES"] or [mh ^"COMMUNITY PHARMACY SERVICES"])
#115	((specialist or non-specialist or trauma*) near/3 ("multi-disciplin* team*" or "multidisciplin* team*" or MDT or MDTs)):ti,ab
#116	(rehab* near/10 ("multi-disciplin* team*" or "multidisciplin* team*" or MDT or MDTs)):ti,ab
#117	"combined clinic*":ti,ab
#118	"cohort* clinic*":ti,ab
#119	(interfac* near/3 team*):ti,ab
#120	(rehab* near/10 "intermediate care"):ti,ab
#121	(rehab* near/10 communit* near/5 (team* or service*)):ti,ab
#122	(communit* near/10 ("multi-disciplin* team*" or "multidisciplin* team*" or MDT or MDTs)):ti,ab
#123	#113 or #114 or #115 or #116 or #117 or #118 or #119 or #120 or #121 or #122
#124	[mh ^"PATIENT DISCHARGE"] and ([mh ^"MODELS, ORGANIZATIONAL"] or [mh ^"DELIVERY OF HEALTH CARE, INTEGRATED"] or [mh ^"INTERINSTITUTIONAL RELATIONS"] or [mh ^"INTERSECTORAL COLLABORATION"] or [mh ^"INTERDEPARTMENTAL RELATIONS"] or [mh ^"INTERPROFESSIONAL RELATIONS"] or [mh ^"INTERDISCIPLINARY COMMUNICATION"] or [mh ^"CONTINUITY OF PATIENT CARE"] or [mh ^"PATIENT CARE TEAM"])

#	Searches
#125	(support* near/3 discharg*):ti,ab
#126	homefirst:ti,ab
#127	(discharg* near/5 plan* near/5 (service* or team* or meet* or consult*)):ti,ab
#128	((interinstitution* or multiinstitution* or jointinstitution* or interorganisation* or interorganization* or multiorganisation* or multiorganization* or jointorganisation* or jointorganization* or intersector* or multisector* or jointsector* or interagenc* or multiagenc* or jointagenc* or interservice* or multiservice* or jointservice* or interdepartment* or multidepartment* or jointdepartment* or interprofession* or multiprofession* or jointprofession* or interdisciplin* or multidisciplin* or jointdisciplin*) near/10 discharg*):ti,ab
#129	((inter* or multi* or joint*) near/3 (institution* or organisation* or organization* or sector* or agenc* or service* or department* or profession* or disciplin*) near/10 discharg*):ti,ab
#130	((collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partner* or liais* or connect* or "join* up") near/5 discharg*):ti,ab
#131	((continuity or continuum) near/3 care near/10 discharg*):ti,ab
#132	("case manager*" near/10 discharg*):ti,ab
#133	#124 or #125 or #126 or #127 or #128 or #129 or #130 or #131 or #132
#134	[mh ^"SELF-MANAGEMENT"]
#135	[mh ^"SELF CARE"] and ([mh ^"MODELS, ORGANIZATIONAL"] or [mh ^"DELIVERY OF HEALTH CARE, INTEGRATED"] or [mh ^"INTERINSTITUTIONAL RELATIONS"] or [mh ^"INTERSECTORAL COLLABORATION"] or [mh ^"INTERDEPARTMENTAL RELATIONS"] or [mh ^"INTERPROFESSIONAL RELATIONS"] or [mh ^"INTERDISCIPLINARY COMMUNICATION"] or [mh ^"CONTINUITY OF PATIENT CARE"] or [mh ^"PATIENT CARE TEAM"])
#136	[mh ^"SELF CARE"] and [mh ^"SOCIAL SUPPORT"]
#137	([mh ^"SOCIAL SUPPORT"] or [mh ^CHARITIES] or [mh ^"CONSUMER ORGANIZATIONS"] or [mh ^"ORGANIZATIONS, NONPROFIT"] or [mh ^"VOLUNTARY HEALTH AGENCIES"] or [mh ^"SELF-HELP GROUPS"]) and ([mh ^"MODELS, ORGANIZATIONAL"] or [mh ^"DELIVERY OF HEALTH CARE, INTEGRATED"] or [mh ^"INTERINSTITUTIONAL RELATIONS"] or [mh ^"INTERSECTORAL COLLABORATION"] or [mh ^"INTERDEPARTMENTAL RELATIONS"] or [mh ^"INTERPROFESSIONAL RELATIONS"] or [mh ^"INTERDISCIPLINARY COMMUNICATION"] or [mh ^"CONTINUITY OF PATIENT CARE"] or [mh ^"PATIENT CARE TEAM"])
#138	(self near/3 manag* near/5 support*):ti,ab
#139	(rehab* near/10 (family or families or caregiver* or carer*) near/5 support*):ti,ab
#140	("volunt* organisation*" or "volunt* organization*"):ti,ab
#141	"volunt* sector*":ti,ab
#142	("non-government* organisation*" or "non-government* organization*"):ti,ab
#143	(NGO or NGOs):ti,ab
#144	(charity or charities):ti,ab
#145	(user* near/3 led near/3 (organisation* or organization*)):ti,ab
#146	#134 or #135 or #136 or #137 or #138 or #139 or #140 or #141 or #142 or #143 or #144 or #145
#147	[mh ^"BUDGETS"]
#148	"personal* budget*":ti,ab
#149	"disabled facilities grant*":ti,ab
#150	((pooled or coordinat* or co-ordinat* or joint* or shared) near/3 (budget* or finance*)):ti,ab
#151	((budget* or financ*) near/5 discharg*):ti,ab
#152	#147 or #148 or #149 or #150 or #151
#153	(special* near/5 (inreach or in-reach or outreach or out-reach)):ti,ab
#154	(special* near/3 outpatient*):ti,ab
#155	(rehab* near/3 prescription*):ti,ab
#156	("follow* up" near/3 (meet* or consultation*)):ti,ab
#157	("follow up" near/3 (care or service*) near/10 rehab*):ti,ab
#158	(aftercare near/10 rehab*):ti,ab
#159	((communit* or outpatient* or "post discharg*" or postdischarg*) near/10 rehab* near/3 (group* or cohort* or non-cohort* or individual* or intensive* or non-intensive* or "multi-disciplin*" or multidisciplin* or MDT or MDTs or uni-disciplin* or unidisciplin* or specialis* or non-specialis*)):ti,ab
#160	#153 or #154 or #155 or #156 or #157 or #158 or #159
#161	#69 and #81
#162	#69 and #86
#163	#69 and #94
#164	#69 and #97
#165	#69 and #112
#166	#69 and #123
#167	#69 and #133
#168	#69 and #146
#169	#69 and #152
#170	#69 and #160
#171	#161 or #162 or #163 or #164 or #165 or #166 or #167 or #168 or #169 or #170
#172	#161 or #162 or #163 or #164 or #165 or #166 or #167 or #168 or #169 or #170 with Publication Year from 2000 to 2020, in Trials
#173	#20 and #172

Appendix C – Clinical evidence study selection

Study selection for: What are the best methods to coordinate rehabilitation services for adults with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

D.1a What are the best methods to coordinate rehabilitation services for adults with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

D.1b What are the best methods to coordinate rehabilitation services for children and young people with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

A combined search was conducted for both review questions.

Figure 2: Quantitative study selection flow chart: Adults

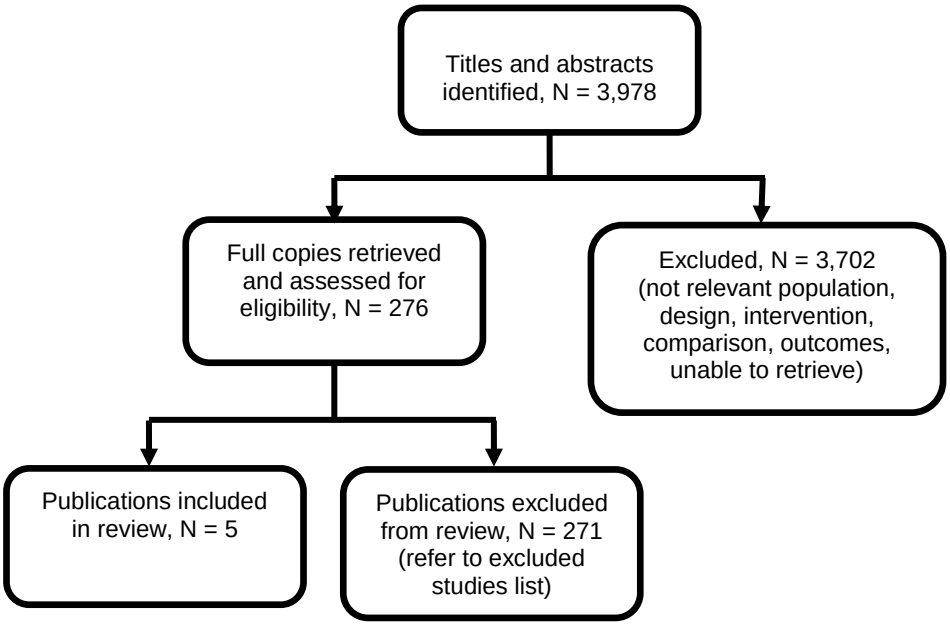


Figure 3: Qualitative study selection flow chart: Adults

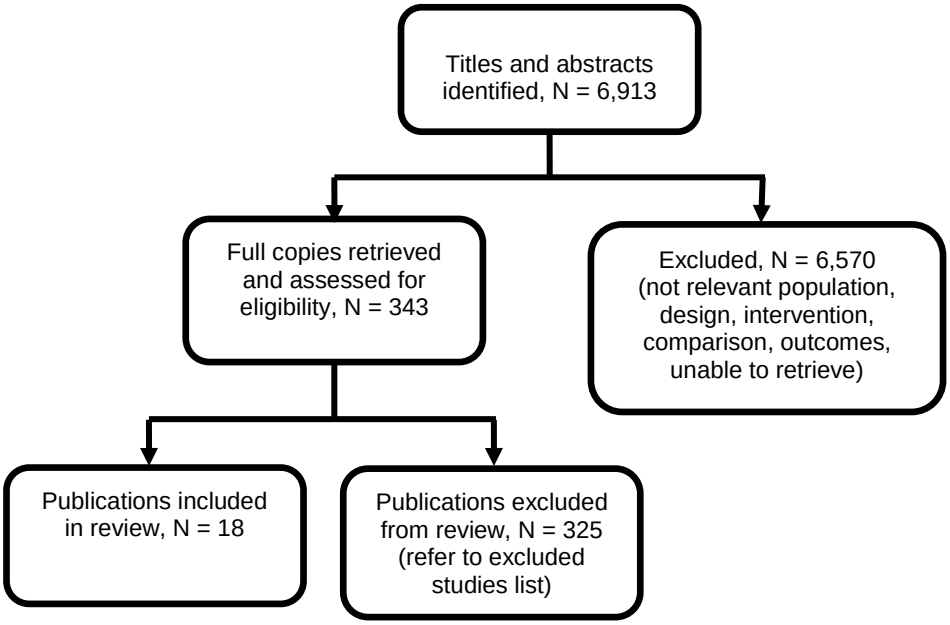


Figure 4: Quantitative study selection flow chart: Children and young people

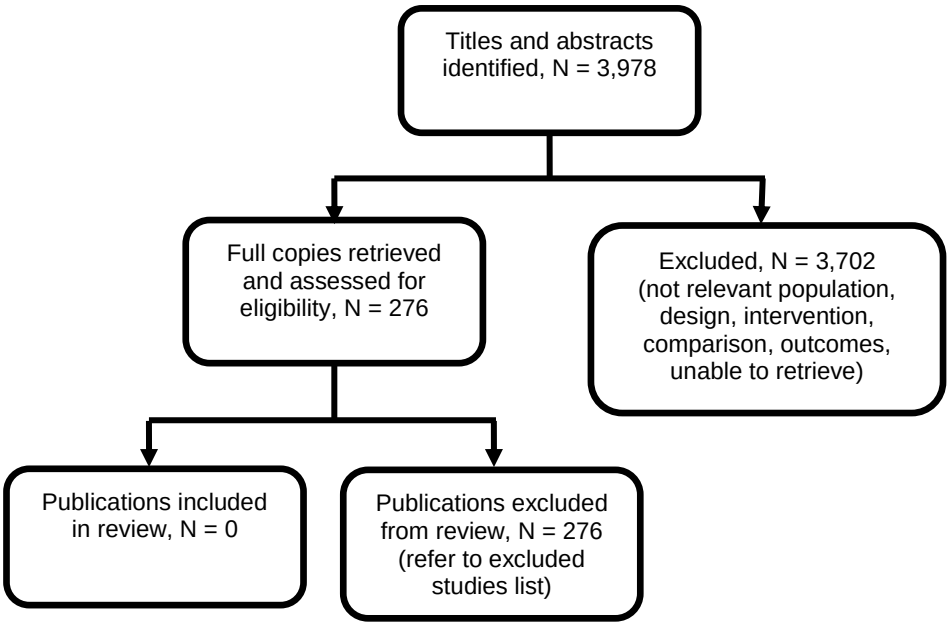
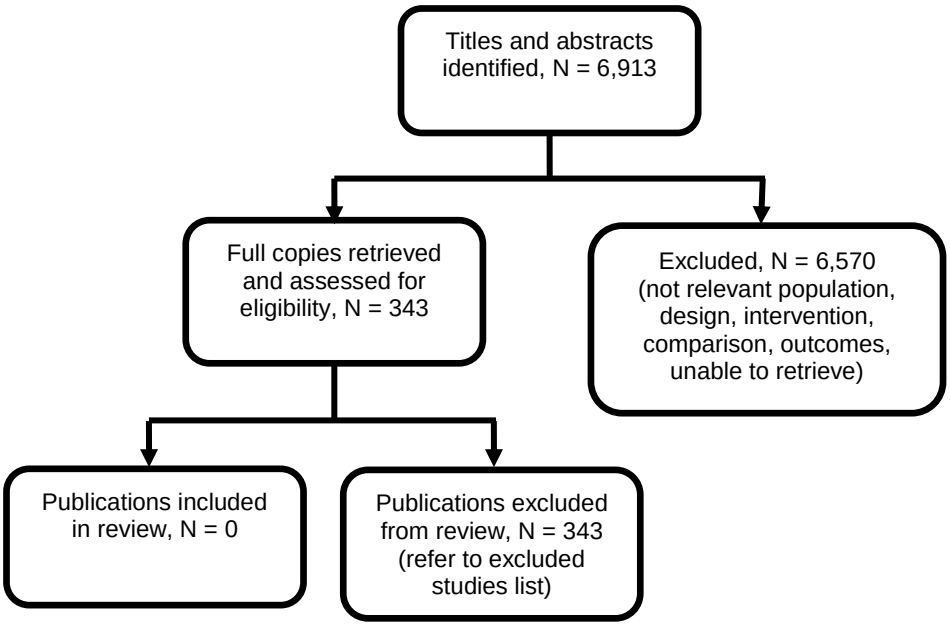


Figure 5: Qualitative study selection flow chart



Appendix D – Clinical evidence tables

Evidence tables for review question: D.1a What are the best methods to coordinate rehabilitation services for adults with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

Table 10: Quantitative evidence tables

Study details	Participants	Interventions	Outcomes and Results	Comments
Full citation Kusen, J. Q., Schafroth, B., Poblete, B., van der Vet, P. C. R., Link, B. C., Wijdicks, F. J. G., Babst, R. H., Beeres, F. J. P., The implementation of a Geriatric Fracture Centre for hip fractures to reduce mortality and morbidity: an observational study, Archives of Orthopaedic and Trauma Surgery, 139, 1705-1712, 2019 **Ref Id** 1205831 **Country/ies where the study was carried out**	**Sample size** N (enrolled) = 350 • Geriatric fracture clinic = 186 • No geriatric fracture clinic = 164 N (analysed) = 322 • Geriatric fracture clinic = 168 • No geriatric fracture clinic = 154 **Characteristics** Age in years [Median (IQR)]: • Geriatric fracture clinic = 85 (82-89.75) • No geriatric fracture clinic = 86 (81-90) Gender (M/F): • Geriatric fracture clinic (N) = 44/124 • No geriatric fracture clinic (N) = 43/111	**Interventions** • *Intervention group: Geriatric fracture clinic* The Geriatric Fracture Clinic pathway for traumatic hip fractures was delivered during pre-, peri- and post-operative phases. ○ Although all patients followed the same pathway, a comprehensive geriatric assessment was performed during admission to highlight amendments and allowances that might be needed by individuals. This assessment included a P-Possum score (for operative mortality risk), blood testing, confusion assessment and nutrition risk scores. Surgery was scheduled within 24 hours of admission. However, if this was delayed, patients received pre-operative physiotherapy which focused on respiratory	**Results** *Length of hospital stay in days [median (IQR)]* • Geriatric fracture clinic = 7 (5-10) • No geriatric fracture clinic = 9 (7-12) • Significantly better (lower) in intervention group (p<0.001, Mann-Whitney U test) NB. Paper reports different medians in the narrative description (8.36 in intervention group, 10.45 in control group), although same statistical result is reported. Have presented the results from Table 3, as there is an IQR presented alongside)	**Limitations** **Quality assessment:** Risk of bias assessed using Risk Of Bias In Non-randomized Studies of Interventions (ROBINS-I) <u>Bias due to confounding</u> 1.1 Is there potential for confounding of the effect of intervention in this study? Y. 1.2. Was the analysis based on splitting participants' follow up time according to intervention received? N. 1.3. Were intervention discontinuations or switches likely to be related to factors that are prognostic for the outcome? NA. 1.4. Did the authors use an appropriate analysis method that controlled for all the important confounding domains? NI – However, baseline characteristics were compared and no differences were found. 1.5. If Y/PY to 1.4: Were confounding domains that were controlled for measured validly and reliably by the variables available in this study? NA.

Study details	Participants	Interventions	Outcomes and Results	Comments
Switzerland **Study type** Prospective and retrospective cohort study **Aim of the study** To evaluate the impact of a newly implemented Geriatric Fracture Centre on elderly patients with traumatic hip fracture. **Study dates** • Retrospective comparative group: 2013 • Prospective comparative group: January - December 2016 **Source of funding** This study received no funding.	Time since injury: not reported Injury cause: not reported but inclusion criteria states traumatic hip fracture Type of fracture (femoral neck/peritrochanteric/subtrochanteric): • Geriatric fracture clinic = 81/83/4 • No geriatric fracture clinic (N) = 70/76/8 **Inclusion criteria** Participants had to: • Be aged 70 years old or above • Be admitted with traumatic hip fracture • Be treated in 2013 or 2016 **Exclusion criteria** • Patients admitted to Geriatric Fracture Clinic between January 2014 - December 2015.	therapy and maintaining upper extremity strength. Care planning was overseen by a case manager, who then followed the patient throughout their stay. ○ Surgery was performed with the aim of achieving full-weight bearing post-operation. Surgical methods were designed with this in mind, ensuring iatrogenic injury was minimised and using implants for people likely to have osteoporosis. After surgery, no non-steroidal anti-inflammatory drugs or benzodiazepines were prescribed. ○ Mobilisation began on post-operative day 1. The treating surgeon and a geriatrician performed daily rounds until discharge, examining surgical outcomes and a comprehensive geriatric assessment. Pain management teams were available for consultation if needed. ○ Discharge destinations included homes, rehabilitation clinics, nursing homes for to nearby acute geriatric		1.6. Did the authors control for any post-intervention variables that could have been affected by the intervention? NI – Especially important considering intervention was implemented hospital-wide, which could have affected many variables. *Risk-of-bias judgement:* Moderate risk. <u>Bias in selection of participants into the study</u> 2.1. Was selection of participants into the study (or into the analysis) based on participant characteristics observed after the start of intervention? N. 2.2. If Y/PY to 2.1: Were the post-intervention variables that influenced selection likely to be associated with intervention? NA. 2.3 If Y/PY to 2.2: Were the post-intervention variables that influenced selection likely to be influenced by the outcome or a cause of the outcome? NA. 2.4. Do start of follow-up and start of intervention coincide for most participants? Y – Both at admission to hospital. 2.5. If Y/PY to 2.2 and 2.3, or N/PN to 2.4: Were adjustment techniques used that are likely to correct for the presence of selection biases? NA. *Risk-of-bias judgement:* Low risk. <u>Bias in classification of interventions</u> 3.1 Were intervention groups clearly defined? Y – Patients admitted with traumatic hip fractures in 2013 (control) or 2016 (intervention).

Study details	Participants	Interventions	Outcomes and Results	Comments
		rehabilitation clinics. Decisions were made by the MDT, patients and their families. Standardised fall risk and osteoporosis screening were performed by physiotherapists before discharge, and rehabilitation goals were discussed. These informed future rehabilitation planning. Follow-up appointments with geriatrician, surgeon and physiotherapists were scheduled, and evaluations and recommendations sent to general practitioners and the treating physiotherapist. • *Control group: No geriatric fracture clinic* Retrospective analysis of hip fracture patients before implementation of the Geriatric Fracture Clinic pathway for hip fractures. No further details reported.		3.2 Was the information used to define intervention groups recorded at the start of the intervention? Y. 3.3 Could classification of intervention status have been affected by knowledge of the outcome or risk of the outcome? N. *Risk-of-bias judgement:* Low risk. <u>Bias due to deviations from intended interventions</u> 4.1. Were there deviations from the intended intervention beyond what would be expected in usual practice? NI – Intervention is multidisciplinary and there is no mention of how adherence to the intervention was standardised or measured (both throughout teams and between healthcare professionals). 4.2. If Y/PY to 4.1: Were these deviations from intended intervention unbalanced between groups and likely to have affected the outcome? NI. *Risk-of-bias judgement:* Moderate risk. <u>Bias due to missing data</u> 5.1 Were outcome data available for all, or nearly all, participants? N – Data available for 154/164 (intervention group) and 168/186 (control group). 5.2 Were participants excluded due to missing data on intervention status? N – Excluded due to eligibility criteria (type of fracture). 5.3 Were participants excluded due to missing data on other variables needed for the analysis? N. 5.4 If PN/N to 5.1, or Y/PY to 5.2 or

Study details	Participants	Interventions	Outcomes and Results	Comments
				5.3: Are the proportion of participants and reasons for missing data similar across interventions? Y. 5.5 If PN/N to 5.1, or Y/PY to 5.2 or 5.3: Is there evidence that results were robust to the presence of missing data? NI. *Risk-of-bias judgement:* Low risk. <u>Bias in measurement of outcomes</u> 6.1 Could the outcome measure have been influenced by knowledge of the intervention received? N – Length of hospital stay and discharge destination involve no assessor judgement. 6.2 Were outcome assessors aware of the intervention received by study participants? NI. 6.3 Were the methods of outcome assessment comparable across intervention groups? Y – Both extracted from electronic patient records. 6.4 Were any systematic errors in measurement of the outcome related to intervention received? PN. *Risk-of-bias judgement:* Low risk. <u>Bias in selection of the reported result</u> Is the reported effect estimate likely to be selected, on the basis of the results, from... 7.1. ... multiple outcome measurements within the outcome domain? N. 7.2 ... multiple analyses of the intervention-outcome relationship? PN.

Study details	Participants	Interventions	Outcomes and Results	Comments
				7.3 ... different subgroups? N. Risk-of-bias judgement: Low risk. <u>Overall risk of bias</u> *Risk-of-bias judgement:* Moderate risk **Other information** None.
Full citation Lamb, Laura C., Montgomery, Stephanie C., Wong Won, Brian, Harder, Siobhan, Meter, Jeffrey, Feeney, James M., A multidisciplinary approach to improve the quality of care for patients with fragility fractures, Journal of orthopaedics, 14, 247-251, 2017 **Ref Id** 1182498 **Country/ies where the study was carried out** USA **Study type** Retrospective	**Sample size** N (enrolled) = 437 • Fragility fracture team (N) = 240 • No fragility fracture team (N) = 196 N (analysed) = 437 • Fragility fracture team (N) = 240 • No fragility fracture team (N) = 196 **Characteristics** Age in years [Mean]: • Fragility fracture team = 82.7 • No fragility fracture team = 81.1 Gender (M/F): • Fragility fracture team (N) = 75/165 • No fragility fracture team (N) = 62/134	**Interventions** • *Intervention group: Fragility fracture team.* A pathway for isolated hip fractures using an MDT led by an Academic Inpatient Medical Service (AIMS) physician. A clear pathway with clearly delineated responsibilities for all healthcare professionals in the MDT is set up, spanning the admission from the emergency department to discharge. An electronic medical record order set, specifically designed for fragility hip fracture admissions, decreased the wait time in the emergency department. Admission also included a cardiac risk assessment in order to decrease unnecessary cardiology consultations. If indicated, additional studies were ordered at the same as the cardiology consultation to increase the efficiency of the initial consultation and	**Results** *Length of hospital stay in days [median]* • Fragility fracture team: 4 days • No fragility fracture team: 4 days	**Limitations** **Quality assessment:** Risk of bias assessed using Risk Of Bias In Non-randomized Studies of Interventions (ROBINS-I) <u>Bias due to confounding</u> 1.1 Is there potential for confounding of the effect of intervention in this study? Y. 1.2. Was the analysis based on splitting participants' follow up time according to intervention received? N. 1.3. Were intervention discontinuations or switches likely to be related to factors that are prognostic for the outcome? NA. 1.4. Did the authors use an appropriate analysis method that controlled for all the important confounding domains? NI – Especially important as comparison of baseline characteristics showed that chronic heart failure was significantly increased in 2015 cohort. 1.5. If Y/PY to 1.4: Were confounding domains that were controlled for measured validly and reliably by the variables available in this study? NA.

Study details	Participants	Interventions	Outcomes and Results	Comments
cohort study **Aim of the study** To evaluate the impact of a newly implemented fragility fracture team on the clinical outcomes of patients with isolated hip fracture due to low velocity trauma. **Study dates** January 2014 - December 2015 **Source of funding** This study received no funding.	Time since injury: not reported Injury cause: not reported but inclusion criteria states hip fracture following minimal trauma Type of fracture: not reported **Inclusion criteria** Participants had to: • Have an isolated hip fracture caused by low velocity mechanism • Be admitted between 1 January 2014 - December 31 2015 **Exclusion criteria** Not reported.	decrease the time to surgery. Similarly, coagulation status was assessed by emergency physician and AIMS physician. If needed, medication was reversed according to protocol in order to further decrease delays to surgery. Patients were admitted to a hospital ward that was staffed by dedicated nursing staff familiar with the fragility fracture programme and the pathway. Anaesthesiologists performed a pre-surgical evaluation and placed femoral nerve blocks wherever possible. After surgery, patients were prescribed multi-modal anaesthetics to control pain while avoiding the prescription of opiates. Nutrition was assessed by AIMS physician upon admission, with admission orders scheduling further consultations if needed. Physical function was also assessed upon admission by a physical therapist, to evaluate their fall risk and devise a post-operative rehabilitation and strength-training plan. By being made aware of patient's with fragility fractures before surgery, physical therapists		1.6. Did the authors control for any post-intervention variables that could have been affected by the intervention? NI – Especially important considering there was a lack of transition period included in the design, meaning variables might be affected. *Risk-of-bias judgement:* Moderate risk. <u>Bias in selection of participants into the study</u> 2.1. Was selection of participants into the study (or into the analysis) based on participant characteristics observed after the start of intervention? N. 2.2. If Y/PY to 2.1: Were the post-intervention variables that influenced selection likely to be associated with intervention? NA. 2.3 If Y/PY to 2.2: Were the post-intervention variables that influenced selection likely to be influenced by the outcome or a cause of the outcome? NA. 2.4. Do start of follow-up and start of intervention coincide for most participants? Y – Both at admission to hospital. 2.5. If Y/PY to 2.2 and 2.3, or N/PN to 2.4: Were adjustment techniques used that are likely to correct for the presence of selection biases? NA. *Risk-of-bias judgement:* Low risk. <u>Bias in classification of interventions</u> 3.1 Were intervention groups clearly defined? PN – Patients admitted with fragility hip fractures in 2014 (control)

Study details	Participants	Interventions	Outcomes and Results	Comments
		were able to ensure that they saw these participants' quickly post-operatively. Mobilisation begun on postoperative day 1 (or as soon as possible), and patients were encouraged to mobilise with nursing staff as well as physiotherapists. Osteoporosis education was initiated by a clinical care coordinator if needed, with a follow-up appointment scheduled with their general practitioner. • *Control group: No fragility fracture team* Analysis of hip fracture patients before implementation of the Fragility Fracture Team. No further details reported.		or 2015 (intervention). However, there is no mention of taking the inevitable transition period of implementation into account. 3.2 Was the information used to define intervention groups recorded at the start of the intervention? Y. 3.3 Could classification of intervention status have been affected by knowledge of the outcome or risk of the outcome? N. *Risk-of-bias judgement:* Moderate risk. <u>Bias due to deviations from intended interventions</u> 4.1. Were there deviations from the intended intervention beyond what would be expected in usual practice? NI – Intervention is multidisciplinary and there is no mention of how adherence to the intervention was standardised or measured (both throughout teams and between healthcare professionals). Considering the lack of a transition period, this might have meant healthcare professionals spending more time with patients in the beginning of the fragility fracture team. 4.2. If Y/PY to 4.1: Were these deviations from intended intervention unbalanced between groups and likely to have affected the outcome? NI. *Risk-of-bias judgement:* Serious risk. <u>Bias due to missing data</u> 5.1 Were outcome data available for all, or nearly all, participants? Y. 5.2 Were participants excluded due to

Study details	Participants	Interventions	Outcomes and Results	Comments
				missing data on intervention status? N. 5.3 Were participants excluded due to missing data on other variables needed for the analysis? N. 5.4 If PN/N to 5.1, or Y/PY to 5.2 or 5.3: Are the proportion of participants and reasons for missing data similar across interventions? NA. 5.5 If PN/N to 5.1, or Y/PY to 5.2 or 5.3: Is there evidence that results were robust to the presence of missing data? NA. *Risk-of-bias judgement:* Low risk. <u>Bias in measurement of outcomes</u> 6.1 Could the outcome measure have been influenced by knowledge of the intervention received? N – Length of hospital stay and discharge destination involve no assessor judgement. 6.2 Were outcome assessors aware of the intervention received by study participants? NI. 6.3 Were the methods of outcome assessment comparable across intervention groups? Y – Both extracted from electronic patient records. 6.4 Were any systematic errors in measurement of the outcome related to intervention received? PN. *Risk-of-bias judgement:* Low risk. <u>Bias in selection of the reported result</u> Is the reported effect estimate likely to be selected, on the basis of the results, from...

Study details	Participants	Interventions	Outcomes and Results	Comments
				7.1. ... multiple outcome measurements within the outcome domain? N. 7.2 ... multiple analyses of the intervention-outcome relationship? PN. 7.3 ... different subgroups? N. *Risk-of-bias judgement:* Low risk. <u>Overall risk of bias</u> *Risk-of-bias judgement:* Serious risk. **Other information** 30 day re-admissions also reported but the study does not distinguish between unplanned admissions (outcome as per protocol) and planned admissions (not in protocol).
Full citation Momosaki, Ryo, Kakuda, Wataru, Yamada, Naoki, Abo, Masahiro, Impact of board-certificated physiatrists on rehabilitation outcomes in elderly patients after hip fracture: An observational study using the Japan Rehabilitation Database, Geriatrics & gerontology international, 16,	**Sample size** N (eligible) = 838 • Board-certified physiatrist (N) = not reported • No board-certified physiatrist (N) = not reported N (enrolled) = 824 • Board-certified physiatrist (N) = 379 • No board-certified physiatrist (N) = 445 N (analysed) = 824 • Board-certified physiatrist (N) = 379	**Interventions** • *Both groups:* For further inpatient care after acute treatment, Japan's medical insurance predominantly covers rehabilitation provided in convalescent rehabilitation wards. Rehabilitation programmes are centred on improving walking and activities of daily living, including muscle strengthening exercises, gait exercises and encouraging patients to day out of bed during the day. The average programme involved 5-7 x 40-80 mins sessions of	**Results** *Length of hospital stay in days [mean (SD)]* Unadjusted results: • Board-certified physiatrist: 64.9 (29.0) • No board-certified physiatrist: 70.8 (31.9) • Significantly shorter (better) in intervention group (Student's t-test [assumed], p=0.01) Adjusted with inverse proportional weighting*:	**Limitations** **Quality assessment:** Risk of bias assessed using Risk Of Bias In Non-randomized Studies of Interventions (ROBINS-I): <u>Bias due to confounding</u> 1.1 Is there potential for confounding of the effect of intervention in this study? Y. 1.2. Was the analysis based on splitting participants' follow up time according to intervention received? N. 1.3. Were intervention discontinuations or switches likely to be related to factors that are prognostic for the outcome? NA. 1.4. Did the authors use an appropriate analysis method that

Study details	Participants	Interventions	Outcomes and Results	Comments
963-8, 2016 **Ref Id** 1206024 **Country/ies where the study was carried out** Japan **Study type** Retrospective cohort study **Aim of the study** To evaluate the impact of nominating board-certified physiatrists as the primary doctors responsible for elderly hip fracture patients admitted to convalescent rehabilitation wards. **Study dates** January 2005 - December 2013 **Source of funding** Not reported	• No board-certified physiatrist (N) = 445 **Characteristics** Age in years [Mean (SD)]: • Board-certified physiatrist = 81.5 (10.3) • No board-certified physiatrist = 82.1 (9.5) Gender (M/F): • Board-certified physiatrist (N) = 77/302 • No board-certified physiatrist (N) = 86/359 Time since injury in days [reported as time from onset, Mean (SD)]: • Board-certified physiatrist = 24.2 (18.5) • No board-certified physiatrist = 21.3 (18.3) Injury cause: not reported Type of fracture (femoral neck/trochanteric): • Board-certified physiatrist (%) = 81.0/19.0 • No board-certified physiatrist (%) = 90.6/9.4 **Inclusion criteria**	physical therapy a week. • *Intervention group: Board-certified physiatrist.* Patients received care primarily from board-certified physiatrists. The Japanese Association of Rehabilitation Medicine certification includes a 3-year residency requirement covering the whole field of rehabilitation medicine at a board-certified institution, plus relevant examinations. • *Control group: Non-board-certified physiatrist.* Patients did not receive care primarily from board-certified physiatrists.	• Board-certified physiatrist: 63.5 (29.2) • No board-certified physiatrist: 68.7 (29.8) • Significantly shorter (better) in intervention group (Student's t-test [assumed], p<0.01) * Inverse probability weighting which factored in baseline values for age, sex, measures of independence variable (Functional Independence Measure and pre-morbid bedridden score), time since injury, fracture type, co-morbidities, presence of surgery, number of family members and admission year	controlled for all the important confounding domains? Y – Inverse probability weighting used and the process well described. A comprehensive list of controlled variables was reported, including age, sex, independence levels at admission, time since injury, type of fracture, days from injury, admission year of admission and comorbidities. 1.5. If Y/PY to 1.4: Were confounding domains that were controlled for measured validly and reliably by the variables available in this study? PY – Only subjective measures controlled for are levels of independence. These were measured using validated FIM tool and the pre-morbidity bedridden classification advised by the national Japanese health insurance scheme. 1.6. Did the authors control for any post-intervention variables that could have been affected by the intervention? PN – No information reported but does not appear in the comprehensive list of variables adjusted for in the analysis. *Risk of bias judgement:* Moderate risk. <u>Bias in selection of participants into the study</u> 2.1. Was selection of participants into the study (or into the analysis) based on participant characteristics observed after the start of intervention? NI – Japan Rehabilitation Database is a voluntary database, with no details presented on who chooses to be included or excluded.

Study details	Participants	Interventions	Outcomes and Results	Comments
	Participants had to: • Have a hip fracture diagnosis • Have consented to be included in the Japan Rehabilitation Database • Have been admitted to participating rehabilitation hospitals between January 2005 and December 2013 **Exclusion criteria** • No data on Board-certified physician involvement			2.2. If Y/PY to 2.1: Were the post-intervention variables that influenced selection likely to be associated with intervention? NI – Participants receiving board-certified physiatrist care may have perceived differences in care that encouraged inclusion or exclusion. 2.3 If Y/PY to 2.2: Were the post-intervention variables that influenced selection likely to be influenced by the outcome or a cause of the outcome? NI – Better outcomes might have encouraged inclusion or exclusion. 2.4. Do start of follow-up and start of intervention coincide for most participants? Y – Admission to and discharge from rehabilitation hospital. 2.5. If Y/PY to 2.2 and 2.3, or N/PN to 2.4: Were adjustment techniques used that are likely to correct for the presence of selection biases? Y – Inverse probability weighting used. *Risk of bias judgement:* Moderate risk. <u>Bias in classification of interventions</u> 3.1 Were intervention groups clearly defined? N – Groups were determined according to whether a physician responsible for the patient was a board-certified physiatrist or not. However, there is no report of how this was determined, or how this translated to care. 3.2 Was the information used to define intervention groups recorded at the start of the intervention? NI – No information presented on when the

Study details	Participants	Interventions	Outcomes and Results	Comments
				primary physician was recorded or if it may have changed throughout inpatient stay. 3.3 Could classification of intervention status have been affected by knowledge of the outcome or risk of the outcome? N – Information was first sent to Japan Rehabilitation Database which performed the data extraction. This was then sent to the researchers. *Risk of bias judgement:* Moderate risk. <u>Bias due to deviations from intended interventions</u> 4.1. Were there deviations from the intended intervention beyond what would be expected in usual practice? PN – Dichotomous variable with no information on amount of time spent with primary physician, employee changes etc. However, unlikely that this would be different from usual practice. 4.2. If Y/PY to 4.1: Were these deviations from intended intervention unbalanced between groups and likely to have affected the outcome? NA. *Risk of bias judgement:* Low risk. <u>Bias due to missing data</u> 5.1 Were outcome data available for all, or nearly all, participants? PY – This study only reported 14 participants excluded from the original sample of 838, due to missing data on board-certified physiatrist involvement. The study makes no mention of how participants with missing outcome data were approached, but this is unlikely

Study details	Participants	Interventions	Outcomes and Results	Comments
				to be an issue with length of stay data. 5.2 Were participants excluded due to missing data on intervention status? Y – Excluded due to lack of information on primary physician's speciality. 5.3 Were participants excluded due to missing data on other variables needed for the analysis? N – Only exclusion criteria is missing data on board-certified status. 5.4 If PN/N to 5.1, or Y/PY to 5.2 or 5.3: Are the proportion of participants and reasons for missing data similar across interventions? NI. 5.5 If PN/N to 5.1, or Y/PY to 5.2 or 5.3: Is there evidence that results were robust to the presence of missing data? NI. *Risk of bias judgement:* Low risk. <u>Bias in measurement of outcomes</u> 6.1 Could the outcome measure have been influenced by knowledge of the intervention received? N – Length of stay is not subjective measurement. 6.2 Were outcome assessors aware of the intervention received by study participants? N – Retrospective analysis of routinely collected historical data. 6.3 Were the methods of outcome assessment comparable across intervention groups? Y. 6.4 Were any systematic errors in measurement of the outcome related to intervention received? NI. *Risk of bias judgement:* Low risk. <u>Bias in selection of the reported result</u>

Study details	Participants	Interventions	Outcomes and Results	Comments
				Is the reported effect estimate likely to be selected, on the basis of the results, from... 7.1. ... multiple outcome measurements within the outcome domain? N. 7.2 ... multiple analyses of the intervention-outcome relationship? PN – Both unadjusted and adjusted results presented, with no mention of other analyses. 7.3 ... different subgroups? N. *Risk-of-bias judgement:* Low risk. <u>Overall risk of bias</u> *Risk-of-bias judgement:* Moderate risk. **Other information** FIM scores were also extracted from the database. However, as only FIM efficiency scores on discharge were reported in the study (measured using discharge FIM score−admission FIM score)/length of stay in days), these have not been extracted.
Full citation Soong, Christine, Cram, Peter, Chezar, Ksenia, Tajammal, Faiqa, Exconde, Kathleen, Matelski, John, Sinha, Samir K., Abrams, Howard B., Fan-Lun, Christopher, Fabbruzzo-Cota, Christina,	**Sample size** N = 571 (enrolled) • i-HIP = 331 • Pre-i-HIP = 240 N= 571 (analysed) • i-HIP = 331 • Pre-i-HIP = 240 **Characteristics** Age in years [Mean (SD)]:	**Interventions** • *Intervention group: i-HIP.* The integrated hip fracture programme targeted 4 domains (active co-management, coordination of care between services, participation in local quality improvement programmes and standardisation of care) supervised by i-HIP team. This team contained a physician, orthopaedic	**Results** *Length of hospital stay in days [mean (SD)]* <u>At discharge</u> • Intervention group: 11.9 (13.7) • Control group: 18.2 (18.4) • Significantly shorter in	**Limitations** **Quality assessment:** Risk of bias assessed using Risk Of Bias In Non-randomized Studies of Interventions (ROBINS-I): <u>Bias due to confounding</u> 1.1 Is there potential for confounding of the effect of intervention in this study? Y. 1.2. Was the analysis based on splitting participants' follow up time according to intervention received? N.

Study details	Participants	Interventions	Outcomes and Results	Comments
Backstein, David, Bell, Chaim M., Impact of an Integrated Hip Fracture Inpatient Program on Length of Stay and Costs, Journal of Orthopaedic Trauma, 30, 647-652, 2016 **Ref Id** 1206502 **Country/ies where the study was carried out** Canada **Study type** Retrospective cohort study **Aim of the study** To evaluate the impact of i-HIP, an integrated multidisciplinary co-management care model, on hip fracture outcomes and treatment costs. **Study dates**	• iHIP = 79.4 (13.7) • Pre-i-HIP = 80.1 (13.0) Gender (M/F): • iHIP (n) = 95/236 • Pre-i-HIP (n) = 74/166 Time since injury: not reported. Injury cause: not reported. Type of hip fracture (Intertrochanteric/femoral neck/subtrochanteric/other): • i-HIP (n) = 157/156/15/3 • Pre-i-HIP (n) = 115/108/17/1 **Inclusion criteria** Participants had to: • Be aged ≥ 18 years old • Primary diagnosis of hip fracture using ICD-10 codes in hopsital's electronic database **Exclusion criteria** • Pathological or periprosthetic hip fracture.	surgeons, geriatricians, nurses, rehabilitation professionals, pharmacists and a social worker. ○ 1. While patients were admitted by the orthopaedic service as per the control group, they were co-managed by hospitalists and orthopeadic teams. This allowed full-time service coverage as hospitalists were located on orthopeadic wards and available to perform daily MDT rounds, implement new care orders, and talk to nurses and families about queries that had arisen. MDT discharge planning was discussed, and an electronic discharge summary was created for in time for patient discharge. ○ 2. The i-HIP team coordinated all consultations for their patients, including anaesthetists, general geriatric medicine, geriatric psychiatry. Geriatricians performed a complete geriatric assessment and clinical pharmacists ensured that medication orders were correct for a	intervention group (p<0.001, statistical test not reported)	1.3. Were intervention discontinuations or switches likely to be related to factors that are prognostic for the outcome? NA. 1.4. Did the authors use an appropriate analysis method that controlled for all the important confounding domains? N – Study reports unadjusted figures used in the analysis. However, baseline characteristics were compared and no differences were found. 1.5. If Y/PY to 1.4: Were confounding domains that were controlled for measured validly and reliably by the variables available in this study? NA. 1.6. Did the authors control for any post-intervention variables that could have been affected by the intervention? NI – Especially important considering the continuing quality improvement aspect of the intervention, and development of care pathways. Lack of detail on these and how they might have impacted variables. *Risk-of-bias judgement:* Moderate risk. <u>Bias in selection of participants into the study</u> 2.1. Was selection of participants into the study (or into the analysis) based on participant characteristics observed after the start of intervention? N. 2.2. If Y/PY to 2.1: Were the post-intervention variables that influenced selection likely to be associated with intervention? NA.

Study details	Participants	Interventions	Outcomes and Results	Comments
January 2009 - December 2013 **Source of funding** Not reported.		geriatric population. An initial function assessment focusing on early mobilisation was carried out by occupational therapists, physiotherapists and social workers on day 1 post-operation. ○ 3. i-HIP team members formed part of a hospital-wide hip fracture steering committee that reviewed new proceedures and quality assurance measurements. ○ 4. i-HIP team devised new hip fracture order sets and care pathways (for example, strategies for early mobilisation strategies and to decrease the prescription of high-risk medications for older hip fracture patients). • *Control group: Pre-i-HIP.* Hip fracture patients were admitted to a general orthopaedic service, which consisted of 4 teams (1 attending orthopaedic surgeon and 2-3 residents) supported by rehabilitation professionals and social workers. 1 resident from each of these teams responded to consultation requests and any inpatient		2.3 If Y/PY to 2.2: Were the post-intervention variables that influenced selection likely to be influenced by the outcome or a cause of the outcome? NA. 2.4. Do start of follow-up and start of intervention coincide for most participants? Y – Both at admission to hospital. 2.5. If Y/PY to 2.2 and 2.3, or N/PN to 2.4: Were adjustment techniques used that are likely to correct for the presence of selection biases? NA. *Risk-of-bias judgement:* Low risk. <u>Bias in classification of interventions</u> 3.1 Were intervention groups clearly defined? Y – Patients admitted with traumatic hip fractures January 2009 – December 2010 (control) or January 2012 – December 2013 (intervention). 3.2 Was the information used to define intervention groups recorded at the start of the intervention? Y. 3.3 Could classification of intervention status have been affected by knowledge of the outcome or risk of the outcome? N. *Risk-of-bias judgement:* Low risk. <u>Bias due to deviations from intended interventions</u> 4.1. Were there deviations from the intended intervention beyond what would be expected in usual practice? PN – Use of standardised order sets, co-locating hospitalists on orthopaedic wards and use of a strict team member structure decreases the risk

Study details	Participants	Interventions	Outcomes and Results	Comments
		issues. However, inpatient rounds did not have a doctor in attendance. Assessments, rehabilitation plans and suggestion orders were often delayed due to poor communication between members of the MDT and a reliance on paper communication. Additionally, there was a lack of standardised suggestion orders and patients were often prescribed drugs that were contraindicated in the elderly population.		of deviations from intervention programme. 4.2. If Y/PY to 4.1: Were these deviations from intended intervention unbalanced between groups and likely to have affected the outcome? NA. *Risk-of-bias judgement:* Low risk. <u>Bias due to missing data</u> 5.1 Were outcome data available for all, or nearly all, participants? Y. 5.2 Were participants excluded due to missing data on intervention status? N. 5.3 Were participants excluded due to missing data on other variables needed for the analysis? N. 5.4 If PN/N to 5.1, or Y/PY to 5.2 or 5.3: Are the proportion of participants and reasons for missing data similar across interventions? NA. 5.5 If PN/N to 5.1, or Y/PY to 5.2 or 5.3: Is there evidence that results were robust to the presence of missing data? NA. *Risk-of-bias judgement:* Low risk. <u>Bias in measurement of outcomes</u> 6.1 Could the outcome measure have been influenced by knowledge of the intervention received? N – Length of hospital stay involves no assessor judgement. 6.2 Were outcome assessors aware of the intervention received by study participants? Y – Data extraction was performed by 2 researchers after implementation of programme, who would have known relevant dates.

Study details	Participants	Interventions	Outcomes and Results	Comments
				6.3 Were the methods of outcome assessment comparable across intervention groups? Y – Both extracted from electronic and paper patient records. 6.4 Were any systematic errors in measurement of the outcome related to intervention received? PN – 5% of extraction was verified by independent reviewer. *Risk-of-bias judgement:* Low risk. Bias in selection of the reported result Is the reported effect estimate likely to be selected, on the basis of the results, from... 7.1. ... multiple outcome measurements within the outcome domain? N. 7.2 ... multiple analyses of the intervention-outcome relationship? PN – Study does include analyses for 2 other comparator groups (intra-hospital non-hip fracture patients and inter-hospital regional hip fracture patients). However, very clearly reported when these comparators were used and no overlap. 7.3 ... different subgroups? N. *Risk-of-bias judgement:* Low risk. Overall risk of bias *Risk-of-bias judgement:* Moderate risk. **Other information** Hospital readmissions also reported but not distinction between unplanned readmission (outcome in PICO) or

Study details	Participants	Interventions	Outcomes and Results	Comments
				planned readmission (outside of PICO).
Full citation Stenvall, Michael, Olofsson, Birgitta, Nyberg, Lars, Lundstrom, Maria, Gustafson, Yngve, Improved performance in activities of daily living and mobility after a multidisciplinary postoperative rehabilitation in older people with femoral neck fracture: a randomized controlled trial with 1-year follow-up, Journal of rehabilitation medicine, 39, 232-8, 2007 **Ref Id** 1279942 **Country/ies where the study was carried out** Sweden **Study type** RCT	**Sample size** N (randomised) = 199 • MDT postoperative rehabilitation (N) = 102 • Conventional postoperative rehabilitation (N) = 97 N (analysed) = 199 • MDT postoperative rehabilitation (N) = 102 • Conventional postoperative rehabilitation (N) = 97 **Characteristics** Age in years [Mean (SD)]: • MDT postoperative rehabilitation (N) = 82.3 (6.6) • Conventional postoperative rehabilitation (N) = 82.0 (5.9) Gender (M/F): • MDT postoperative rehabilitation (n) = 28/74 • Conventional postoperative rehabilitation (n) = 23/74 Time since injury: not reported Injury cause: not reported but inclusion criteria states hip	**Interventions** • Targeted 8 separate areas of postoperative care: 1. Ward layout; 2. Staffing; 3. Staff education; 4. Teamwork; 5. Individual care planning; 6. Prevention and treatment of complications; 7. Nutrition; and 8. Rehabilitation. • *Intervention group: MDT postoperative rehabilitation*. Applied in a geriatric unit that specialised in geriatric orthopaedic patients. ○ Ward layout: 24-bed ward with single and double rooms, and extra beds when needed. ○ Staffing: 1.07 WTE nurses/aides per bed, plus 2 x 1 WTE physiotherapists, 2 x 1 WTE occupational therapists and 0.2 WTE dietician. ○ Staff education: Included a 4-day course on postoperative rehabilitation, including information on possible complications, delirium and fall prevention. ○ Teamwork: The multi-disciplinary team included orthopaedic surgeons,	**Results** *Changes in ADL (measured using number of participants achieving Independence in P-ADL at each time point)* At baseline (before fracture): • MDT postoperative rehabilitation: 47 • Conventional postoperative rehabilitation: 48 At discharge (exact time not reported): • MDT postoperative rehabilitation: 30 • Conventional postoperative rehabilitation: 20 • OR (95% CI): 1.81 (0.74-4.37) • Binary logistic regression adjusted for depression, dementia and independent walking ability at baseline. *Changes in ADL (measured using number*	**Limitations** **Quality assessment:** Risk of bias assessed using revised Cochrane risk of bias tool (RoB 2) <u>Domain 1: Risk of bias arising from the randomization process</u> 1.1 Was the allocation sequence random? NI – Simply states that participants were randomised. 1.2 Was the allocation sequence concealed until participants were enrolled and assigned to interventions? Y – Opaque, sequentially numbered envelopes that were only opened right before surgery. 1.3 Did baseline differences between intervention groups suggest a problem with the randomization process? PN – Only 1 of the baseline characteristics were significantly different between groups (diagnosed depression). No other imbalances. *Risk-of-bias judgement:* Moderate risk <u>Domain 2: Risk of bias due to deviations from the intended interventions (effect of assignment to intervention)</u> 2.1. Were participants aware of their assigned intervention during the trial? NI – Participants were recruited in the emergency department. No information presented on how much they were aware of the differences between the postoperative rehabilitation programmes, or if they

Study details	Participants	Interventions	Outcomes and Results	Comments
Aim of the study To evaluate both short- and long-term outcomes of a multidisciplinary postoperative rehabilitation package in patients after acute hip fracture. **Study dates** May 2000 - December 2002 **Source of funding** This study received funding from the Swedish Foundation for Health Care Sciences and Allergy Research, the Joint committee of the Northern Health Region of Sweden, the JC Kempe Memorial Foundation, the Dementia Fund, the Foundation of the Medical Faculty, the Borgerskapet of Umeå Research Foundation, the Erik and Anne-	fracture following minimal trauma Type of fracture: not reported **Inclusion criteria** Participants had to: • Be aged 70 years or above • Have a femoral hip fracture • Be admitted to orthopaedic department at participating hospital between May 200 - December 2002 • Have underwent either internal fixation (undisplaced fracture) or hemi-arthroplasty (displaced fracture) **Exclusion criteria** • Severe rheumatoid arthritis or hip osteoarthritis • Pathological hip fractures • Severe renal failure • People who were bedridden before trauma	geriatricians, Registered Nurses, Licensed Practical Nurses, physical therapists, occupational therapists, dieticians and geriatricians. ○ Individual care planning: Usually started within 24 hours, after assessment from all MDT members. The team updated a patient's rehabilitation process and goals twice a week. ○ Prevention and treatment of complications: Included an examination of why patient's fractured their hip and osteoporosis treatment if needed. Common postoperative complications were actively monitored, with prevention and treatment regimens where indicated. Oxygen enriched air was given at least for postoperative day 1. Urinary tract infections were screened for, urinary catheters only left in for a maximum of 24 hours postoperatively and patient's had regular screening from urinary retention and constipation. If sleep was poor, possible causes were investigated	*of participants achieving Katz ADL scores at each time point)* A: Independent in all 6 functions (feeding, continence, transferring, going to toilet, dressing, and bathing). B: Independent in any 5 out of 6 function. C: Dependent for bathing plus 1 other function, independent in other 4 functions. D: Dependent for bathing, dressing plus 1 other function, independent in other 3 functions. E: Dependent for bathing, dressing, going to the toilet plus 1 other function, independent in other 2 functions. F: Dependent for bathing, dressing, going to the toilet, transferring plus 1 other function, independent remaining function. G: Dependent in all six functions. At baseline: • Katz grade A ○ MDT postoperative	knew which wards were used for which postoperative programmes. 2.2. Were carers and people delivering the interventions aware of participants' assigned intervention during the trial? Y – Staff on intervention ward were aware of the intervention content. Staff on the control wards were aware that a new programme was being trial at the hospital on another ward. 2.3. If Y/PY/NI to 2.1 or 2.2: Were there deviations from the intended intervention that arose because of the experimental context? Y – Participants who were allocated to the control group were admitted to a general geriatric unit (rather than the control orthopaedic ward), which had staffing levels, teamwork and individual care planning similar to the intervention ward. Additionally, intervention was given until discharge rather than a specific time point. Therefore, participants staying longer will receive more of the intervention. 2.4. If Y/PY to 2.3: Were these deviations from intended intervention balanced between groups? N. 2.5 If No/PN/NI to 2.4: Were these deviations likely to have affected the outcome? Y. 2.6 Was an appropriate analysis used to estimate the effect of assignment to intervention? Y – Intention-to-treat analysis. 2.7 If No/PN/NI to 2.6: Was there potential for a substantial impact (on the result) of the failure to analyse

Study details	Participants	Interventions	Outcomes and Results	Comments
Marie Detlof's Foundation, University of Umeå and the County Council of Västerbotten and the Swedish Research Council.		and treated. ○ Nutrition: Food and liquid registration was routinely carried out, with patients receiving protein enriched meals until postoperative day 4 (and longer if indicated). Protein and nutritional drinks were administered daily. ○ Rehabilitation: Started with mobilisation within 24 hours post-operatively, including specific exercises with both physical therapists and occupational therapists and general acitivites for daily living with care staff. Functional re-training was administered with a specific focus on fall risk factors. A home visit was conducted by occupational therapists and/or physical therapists, who communicated with counterparts in the community rehabilitation services to provide additional information post-discharge. Patients were offered additional rehabilitation as outpatients after discharge. A physical therapist or occupational therapist followed patients up via	rehabilitation: 50/101 ○ Conventional postoperative rehabilitation: 49/94 • Katz grade B ○ MDT postoperative rehabilitation: 15/101 ○ Conventional postoperative rehabilitation: 13/94 • Katz grade C ○ MDT postoperative rehabilitation: 11/101 ○ Conventional postoperative rehabilitation: 5/94 • Katz grade D ○ MDT postoperative rehabilitation: 1/101 ○ Conventional postoperative rehabilitation: 6/94 • Katz grade E ○ MDT postoperative rehabilitation: 10/101 ○ Conventional postoperative rehabilitation: 9/94 • Katz grade F ○ MDT postoperative rehabilitation: 9/101 ○ Conventional postoperative rehabilitation: 8/94 • Katz grade G	participants in the group to which they were randomized? NA. *Risk-of-bias judgement:* High risk. <u>Domain 3: Missing outcome data</u> 3.1 Were data for this outcome available for all, or nearly all, participants randomized? N. Data available for 96/102 in intervention group and 88/97 in control group. 3.2 If No/PN/NI to 3.1: Is there evidence that the result was not biased by missing outcome data? PN – No information reported on methods to correct for missing data bias (although P-ADL and length of hospital stay were corrected for baseline characteristics). 3.3 If No/PN to 3.2: Could missingness in the outcome depend on its true value? Y. 3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the outcome depended on its true value? Y – Data missing due to death of patients which will have affected length of hospital stay and ADL measurements. *Risk-of-bias judgement:* High risk. <u>Domain 4: Risk of bias in measurement of the outcome</u> 4.1 Was the method of measuring the outcome inappropriate? N. 4.2 Could measurement or ascertainment of the outcome have differed between intervention groups? PN – measured using same procedures at comparable time points (at discharge).

Study details	Participants	Interventions	Outcomes and Results	Comments
		telephone 2 weeks after discharge, and with a home visit 4 months after discharge. This home visit included rehabilitation assessment, possible rehabilitation needs, environmental issues and nutritional problems. Another follow-up (also at 4 months after discharge) was carried out by a physician for a medication review and to detect possible complications. • *Control group: Conventional postoperative rehabilitation.* Primarily applied in a specialist orthopaedic unit that followed conventional postoperative routines. If a patient required longer rehabilitation, they were admitted to a general geriatric unit (although not the same one as the intervention ward). ○ Ward layout: On the orthopaedic control ward, a 27-bed ward with single, double rooms and quadruple rooms, and extra beds when needed. On the geriatric control ward, layout was the same as the intervention group. Staffing: On the orthopaedic control ward,	○ MDT postoperative rehabilitation: 3/101 ○ Conventional postoperative rehabilitation: 2/94 • Not classified ○ MDT postoperative rehabilitation: 2/101 ○ Conventional postoperative rehabilitation: 2/94 • No difference between groups (p = 0.789, Mann-Whitney U test) At discharge (exact time not reported): • Katz grade A ○ MDT postoperative rehabilitation: 32/96 ○ Conventional postoperative rehabilitation: 21/88 • Katz grade B ○ MDT postoperative rehabilitation: 12/96 ○ Conventional postoperative rehabilitation: 10/88 • Katz grade C ○ MDT postoperative rehabilitation: 9/96 ○ Conventional postoperative rehabilitation: 14/88	4.3 If No/PN/NI to 4.1 and 4.2: Were outcome assessors aware of the intervention received by study participants? Y – Assessors were unblended to allocation. 4.4 If Y/PY/NI to 4.3: Could assessment of the outcome have been influenced by knowledge of intervention received? Length of hospital stay: N. ADL: PN – Validated instruments (Katz ADL and ADL Staircase) used for measurements, which involve little/no assessment judgement. 4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the outcome was influenced by knowledge of intervention received? NA. *Risk-of-bias judgement:* Low risk. <u>Domain 5: Risk of bias in selection of the reported result</u> 5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis? NI – No published protocol to check. Is the numerical result being assessed likely to have been selected, on the basis of the results, from... 5.2. ... multiple outcome measurements (e.g. scales, definitions, time points) within the outcome domain? N 5.3 ... multiple analyses of the data? PN. *Risk-of-bias judgement:* Some

Study details	Participants	Interventions	Outcomes and Results	Comments
		1.01 WTE nurses/aides per bed, plus 2 x 1 WTE physiotherapists, 1 x 0.5 WTE occupational therapists and no dietician. On the geriatric control ward, staffing was the same as the intervention group (10.7 WTE nurses/aides per bed). ○ Staff education: No rehabilitation specific education given before or during the programme. ○ Teamwork: On the orthopaedic control ward, no specific teamwork was implemented. On the geriatric control ward, teamwork was the same as the intervention group. Individual care planning: On the orthopaedic control ward, individual care planning was used but not routinely as per the intervention. On the geriatric control ward, a weekly individual care planning meeting was held. ○ Prevention and treatment of complications: On both control wards, there was no routine examination regarding the possible causes of fractures, there was no fall prevention	• Katz grade D ○ MDT postoperative rehabilitation: 2/96 ○ Conventional postoperative rehabilitation: 3/88 • Katz grade E ○ MDT postoperative rehabilitation: 3/96 ○ Conventional postoperative rehabilitation: 6/88 • Katz grade F ○ MDT postoperative rehabilitation: 31/96 ○ Conventional postoperative rehabilitation: 19/88 • Katz grade G ○ MDT postoperative rehabilitation: 6/96 ○ Conventional postoperative rehabilitation: 10/88 • Not classified ○ MDT postoperative rehabilitation: 1/96 ○ Conventional postoperative rehabilitation: 5/88 • No difference between groups (p = 0.186, Mann-Whitney U test) *Changes in ADL*	concerns. Overall risk of bias *Risk-of-bias judgement:* High risk. **Other information** Re-admissions are also reported but there is no distinction between unplanned re-admissions (outcome as per protocol) and planned re-admissions (not in protocol).

Study details	Participants	Interventions	Outcomes and Results	Comments
		assessment and no routine prescription of osteoporosis medication. Post-operative complications were assessed but not routinely. ○ Nutrition: On the orthopaedic control ward, no dietician was available. On both control wards, no nutrition registration or protein-enriched meals were available. ○ Rehabilitation: Mobilisation was within 24 hours of surgery by a physical therapist, and were visited every day. However, functional retraining for daily tasks was not always performed. On the orthopaedic control ward, occupational therapists only met patients for a consultation and there were no home visits. On the geriatric control ward, exercises were similar to the intervention group and were administered by both physical and occupational therapists. In both control groups, no follow-up interventions were scheduled.	*(measured as the number of participants returning to at least same Katz ADL level as before trauma)* At discharge (exact time point not reported): • MDT postoperative rehabilitation: 47/96 • Conventional postoperative rehabilitation: 30/89 • Significantly higher (better) in intervention groups (p = 0.036, Chi-squared test) *Length of hospital stay in days [mean (SD)]* • MDT postoperative rehabilitation: 30.0 (18.1) • Conventional postoperative rehabilitation: 40.0 (40.6) • Significantly lower (better) in the intervention group (p = 0.028, statistical test unclear)	

ADL: Activities of daily living; AIMS; Academic Inpatient Medical Service; FIM: Functional Independence Measure; ICD-10: International Statistical Classification of Diseases and Related Health Problems (10th revision); IQR: Interquartile range; MDT: Multidisciplinary team; N: Number [or No if answering a risk of bias checklist question]:NA: Not

applicable; NI: No information; PICO: Population, intervention, comparison, outcome; PN: Probably not; PY: Probably yes; SD: Standard deviation; WTE: Whole time equivalent; Y: Yes

Table 11: Qualitative evidence tables

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist

Full citation
Adams, R. D. F., Cole, E., Brundage, S. I., Morrison, Z., Jansen, J. O., Beliefs and expectations of rural hospital practitioners towards a developing trauma system: A qualitative case study, Injury, 49, 1070-1078, 2018
 	
Ref Id
1181271
 	
Country/ies where the study was carried out
UK
 	
Study type
Qualitative case study
 	
Study dates
April 2017 - June 2017
	Recruitment strategy
	Opportunistic sampling of rural healthcare practitioners. Sample included a variety of healthcare practitioners involved in trauma rehabilitation.
	
	Inclusion criteria
	Not reported
	
	Exclusion criteria
	Not reported
	
	Setting
	Multiple rural general hospitals.
	
	Participant characteristics
	N = 18 healthcare professionals working in rural trauma care in Scotland
	
	• Profession (N):
	  ○ Anaesthetist: 8
	  ○ Emergency physician: 1
	  ○ Nurse practitioner: 1
	  ○ Surgeon: 8
	
	• Experience working in trauma care [median (range)]: 18 (2.5-37) years
	
	• Experience working in rural trauma
		Findings (including author's interpretation)
		
		• Authors theme: Interfaces within the trauma system
		  ○ Example quote: "We don't have such a close relationship with the [named trauma centre] and occasionally they tell us to do things and I'm just like no" (p. 1074)
			1. Was there a clear statement of the aims of the research? (Yes/Can't tell/No)
			Yes - To explore the views and experiences of rural hospital healthcare professionals identifying facilitators and barriers to the development of a rural trauma system.
			
			2. Is a qualitative methodology appropriate? (Yes/Can't tell/No)
			Yes - Appropriate to explore views and experiences of healthcare professionals.
			
			3. Was the research design appropriate to address the aims of the research? (Yes/Can't tell/No)
			Yes - Scoping study attempting to gain a broad understanding of quality of trauma care in rural Scotland.
			
			4. Was the recruitment strategy appropriate to the aims of the research? (Yes/Can't tell/No)
			Can't tell - Article mentions that opportunistic sampling was used and potential participants were contact by email. However, no details given about how the potential participants were identified.

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	healthcare in Scotland [mean (range)]: 8.75 years (1-22) years **Data collection and analysis** Semi-structured interviews were conducted individually or small groups up to 4 people, in person or via telephone. Questions focused on evaluation of trauma systems, views on trauma pathways and views on rural trauma system implementation. Network thematic analysis was performed using NVivo software.		**5. Was the data collected in a way that addressed the research issue? (Yes/Can't tell/No)** Yes - Data collection method discussed and justified. Topic guide developed using literature review, expert opinion and piloting process. No mention of data saturation. **6. Has the relationship between researcher and participants been adequately considered? (Yes/Can't tell/No)** Can't tell - No details reported. **7. Have ethical issues been taken into consideration? (Yes/Can't tell/No)** Yes - Informed consent received. Report states that approval was granted by all participating health boards but that it did not require the approval of Queen Mary University of London ethics board. **8. Was the data analysis sufficiently rigorous? (Yes/Can't tell/No)** Can't tell - Good description of the analysis process and how themes were derived. Adequate data presented to support findings. Study does not mention multiple or independent assessors, and does not examine researcher bias. **9. Is there a clear statement of findings? (Yes/Can't tell/No)** Yes - Good description and discussion of

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			findings, with relation back to the original research question. No mention of credibility of the findings. **10. How valuable is the research?** High value for current question - UK data providing insight into an under-studied area (rural trauma care). **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Minor concerns. **Source of funding** This study received funding from NHS Grampian Endowments. **Other information** None.
Full citation Byrnes, Michelle, Beilby, Janet, Ray, Patricia, McLennan, Renee, Ker, John, Schug, Stephan, Patient-focused goal planning process and outcome after spinal cord injury rehabilitation: quantitative and qualitative audit, Clinical Rehabilitation, 26, 1141-9, 2012	**Recruitment strategy** Consecutive recruitment of 100 newly injured adults with SCI who were admitted to the SCI in-patient unit. No further details reported. *Inclusion criteria* Participants had to: • Have recently (not further defined) suffered SCI • Be inpatient at the study spinal injury rehabilitation unit *Exclusion criteria*	**Findings (including author's interpretation)** • Author's theme: no title given ○ Example quote: "More planning for goal planning, more notice to inform family of dates and times so that they can be present." (p. 1146)	**1. Was there a clear statement of the aims of the research? (Yes/Can't tell/No)** Yes - To explore how multi-disciplinary inpatient goal planning affects rehabilitation in patients with SCI. **2. Is a qualitative methodology appropriate? (Yes/Can't tell/No)** Yes - Appropriate to explore patient's experiences of goal planning. **3. Was the research design appropriate to address the aims of the**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
Ref Id 1115851 **Country/ies where the study was carried out** Australia **Study type** General qualitative inquiry (within mixed methods study) **Study dates** Not reported.	• Full rehabilitation not completed at the study inpatient unit • Incomplete goal planning questionnaires and/or progress forms **Setting** Specialist SCI rehabilitation unit. **Participant characteristics** N = 100 adults with SCI • Age [mean (range)]: 42.75 (18-86) years • Gender (M/F): 73/27 • Length of inpatient stay [mean (SD)]: 115.20 (95.6) days • Injury cause (N): ○ Traumatic: 74 ○ Non-traumatic: 26 • Level of injury (N): ○ Complete tetraplegia: 25 ○ Incomplete tetraplegia: 23 ○ Complete paraplegia: 25 ○ Incomplete paraplegia: 27 **Data collection and analysis** Upon discharge each patient completed the patient-focused goal planning questionnaire. All comments were		**research? (Yes/Can't tell/No)** No - Qualitative aspect seems like an afterthought. **4. Was the recruitment strategy appropriate to the aims of the research? (Yes/Can't tell/No)** Can't tell - No discussion on how many potential participants were excluded due to incomplete questionnaires, or how these might have compared to the patients who were included in analysis. **5. Was the data collected in a way that addressed the research issue? (Yes/Can't tell/No)** No - Free-text questionnaires are limiting by nature. **6. Has the relationship between researcher and participants been adequately considered? (Yes/Can't tell/No)** No - However, this will be minimal due to data collection through free-text questionnaires. **7. Have ethical issues been taken into consideration? (Yes/Can't tell/No)** No - Report does not mention ethics or consent process in write-up. **8. Was the data analysis sufficiently rigorous? (Yes/Can't tell/No)** Yes - Good description of analysis

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	transcribed verbatim and collated for thematic analysis by the three authors.		process and how themes were derived. High inter-rater reliability achieved. **9. Is there a clear statement of findings? (Yes/Can't tell/No)** Yes - Good description, integration and discussion of both qualitative and quantitative findings, with relation back to the original research question. No mention of credibility of the qualitative findings. **10. How valuable is the research?** Limited value for current question - Claims to highlight what is qualitatively important to patients, but it's not clear how well this method achieves this. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Serious concerns. **Source of funding** This study received funding from a Neurotrauma Research Program Grant given by Western Australian Institute for Medical Research. **Other information** None.
Full citation Fleming, Jennifer, Sampson, Jennifer,	**Recruitment strategy** Participants were recruited from a brain injury rehabilitation unit. Criterion-based	**Findings (including author's interpretation)**	**1. Was there a clear statement of the aims of the research? (Yes/Can't tell/No)**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist

Cornwell, Petrea, Turner, Ben, Griffin, Janell, Brain injury rehabilitation: The lived experience of inpatients and their family caregivers, Scandinavian journal of occupational therapy, 19, 184-193, 2012
 	
Ref Id
722937
 	
Country/ies where the study was carried out
Australia
 	
Study type
Phenomenonlogical study
 	
Study dates
Not reported.
	purposeful sampling was used, and sampling continued until data saturation was reached.
	
	Inclusion criteria
	Participants had to:
	• Be aged 16 years or over
	• Have been diagnosed with acquired brain injury
	• Be able to converse adequately in for completion of the interview
	• Be able to provide informed consent as determined by occupational therapist
	• Be a nominated carer of a patient meeting the inclusion criteria
	
	Exclusion criteria
	• Pre-morbid psychiatric disease
	• Cognitive impairment preventing the ability to give informed consent
	
	Setting
	In-patient brain injury rehabilitation unit in large urban hospital.
	
	Participant characteristics
	N = 20 adults with ABI
	• N = 16 with TBI
	
	• Age [mean (SD)]: 40.3 (14.4) years
	  ○ Range: 17-63 years.
	
	• Gender (M/F): 15/5
		• Author's theme: Activity/occupation
		  ○ Example quote: "The activities therapist . . . she is doing a lot of activities with us and it's been great" (p. 189)
			Yes - To explore patient's and carer's experiences of TBI inpatient rehabilitation.
			
			2. Is a qualitative methodology appropriate? (Yes/Can't tell/No)
			Yes - Appropriate to explore experiences of rehabilitation.
			
			3. Was the research design appropriate to address the aims of the research? (Yes/Can't tell/No)
			Yes - Phenomenological approach used and justified.
			
			4. Was the recruitment strategy appropriate to the aims of the research? (Yes/Can't tell/No)
			Yes - Purposeful sampling used but with a pre-defined set of criteria to limit bias.
			
			5. Was the data collected in a way that addressed the research issue? (Yes/Can't tell/No)
			Yes - Data collection method discussed and justified. Topic guide used and questions included in write-up. Data saturation reached. However, important to note that the questions analysed in this paper were not the main aim of the overall study. Instead, experiences of in-patient care were used to develop a rapport with interviewees before moving on the views of transition.

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	• Length of hospital stay [mean (SD)]: 147.6 (157.6) days ○ Range: 35-776 days • Length of rehabilitation [mean (SD)]: 89.6 (71.2) days ○ Range: 22-318 days • Injury cause (N): ○ Traumatic: 16 - Motor vehicle accident: 7 - Fall: 4 - Motorbike accident: 1 - Assault: 1 - Other causes: 3 ○ Non-traumatic: 4 **Data collection and analysis** 45 min semi-structured interviews were conducted in the final week prior to each patient's discharge, involving patients and their carer. The interview focused on the experiences of ABI patients and carers when transitioning from in-patient to outpatient setting. After the interview they were also sent a summary and asked to verify that the notes reflected their feelings. Manifest content analysis was performed using multiple independent researchers and NVivo software.		**6. Has the relationship between researcher and participants been adequately considered? (Yes/Can't tell/No)** Can't tell - No details reported. **7. Have ethical issues been taken into consideration? (Yes/Can't tell/No)** Yes - Informed consent received and ethical approval granted by the participating hospital and university boards. **8. Was the data analysis sufficiently rigorous? (Yes/Can't tell/No)** Yes - Good description of the analysis process and how themes were derived. Adequate data presented to support findings. Multiple, independent researchers used in analysis, with consensus used to reduce bias. **9. Is there a clear statement of findings? (Yes/Can't tell/No)** Yes - Good description and discussion of findings, with relation back to the original research question. No mention of credibility of the findings. **10. How valuable is the research?** Sought a range of experiences from within their population, capturing a range of experiences. **Overall methodological limitations (No**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			or minor/Minor/Moderate/Serious) No/minor concerns. **Source of funding** This study received funding from an Australian Post-Graduate Award. **Other information** 18 carers were also included in the sample. However, as these are outside of the protocol population, data has not been extracted.
Full citation Gotlib Conn, Lesley, Zwaiman, Ashley, DasGupta, Tracey, Hales, Brigette, Watamaniuk, Aaron, Nathens, Avery B., Trauma patient discharge and care transition experiences: Identifying opportunities for quality improvement in trauma centres, Injury, 49, 97-103, 2018 **Ref Id** 1110107 **Country/ies where the study was carried out**	**Recruitment strategy** Purposive sampling used. Potential participants gave informed consent before discharge. A sample was contacted after 30 days, designed to include a wide range of characteristics (patient characteristics, type of trauma and discharge destination). *Inclusion criteria* Participants had to: • Be admitted to trauma centre between March and August 2016 or be a family member of such a patient • Be able to converse in English *Exclusion criteria* Not reported. **Setting** Regional urban trauma centre.	**Findings (including author's interpretation)** • Authors theme: Fostering quality discharge: Ward preparation ○ Example quote: No quotes presented for this theme from healthcare professionals or adults with general trauma, only family members. • Author's theme: Impeding quality discharge: Pressure to leave ○ Example quote: "The day I got the information that I was going to XYZ* was the first day I had been up and in the chair and in the TV room. So they'd just got me out of bed and into a chair and they said, "Oh congratulations, you're going out tomorrow," and it's like 'Hello?!'" (p. 99)	**1. Was there a clear statement of the aims of the research? (Yes/Can't tell/No)** Yes - To explore the experiences of the trauma centre and transitional care for patients with traumatic injuries, and identify possible areas for improvement. **2. Is a qualitative methodology appropriate? (Yes/Can't tell/No)** Yes - Appropriate to explore experiences of trauma care and views on improvement. **3. Was the research design appropriate to address the aims of the research? (Yes/Can't tell/No)** Yes - Appropriate to explore experiences and views on areas for improvement. **4. Was the recruitment strategy**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
Canada **Study type** General qualitative inquiry **Study dates** March 2016 - October 2016	**Participant characteristics** N = 24 adults with general trauma and their family members • Age (N): ○ <25 years: 7 ○ 26-39 years: 5 ○ 40-54 years: 4 ○ ≥55 years: 8 • Gender (M/F): 13/11 • Length of stay in trauma centre [median (range)]: 10.5 (3-126) days • Injury cause (N): ○ Fall: 5 ○ Motor vehicle accident: 9 ○ Pedestrian: 2 ○ Crush: 2 ○ Other: 6 **Data collection and analysis** Roughly 20 min semi-structured interviews conducted by the primary author, via telephone. Thematic analysis performed by multiple, independent researchers. Constant comparative method used to refine initial codes into themes.	• Author's theme: Impeding quality discharge: Sub-optimal communication and coordination ○ Example quote: "I had various broken bones and we had to find out, when we were in rehab, which ones were broken because we were told different things from different people about what had happened to me. So for instance, one nurse said that my pelvis was broken when it is not. They also hadn't told us that my lungs had collapsed a small amount a very small amount but we didn't even know that until we got to rehab." (p. 100)	**appropriate to the aims of the research? (Yes/Can't tell/No)** Yes - Purposive sampling used and justified as ensuring wide variety of characteristics included in the sample. **5. Was the data collected in a way that addressed the research issue? (Yes/Can't tell/No)** Yes - Data collection method discussed and justified. Interviews took place with 90 days post-discharge, limiting recall bias. Topic guide developed using results from literature review and expert advice. Data saturation reached. **6. Has the relationship between researcher and participants been adequately considered? (Yes/Can't tell/No)** Can't tell - No details reported. Important to note that interviewer was first author. **7. Have ethical issues been taken into consideration? (Yes/Can't tell/No)** Yes - Informed consent received before the discharge from hospital. Study states that the consent for was approved by the participating hospital's ethic committee but makes no mention of general study approval. **8. Was the data analysis sufficiently rigorous? (Yes/Can't tell/No)** Yes - Good description of the analysis

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			process and how themes were derived. Adequate data presented to support findings. Multiple, independent researchers used in analysis. No mention of potential researcher bias. **9. Is there a clear statement of findings? (Yes/Can't tell/No)** Yes - Good description and discussion of findings, with relation back to the original research question. Limitations of the study are discussed. **10. How valuable is the research?** High value for current question - Aim of study is specifically to do with transfer between services. Non-UK. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Minor concerns. **Source of funding** This study received funding from the Canadian Medical Protective Association Research Grant. **Other information** None.
Full citation Hines, M., Brunner, M., Poon, S., Lam, M., Tran, V., Yu, D.,	**Recruitment strategy** 4 healthcare organisations that provided TBI rehabilitation services were identified by purposive sampling and a key worker	**Findings (including author's interpretation)** • Author's theme: Orientation:	**1. Was there a clear statement of the aims of the research? (Yes/Can't tell/No)** Yes - To explore the experiences of

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
Togher, L., Shaw, T., Power, E., Tribes and tribulations: interdisciplinary eHealth in providing services for people with a traumatic brain injury (TBI), BMC health services research, 17, 757, 2017 **Ref Id** 1110252 **Country/ies where the study was carried out** Australia **Study type** General qualitative inquiry **Study dates** Not reported.	from each was contact with study details. Information was passed on to healthcare professionals within the TBI rehabilitation service that met the inclusion and exclusion criteria. Interested staff volunteered to participate. *Inclusion criteria* Participants had to: • Be working as a member of TBI rehabilitation team • Have healthcare or administration role • Be over 18 years old • Currently be using eHealth to provide healthcare to TBI patients undergoing rehabilitation *Exclusion criteria* Not reported **Setting** Range of TBI rehabilitation settings i.e. public and private, rural and urban. **Participant characteristics** N = 17 healthcare professionals working in TBI rehabilitation • Profession (N): ○ Allied health: 15 ○ Medical: 1 ○ Administration: 1	Enthusiasm about the potential of eHealth ○ Example quote: [without electronic medical record] “You might receive [a swallowing referral report] four weeks later, and [the patient is] are currently in [hospital] with their pneumonia.” (p. 5) • Author’s theme: Sources of disconnection: Design of, and access to, EMR systems ○ Example quote: “But we cannot access that system here. Our information system doesn’t talk to the NSW Health system. There’s a big firewall. So the systems they would like us to use, they don’t let us in to use them.” (p. 6) • Author’s theme: Restrictive and inconsistent eHealth policies ○ Example quote: “There’s a whole heap of technology that could be used but we can’t. So for example, we’ve got blocks on You-Tube which you use across the board, from therapy to information, education and also learning for staff.” (p. 7)	healthcare professionals using eHealth interventions to support interdisciplinary teamwork within TBI rehabilitation. **2. Is a qualitative methodology appropriate? (Yes/Can’t tell/No)** Yes - Appropriate to explore experiences of healthcare professionals. **3. Was the research design appropriate to address the aims of the research? (Yes/Can’t tell/No)** Yes - Design discussed and justified. **4. Was the recruitment strategy appropriate to the aims of the research? (Yes/Can’t tell/No)** Yes - Interested healthcare professionals had to volunteer which introduces a self-selection bias but this is mitigate by the use of inclusion/exclusion criteria. Would have like more information on the purposive sample of healthcare organisations. **5. Was the data collected in a way that addressed the research issue? (Yes/Can’t tell/No)** Yes - Data collection method discussed and justified. Topic guide developed using results from systematic review and surveys. Field notes kept along with seating plan. Data saturation not reached but this was not the aim of the research.

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	• Length of time working in current team (N): ○ <1 year: 2 ○ 1-5 years: 8 ○ 5-10 years: 1 ○ >10 years: 5 ○ Not reported: 1 **Data collection and analysis** 90 minute (maximum) focus groups and semi-structured interviews conducted. 4 main questions were asked, with sub-questions and prompts to keep conversation relevant. Field notes were taken during discussion and seating plan was recorded. Summary of main points and complete transcript were distributed to participants for verification prior to analysis. Narrative analysis was coupled with thematic analysis, and results compared within and between groups. Multiple researchers were involved in each stage of the analysis.		**6. Has the relationship between researcher and participants been adequately considered? (Yes/Can't tell/No)** Can't tell - No information reported. **7. Have ethical issues been taken into consideration? (Yes/Can't tell/No)** Yes - Informed consent received and ethical approval granted by the Human Research Ethics committee (University of Sydney) and recruitment organisations. Anonymity procedures detailed. **8. Was the data analysis sufficiently rigorous? (Yes/Can't tell/No)** Can't tell - Good description of the analysis process and how themes were derived. Adequate data presented to support findings. Multiple researchers used in analysis but no mention of independence. No discussion of potential researcher bias. Additionally, there was no mention of how the field notes and seating plan were used in the analysis. **9. Is there a clear statement of findings? (Yes/Can't tell/No)** Yes - Good description and discussion of findings, with relation back to the original research question. Limitations of the study are discussed. **10. How valuable is the research?** Moderate value for current question -

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			Good amount of data presented on coordination. Non-UK data. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Moderate concerns. **Source of funding** This study received funding from the University of Sydney Faculty of Health Sciences Collaborative Research Scheme. **Other information** None.
Full citation Isbel, Stephen T., Jamieson, Maggie I., Views from health professionals on accessing rehabilitation for people with dementia following a hip fracture, Dementia (London, England), 16, 1020-1031, 2017 **Ref Id** 1110315 **Country/ies where the study was carried out**	**Recruitment strategy** 3 experts in the area of hip fracture and dementia were contacted to participate in the trial. They were then asked to identify any other healthcare professionals that had experience in the area and would be willing to participate. *Inclusion criteria* Participants had to: • Be currently practicing in orthopaedics, rehabilitation or aged care • Have a large proportion of their patients consisting of elderly people with fractures *Exclusion criteria* Not reported	**Findings (including author's interpretation)** • Author's theme: Accessing rehabilitation ○ Example quote: "The recognition amongst nursing staff and registrars in a variety of surgical settings, means that there are more coherent management plans being put in place." (p. 1026) • Author's theme: What works well ○ Example quote: "The integrated service is integrated across geriatric medicine and rehab medicine, but it also has multiple components. It has the ortho-geriatric service…in-patient	**1. Was there a clear statement of the aims of the research? (Yes/Can't tell/No)** Yes - To explore the experiences and opinions of healthcare professionals regarding how dementia affects rehabilitation care after hip fracture. **2. Is a qualitative methodology appropriate? (Yes/Can't tell/No)** Yes - Appropriate to explore experiences and views of healthcare professionals. **3. Was the research design appropriate to address the aims of the research? (Yes/Can't tell/No)** Yes - Design discussed and justified.

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
Australia **Study type** General qualitative inquiry **Study dates** Not reported.	**Setting** Range of rehabilitation hospitals (urban and rural). **Participant characteristics** N = 12 healthcare professionals working in hip fracture rehabilitation and dementia • Profession (N): o Clinical nurse specialist: 1 o Geriatrician: 5 o Nurse manager: 2 o Ortho-geriatrician: 2 o Physiotherapist: 1 o Rehabilitation physician: 1 • Experience in hip fracture rehabilitation: not reported. **Data collection and analysis** 30 - 45 minute semi-structured interviews conducted via telephone, over a period of 4 weeks. Data analysis began after 6th interview was completed, using thematic analysis. NB. Data saturation was reached after 9th participant so 3/12 participants were not interviewed.	care…secondary fracture prevention…links with other services…" (p. 1026)	**4. Was the recruitment strategy appropriate to the aims of the research? (Yes/Can't tell/No)** No - 3 experts were initially approached, with no explanation of how they were identified. They were then asked to volunteer other healthcare professionals in the area that might 'provide interesting insights and opinions'. Language is inherently biased. **5. Was the data collected in a way that addressed the research issue? (Yes/Can't tell/No)** Yes - Data collection method discussed and justified. Topic guide was used and published in write up but no mention of how it was developed. Data saturation reached after 9th interview. **6. Has the relationship between researcher and participants been adequately considered? (Yes/Can't tell/No)** Can't tell - No information reported. **7. Have ethical issues been taken into consideration? (Yes/Can't tell/No)** Yes - Informed consent received and reconfirmed before interviews and ethical approval granted by the Human Research Ethics committee (University of Canberra). **8. Was the data analysis sufficiently**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			rigorous? (Yes/Can't tell/No) Yes - Good description of the analysis process and how themes were derived, using multiple, independent researchers. Adequate data presented to support findings. No discussion of potential researcher bias. **9. Is there a clear statement of findings? (Yes/Can't tell/No)** Yes - Good description and discussion of findings, with relation back to the original research question. No discussion of study credibility or limitations. **10. How valuable is the research?** Limited value for the current question - Very specific population. Non-UK data. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Moderate concerns. **Source of funding** This study received funding from the Dementia Collaborative Research Centre - Assessment and Better Care. **Other information** None.
Full citation Jourdan, Claire, Bahrami, Stephane,	**Recruitment strategy** Participants were medical practitioners chosen to reflect the entirety of the TBI	**Findings (including author's interpretation)**	**1. Was there a clear statement of the aims of the research? (Yes/Can't tell/No)**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
Azouvi, Philippe, Tenovuo, Olli, Practitioners' opinions on traumatic brain injury care pathways in Finland and France: different organizations, common issues, Brain Injury, 33, 205-211, 2019 **Ref Id** 1182358 **Country/ies where the study was carried out** France and Finland **Study type** Phenomenological study **Study dates** Not reported	care pathway. No further details reported. *Inclusion criteria* Not reported. *Exclusion criteria* Not reported. **Setting** Across TBI rehabilitation care pathways in Ile-de-France (France) and Varsinais-Suomi (Finland). **Participant characteristics** N = 10 healthcare professionals working in TBI rehabilitation • (6 Finland, 4 France) • Profession (N): ○ ICU practitioner: 1 ○ Neuro-anaesthetist: 3 ○ Neurologist: 4 ○ Neurosurgeon: 2 • Department (N): ○ ICU: 4 ○ Neurological outpatient clinic: 1 ○ Neurosurgery: 2 ○ Physical medicine and rehabilitation: 1 ○ Rehabilitation and Brain Trauma Care: 1	• Author's themes: Availability of adequate services, from acute care to re-entry support ○ Example quote: No quotes presented for this theme. • Author's theme: Coordination issues ○ Example quote: No quotes presented for this theme. • Author's theme: Diagnosis and follow-up of milder TBIs ○ Example quote: No quotes presented for this theme. • Author's theme: Delays before comprehensive rehabilitation ○ Example quote: No quotes presented for this theme. • Author's theme: Pathway-related decision-making ○ Example quote: No quotes presented for this theme. • Author's theme: Pathways for the "most severe" TBIs ○ Example quote: No quotes presented for this theme.	Yes - To compare TBI care pathways and explore the views of healthcare professionals on TBI care provision in Varsinais-Suomi, Finland and Ile-de-France, France. **2. Is a qualitative methodology appropriate? (Yes/Can't tell/No)** Yes - Appropriate to explore the views of healthcare professionals on care provision. **3. Was the research design appropriate to address the aims of the research? (Yes/Can't tell/No)** Yes - Design discussed and justified. **4. Was the recruitment strategy appropriate to the aims of the research? (Yes/Can't tell/No)** Can't tell - Good justification of why a range of healthcare professionals were sought but lack of information presented on how participants were recruited. **5. Was the data collected in a way that addressed the research issue? (Yes/Can't tell/No)** No - Data collection method discussed and justified. Topic guide used and published in the write-up. However, interviews were not audio recorded and instead were recorded using details field notes which involves a certain amount of translation before analysis begins. Data saturation not reached in data analysis

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	• Experience working in TBI rehabilitation (range): 8-25 years **Data collection and analysis** 45-60 minute semi-structured interviews conducted. The interviews covered details of TBI care received, finance, care transition and quality of care issues. Review questions were used to confirm interviewer's understanding of answers. Interviews were recorded using details field notes. Thematic analysis was used to code and organise data into themes.		but was in the individual interviews. **6. Has the relationship between researcher and participants been adequately considered? (Yes/Can't tell/No)** No - No details reported and analysis relies solely on field notes taken by the researcher. Interviewer only had experience of French TBI pathway, rather than both or neither. **7. Have ethical issues been taken into consideration? (Yes/Can't tell/No)** Can't tell - Study mentions that there was no legal need for ethical approval as patients were not contacted. No further details reported. **8. Was the data analysis sufficiently rigorous? (Yes/Can't tell/No)** Can't tell - Adequate description of the analysis process and how themes were derived. Initial findings were verified by 1 participant from each area. Adequate data presented to support findings. No mention of multiple, independent assessors. No discussion of researcher bias. **9. Is there a clear statement of findings? (Yes/Can't tell/No)** Yes - Good description and discussion of findings, with relation back to the original research question. Discussion about limitations of study.

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			10. How valuable is the research? Moderate value for current question - good description of TBI care pathways. Non-UK data. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Serious concerns. **Source of funding** This study received funding from Société Française de Médecine Physique et de Réadaptation. **Other information** None.
Full citation Kimmel, Lara A., Holland, Anne E., Lannin, Natasha, Edwards, Elton R., Page, Richard S., Bucknill, Andrew, Hau, Raphael, Gabbe, Belinda J., Clinicians' perceptions of decision making regarding discharge from public hospitals to in-patient rehabilitation following trauma, Australian health review : a publication of the	**Recruitment strategy** Study information was distributed to all rehabilitation clinicians that were members of Australian Faculty of Rehabilitation Medicine in the study region and all acute hospital clinicians that worked for organisations contributing to Victorian Orthopaedic Trauma Outcomes Registry, with an invitation for eligible participants to apply. Recruitment continued until data saturation achieved in each group. *Inclusion criteria* Participants had to: • Be working as rehabilitation consultants	**Findings (including author's interpretation)** • Author's themes: Financial considerations as drivers of decision making ○ Example quote: "I think there is a reasonably large push of patient flow. . . prematurely send people to rehab in protecting flow" (p. 194) • Author's theme: Patients and family preferences are not always acted upon within the public system ○ Example quote: ". . .it comes down to resources and waitlists as to how	**1. Was there a clear statement of the aims of the research? (Yes/Can't tell/No)** Yes - To explore the views of healthcare professionals on destination decision-making after discharge from acute care for trauma patients. **2. Is a qualitative methodology appropriate? (Yes/Can't tell/No)** Yes - Appropriate to explore the view of healthcare professionals. **3. Was the research design appropriate to address the aims of the research? (Yes/Can't tell/No)**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
Australian Hospital Association, 41, 192-200, 2017 **Ref Id** 1110434 **Country/ies where the study was carried out** Australia **Study type** Qualitative case study **Study dates** April 2013 - September 2014	or acute hospital clinicians • If rehabilitation consultant - currently working in rehabilitation or responsible for assessing patient for rehabilitation in an acute setting • If acute hospital clinician - work at a hospital that contributes to Victorian Orthopaedic Trauma Outcomes Registry *Exclusion criteria* Not reported. **Setting** Urban in-patient acute care and rehabilitation. **Participant characteristics** N = 34 healthcare professionals working in general trauma rehabilitation • Profession (N): ○ Rehabilitation consultants: 13 ○ Orthopaedic and trauma surgeon: 8 ○ Allied health professionals: 13 ○ Physiotherapists: 7 ○ Occupational therapists: 6 • Experience working in acute hospital setting (range): 2-<15 years **Data collection and analysis** 20-40 minute semi-structured interviews	much choice they get in the public system." (p. 195) • Author's theme: Lack of consensus regarding the role of in-patient compared with out-patient rehabilitation ○ Example quote: ". . .it's actually probably a negative thing to go to in-patient rehab because in-patient rehab environments are inevitably, in every hospital I've worked at, inevitably they're quite a deconditioning environment" (p. 196)	Yes - Design discussed and justified. **4. Was the recruitment strategy appropriate to the aims of the research? (Yes/Can't tell/No)** Yes - Self-referral for participation may introduce bias. However, appears as though efforts were made to contact all eligible participants via the most appropriate route. **5. Was the data collected in a way that addressed the research issue? (Yes/Can't tell/No)** Yes - Data collection method discussed and justified. Topic guide and case studies were developed using expert opinion. Data saturation reached. **6. Has the relationship between researcher and participants been adequately considered? (Yes/Can't tell/No)** Can't tell - No information reported. **7. Have ethical issues been taken into consideration? (Yes/Can't tell/No)** Yes - Ethical approval granted by all participating Human Research Ethics committees (Alfred Health, Melbourne Health, Northern Health and La Trobe University). No mention of informed consent. **8. Was the data analysis sufficiently**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	conducted by 2 physiotherapists via telephone. Each interview included case studies presented to the healthcare professionals for them to rate on the likelihood of referring on to inpatient rehabilitation. Data was analysed by 2 researchers and NVivo software. Thematic analysis was conducted and refined using consensus of researchers.		**rigorous? (Yes/Can't tell/No)** Yes - Good description of the analysis process and how themes were derived, using multiple researchers (although no mention of independence). Themes were refined using consensus of researchers. Adequate data presented to support findings. No discussion of potential researcher bias. **9. Is there a clear statement of findings? (Yes/Can't tell/No)** Yes - Good description and discussion of findings, with relation back to the original research question. Discussion about credibility of findings. **10. How valuable is the research?** Moderate value for current question - Range of views sought from different rehabilitation settings. Non-UK data. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** No/minor concerns. **Source of funding** This study received funding from the Transport Accident Commission through the Institute for Safety Compensation and Recovery Research. **Other information** None.

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
Full citation Kornhaber, Rachel, Rickard, Greg, McLean, Loyola, Wiechula, Rick, Lopez, Violeta, Cleary, Michelle, Burn care and rehabilitation in Australia: health professionals' perspectives, Disability and Rehabilitation, 41, 714-719, 2019 **Ref Id** 1182463 **Country/ies where the study was carried out** Australia **Study type** General qualitative inquiry **Study dates** 2016	**Recruitment strategy** Maximum variation sampling employed. Eligible participants were identified through professional registries and contacted with study details by the first author. *Inclusion criteria* Participants had to: • Be a healthcare professional • Working in adult burn care and/or rehabilitation • Working at a facility within Australia *Exclusion criteria* Not reported. **Setting** Range of burn rehabilitation settings (acute, rehabilitation and community). **Participant characteristics** N = 22 healthcare professionals working in burn rehabilitation • Profession (N): ○ Doctor: 4 ○ Nurse: 9 ○ Occupational therapist: 3 ○ Physiotherapist: 4 ○ Psychologist: 1 ○ Social worker: 1	**Findings (including author's interpretation)** • Author's theme: Inter-professional collaboration ○ Example quote: "'we [rehabilitation facility] can't take people…that need frequent dressing or prolonged dressings. We can't take people with significant psychiatric problems, right, or substance abuse problems. That cuts into a number of people with significant or a significant number of people with significant burns." (p. 716)	**1. Was there a clear statement of the aims of the research? (Yes/Can't tell/No)** Yes - To explore healthcare professional's experiences of acute care and rehabilitation in patients with burn injuries. **2. Is a qualitative methodology appropriate? (Yes/Can't tell/No)** Yes - Appropriate to explore the view of healthcare professionals. **3. Was the research design appropriate to address the aims of the research? (Yes/Can't tell/No)** Yes - Study was designed to initially explore the views of healthcare professionals. **4. Was the recruitment strategy appropriate to the aims of the research? (Yes/Can't tell/No)** Yes - Study mentions that maximum variation sampling was used to recruit people from a variety of healthcare disciplines. Eligible participants were identified from professional registries but lack of information on which ones and how many. Contacted directly by first author rather than intermediary might introduce bias. **5. Was the data collected in a way that addressed the research issue?**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	• Experience working in burns rehabilitation: not reported **Data collection and analysis** Semi-structured interviews were conducted in person and via telephone depending on participant preference. Questions focused on healthcare professional's experiences of providing rehabilitation care, their current care pathways and resource implications. Thematic analysis was used to code and organise data into findings.		**(Yes/Can't tell/No)** Yes - Data collection method discussed and justified. Topic guide used was developed following literature review. Data saturation reached. **6. Has the relationship between researcher and participants been adequately considered? (Yes/Can't tell/No)** Can't tell - No information reported. **7. Have ethical issues been taken into consideration? (Yes/Can't tell/No)** Yes - Informed consent received and ethical approval granted by the Human Research Ethics committee. **8. Was the data analysis sufficiently rigorous? (Yes/Can't tell/No)** Yes - Good description of analysis process and how themes were derived. Adequate data presented to support findings. No discussion of researcher bias. Mentions that credibility, transferability, dependability and confirmability were used throughout the study (although lack of information on how this was achieved and no mention of multiple, independent researchers). **9. Is there a clear statement of findings? (Yes/Can't tell/No)** Yes - Good description and discussion of findings, with relation back to the original

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			research question. Discussion about credibility of findings. **10. How valuable is the research?** Moderate value for current study - Wide range of perspectives sought across professions and settings. Non-UK data. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** No/minor concerns. **Source of funding** Not reported. **Other information** None.
Full citation Lamontagne, M. E., Swaine, B. R., Lavoie, A., Careau, E., Analysis of the strengths, weaknesses, opportunities and threats of the network form of organization of traumatic brain injury service delivery systems, Brain Injury, 25, 1188-1197, 2011 **Ref Id**	**Recruitment strategy** 12 participants from 4 organisations that were most central to the network were invited to participate, covering rehabilitation medicine, network co-ordination and managerial positions. No further details reported. *Inclusion criteria* Not reported. *Exclusion criteria* Not reported. **Setting**	**Findings (including author's interpretation)** • Author's theme: Network strengths ○ Example quote: "Our network regroups a lot of participants with complementary expertise and experience. This makes us very rich" (p. 1191) • Author's theme: Network weaknesses ○ Example quote: No quotes presented for this theme.	**1. Was there a clear statement of the aims of the research? (Yes/Can't tell/No)** Yes - To explore the barriers and facilitators to the implementation of a TBI network and how this might affect the co-ordination of healthcare. **2. Is a qualitative methodology appropriate? (Yes/Can't tell/No)** Yes - Appropriate to explore the experiences of implementing a new network. **3. Was the research design appropriate to address the aims of the**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist

1179997
 	
Country/ies where the study was carried out
Canada
 	
Study type
Qualitative case study
 	
Study dates
Not reported.
	1 TBI network in Quebec, Canada. This consisted of 1 large regional trauma centre and 1 rehabilitation centre (both inpatient and outpatient). Also includes a clinical program specifically for patients with TBI, a TBI community association, and a regional health authority.
	
	Participant characteristics
	N = 12 professional representatives working in a TBI rehabilitation network
	
	• Profession (N):
	  ○ Rehabilitation clinician: 3
	  ○ Co-ordination position: 5
	  ○ Managerial positions: 4
	
	• Professional experience (mean): 19.8 years
	
	• Experience in current position (mean): 8.4 years
	
	Data collection and analysis
	Approximately 60 minute semi-structured interviews were conducted in person. Questions focused on strengths and weaknesses of each network organisation as well as the organisation environment. Mixed content analysis was performed based on EGIPSS model of organised performance and NVivo software.
			research? (Yes/Can't tell/No)
			Yes - Design discussed and justified.
			
			4. Was the recruitment strategy appropriate to the aims of the research? (Yes/Can't tell/No)
			Can't tell - Participants covered a range of professions within the network. However, there is a lack of information on how the central organisations were identified and recruited, and how the individual participants were identified and recruited.
			
			5. Was the data collected in a way that addressed the research issue? (Yes/Can't tell/No)
			Yes - Data collection method discussed and justified. Topic guide used was based on a validated questionnaire. Data saturation not discussed.
			
			6. Has the relationship between researcher and participants been adequately considered? (Yes/Can't tell/No)
			Can't tell - No information reported which is important considering the interviewer is experienced with TBI networks.
			
			7. Have ethical issues been taken into consideration? (Yes/Can't tell/No)
			No - Report does not mention ethics or consent process in write-up.

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			8. Was the data analysis sufficiently rigorous? (Yes/Can't tell/No) Can't tell - Very good description of the analysis process and how themes were derived. 1 reviewer carried out initial coding with 10% check done by 2nd researcher - 87.5% inter-rater agreement achieved. Poor amount data presented to support findings. No discussion of potential researcher bias. **9. Is there a clear statement of findings? (Yes/Can't tell/No)** Can't tell - Appears to try turn a qualitative study findings into quantitative results. Interpretation heavily based on the EGIPSS performance model which makes it difficult to understand the raw study findings. **10. How valuable is the research?** Limited value for current question - Case study of 1 TBI network limits transferability. Non-UK data. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Serious concerns. **Source of funding** This study received funding from Canadian Institutes for Health Research, the ANEIS program, and the Programme de Recherche en Readaptation et en Integration Sociale.

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			Other information None.
Full citation Lefebvre, Helene, Levert, Marie Josee, The needs experienced by individuals and their loved ones following a traumatic brain injury, Journal of trauma nursing : the official journal of the Society of Trauma Nurses, 19, 197-207, 2012 **Ref Id** 1110571 **Country/ies where the study was carried out** Canada and France **Study type** General qualitative inquiry **Study dates** 2007	**Recruitment strategy** Study simply reports that the recruited sample included a wide range of views and experiences. No further details reported. *Inclusion criteria* Not reported. *Exclusion criteria* Not reported. **Setting** Range of TBI rehabilitation settings in 6 regions. **Participant characteristics** N = 150 • Adults with TBI: 56 o France: 34 o Canada: 22 • Friends and family: 34 o France: 17 o Canada: 17 • Healthcare professionals working in TBI rehabilitation: 60 o France: 31 o Canada: 29	**Findings (including author's interpretation)** • Author' theme: Needs related to the relationship with healthcare professionals Example quote: "'There needs to be a link between disciplines, between occupational therapists for example, so that healthcare professionals communicate with each other and don't make the individuals repeat themselves unnecessarily…" (p. 203) • Author's theme: Needs related to care and services o Example quote: "There needs to be a link between disciplines, between occupational therapists, for example, so that health care professionals communicate with each other and don't make the individuals repeat themselves unnecessarily […] Health care professionals from both centers should contact each other with an update; sometimes there are delays in the exchange of information." (p. 203)	**1. Was there a clear statement of the aims of the research? (Yes/Can't tell/No)** Yes - To explore the changing needs of patients with TBI as well as their friends and families throughout the care and rehabilitation pathway. **2. Is a qualitative methodology appropriate? (Yes/Can't tell/No)** Yes - Appropriate to explore the needs to patients and their loved ones during TBI rehabilitation. **3. Was the research design appropriate to address the aims of the research? (Yes/Can't tell/No)** Yes - Wanted to expand the evidence base by involving a larger number and variety of participants. **4. Was the recruitment strategy appropriate to the aims of the research? (Yes/Can't tell/No)** Can't tell - Lack of information reported on the recruitment methods, just that they were chosen to gain a wide range of views and experiences. **5. Was the data collected in a way that addressed the research issue?**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	Characteristics of adults with TBI Not reported *Characteristics of friends and families* Not reported *For healthcare professionals* • Profession (N): ○ Clinical co-ordination: 2 ○ Healthcare aid: 4 ○ (Neuro)psychology: 13 ○ Kinesiology: 2 ○ Nursing: 5 ○ Occupational therapy: 7 ○ Physiotherapy: 3 ○ Rehabilitation counselling: 2 ○ Speech therapy: 2 ○ Social work: 6 • Clinical experience (mean): 15.75 years Experience working in TBI rehabilitation (range): 1-30 years **Data collection and analysis** 18 semi-structured focus groups conducted. Discussion concentrated on the impact of TBI on patients and their families throughout care pathway, facilitators and barriers to quality care and concerns about the future. Groups were audio recorded and field notes taken by researchers. Thematic content		**(Yes/Can't tell/No)** Yes - Data collection method discussed and justified. Topic guide was used although no mention of how it was developed. Data saturation reached. **6. Has the relationship between researcher and participants been adequately considered? (Yes/Can't tell/No)** Can't tell - No information reported. **7. Have ethical issues been taken into consideration? (Yes/Can't tell/No)** Yes - Informed consent received and ethical approval granted for both French and Canadian authorities. **8. Was the data analysis sufficiently rigorous? (Yes/Can't tell/No)** Yes - Adequate description of the analysis process and how themes were developed. Adequate data presented to support findings. Multiple researchers involved in coding and themes developed using consensus. Mentions that credibility, transferability and reliability were observed throughout the study (although lack of information on how this was achieved). No discussion of researcher bias. **9. Is there a clear statement of findings? (Yes/Can't tell/No)** Yes - Good description and discussion of

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	analysis was conducted by 2 researchers, in tandem with data collection.		findings, with relation back to the original research question. No discussion about credibility of findings or study limitations. **10. How valuable is the research?** Limited value for current question - Good range of rehabilitation settings and participants but not much information on coordination. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Moderate concerns. **Source of funding** This study received funding from the Canadian Institute of Health Research/Institute National de la Santé et de la Recherche Médicale, the Social Sciences and Humanities Research Council of Canada, and the Programme de Recherche en Réadaptation et Intégration Sociale en Traumatologie. **Other information** None.
Full citation Norrbrink, Cecilia, Lofgren, Monika, Needs and requests--patients and physicians voices about improving the management of spinal	**Recruitment strategy** Patients were recruited from the sample of a previous study using SCI patients with neuropathic pain, invited to participate in follow-up study. Healthcare professionals were recruited using strategic sampling, from spinal units where participating patients received	**Findings (including author's interpretation)** • Author's theme: The current situation: Limitations in structure ○ Example quote: "When you're discharged here you have to manage a lot on your own and try to find your	**1. Was there a clear statement of the aims of the research? (Yes/Can't tell/No)** Yes - To explore the needs of patients and healthcare professionals for improving neuropathic pain management after SCI.

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
cord injury neuropathic pain, Disability and Rehabilitation, 38, 151-8, 2016 **Ref Id** 1110950 **Country/ies where the study was carried out** Sweden **Study type** General qualitative inquiry **Study dates** Not reported.	treatment. The spinal units were asked to volunteer the most experienced physician in SCI pain management to complete in the interview. *Inclusion criteria* • For adults with SCI: ○ Participation in previous study by authors • For healthcare professionals: ○ Not reported *Exclusion criteria* Not reported. **Setting** Not clearly defined but appears to be a range of SCI neuropathic pain treatment settings (including hospital rehabilitation departments and the community). **Participant characteristics** N = 25 • Adults with SCI patients and neuropathic pain: 16 • Healthcare professionals working in SCI rehabilitation: 9 *For adults with SCI and neuropathic pain* • Age [mean (range)]: 51 (31-69) years • Gender (M/F): 10/6	own way . . . you're slowly but surely forgotten.'' (p. 155) • Author's theme: The future situation: Needs and requests ○ Example quote: "Then I'd like more competence in this clinic with CBT and ACT (acceptance and commitment therapy) so that when you get to this stage when there's nothing more to be done, medically speaking, and the patient has to learn to handle his or her pain now, that we ought to be able to manage it better in the clinic by having the competence." (p. 156)	**2. Is a qualitative methodology appropriate? (Yes/Can't tell/No)** Yes - Appropriate to explore the experiences and views of both patients and healthcare professionals. **3. Was the research design appropriate to address the aims of the research? (Yes/Can't tell/No)** Yes - Design discussed and justified. **4. Was the recruitment strategy appropriate to the aims of the research? (Yes/Can't tell/No)** Can't tell – Lack of information given regarding the recruitment methods of previous study where patients were recruited from and the proportions of patients that agreed/declined to participate. Strategic sampling used to select the rehabilitation organisations where the patients were treated seems appropriate to the aims of the question, but lack of information on 'most experienced' physician criteria. **5. Was the data collected in a way that addressed the research issue? (Yes/Can't tell/No)** Yes - Data collection methods described and justified. Topic guide was used (although this was developed and revised during the study). Data saturation not discussed. **6. Has the relationship between**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	• Time since injury [mean (range)]: 18 (6-33) years • Injury cause (N): o Traumatic: 13 o Non-traumatic: 3 Level of injury (N): • Cervical SCI: 4 • Thoracic SCI: 10 • Lumbar SCI: 2 *For healthcare professionals* • Profession (N): o Neurology: 3 o Neurology and rehabilitation medicine: 1 o Rehabilitation medicine: 4 o Rehabilitation medicine and geriatrics: 1 • Experience working in SCI rehabilitation [mean (SD)]: 16 (4-35) years **Data collection and analysis** • Adults with SCI and neuropathic pain: 4 focus groups (2-5 participants each) held throughout Sweden, either at hotels or rehabilitation departments. 4 participants could not attend a focus groups and were interviewed independently via telephone. Focus groups involved 2 interviewers who		**researcher and participants been adequately considered? (Yes/Can't tell/No)** No – Small section presented on researcher's bias and influence but poor content. Important to note that one of the questions for the physicians included their thoughts on the author's previous work. **7. Have ethical issues been taken into consideration? (Yes/Can't tell/No)** Yes – Informed consent received and ethical approval granted by Ethics committee No. 2 in Stockholm. **8. Was the data analysis sufficiently rigorous? (Yes/Can't tell/No)** Yes – Very good description of the analysis process and how themes were developed. Adequate data presented to support findings. Multiple researchers involved in coding and themes developed using consensus. However, authors conducted interviews and analysis with no discussion of researcher bias. **9. Is there a clear statement of findings? (Yes/Can't tell/No)** Yes – Adequate discussion of findings, and credibility discussed. **10. How valuable is the research?** Limited value for the current question.

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	were physical therapists experienced in pain management. All interviews used same topic guide, focusing on the pain management needs of patients, what options are not available in current treatment and experiences living with pain. • Healthcare professionals: 5 in-person semi-structured interviews and 4 semi-structured interviews conducted by telephone. All interviews followed the same topic guide. This focused on current pain management options and their views on how to improve pain in rehabilitation. Participants were asked to comment on the results of authors' previous qualitative study. Content analysis was performed by both authors after the first focus group had been held, using Open Code computer programme. Codes were refined by consensus and then selective coding was used.		**Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Moderate concerns. **Source of funding** This study received funding from the Swedish Cancer & Traffic Injury Society Fund and the Norrbacka-Eugenia Foundation. **Other information** None.
Full citation Odumuyiwa, Tolu, Improving access to social care services following acquired brain injury: a needs analysis, Journal of Long-Term Care, 164-175, 2019 **Ref Id** 1182919	**Recruitment strategy** Participants were recruited through adverts on Twitter, Headway UK (both centrally and through local Headway chapters) and brain injury rehabilitation organisations throughout the UK. *Inclusion criteria* Participants had to: • Adults with ABI - have sustained an acquired brain injury (at any point) that led to a disability	**Findings (including author's interpretation)** • Author's theme: Types of services required ○ Example quote: "'A drug rehabilitation service working with one of our clients completely engaged with the multi-disciplinary approach and actively identified the positive role they could play whilst also understanding the roles of others	**1. Was there a clear statement of the aims of the research? (Yes/Can't tell/No)** Yes - To identify the long-term rehabilitation needs of patients with acquired brain injury and their families, and explore their experiences with accessing community services. **2. Is a qualitative methodology appropriate? (Yes/Can't tell/No)** Yes - Appropriate to explore the

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
Country/ies where the study was carried out UK **Study type** General qualitative inquiry (within mixed methods study) **Study dates** Not reported	• Family members - be related to an ABI patient as described above • Healthcare professionals - have worked in ABI treatment for a minimum of 2 years *Exclusion criteria* Not reported. **Setting** Community ABI rehabilitation services. **Participant characteristics** *Stage 1* N = 76 • Adults with ABI: 19 • Family members of patients with ABI: 26 • Healthcare professionals working in ABI rehabilitation: 32 *For adults with ABI* • Age [mean (range)]: 44.6 (29-72) years • Gender (M/F): 10/9 *For family members* • Age [mean (range)]: 48.3 (20-73) years • Gender (M/F): 5/21 *For adults with ABI and family members*	supporting the clients." (p. 169) • Author's theme: Poor access to support: Limited service provision ○ Example quote: "There is not a specialist service operating in our area and therefore these clients are missing out on specialist rehab." (p. 170) • Author's theme: Poor access to support: Lack of professional knowledge ○ Example quote: "'Everyone seems to focus on getting the person active again, getting them moving, getting their arms working, their legs walking, no one seems to focus on the cognitive health of the person who's had the accident, or speech and language, as long as he is up and walking and everything you can see is in the right order, mm, that's how it feels." (p. 170) • Author's theme: Poor access to support: Organisational factors ○ Example quote: "Social services refused to step in when my brother was made homeless because of his drug taking. […] The same way true of mental and drug rehabilitation. Each service wanted to treat each of his problems in isolation, rather than treating all the problems as a whole. As a result, he often fell through the	experiences and views of rehabilitation patients in accessing services. **3. Was the research design appropriate to address the aims of the research? (Yes/Can't tell/No)** Yes - Design discussed and justified. **4. Was the recruitment strategy appropriate to the aims of the research? (Yes/Can't tell/No)** Yes – Wide variety of forums used to recruit participants. **5. Was the data collected in a way that addressed the research issue? (Yes/Can't tell/No)** Yes - Using different modes throughout the study i.e. free-text questions and interviews, was described and justified well. However, no mention of topic guide and how it was developed. Data saturation reached. **6. Has the relationship between researcher and participants been adequately considered? (Yes/Can't tell/No)** Can't tell - No information reported. **7. Have ethical issues been taken into consideration? (Yes/Can't tell/No)** Yes – Ethical approval granted by the University faculty ethics committee although informed consent poorly described.

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	combined (as reported) • Injury cause (N): o Traumatic: 34 - Assault: 6 - Falls: 7 - Motor vehicle accident: 17 - Sports/work-related injuries: 4 o Non-traumatic: 11 • Time since injury (range): 1-41 years *Healthcare professionals* • Age [mean (range)]: 35.3 (19-60) years • Gender (M/F/Not reported): 11/18/3 • Profession: not reported • Experience working in rehabilitation: not reported <u>*Stage 2*</u> N = 21 • Adults with ABI: 12 • Family members of patients with ABI: 5 • Healthcare professionals working in ABI rehabilitation: 4 *Adults with ABI* • Age [mean (range)]: 45 (36-72) years • Gender (M/F): 10/2	gaps in services." (p. 170)	**8. Was the data analysis sufficiently rigorous? (Yes/Can't tell/No)** Yes – Good description of the analysis process and how themes were developed. Adequate data presented to support findings. While only 1 researcher involved in coding, results were validated by another member of the research team. No discussion of researcher's bias. **9. Is there a clear statement of findings? (Yes/Can't tell/No)** Yes - Good description and discussion of findings, with relation back to the original research question. No discussion on credibility of findings. **10. How valuable is the research?** High value for the current question. UK data. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Minor concerns. **Source of funding** Not reported. **Other information** None.

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	Family members • Age [mean (range)]: 52 (21-73) years • Gender (M/F): 1/4 *For adults with ABI and family members combined* • Injury cause: not reported. • Time since injury (range): not reported. *Healthcare professionals* • Age [mean (range)]: 42 (40-43) years • Gender (M/F): 1/3 • Profession: not reported • Experience working in rehabilitation: not reported **Data collection and analysis** • Stage 1: Online questionnaire using platform SurveyMonkey, including free-text questions on the long-term needs following ABI. These questions were analysed using content analysis by 1 researcher, and checked by another member of the research team. • Stage 2: At the end of the questionnaire, participants were given the opportunity to complete follow-up		

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	semi-structured interviews on service needs and communication between healthcare and social care services. Interviews lasted 25-60 minutes, either in person (ABI patients) or via telephone (carers and healthcare professionals). Interviews were analysed using a mixture of inductive and deductive thematic analysis.		
Full citation Ogilvie, Rebekah, Foster, Kim, McCloughen, Andrea, Curtis, Kate, Young peoples' experience and self-management in the six months following major injury: A qualitative study, Injury, 46, 1841-7, 2015 **Ref Id** 1110976 **Country/ies where the study was carried out** Australia **Study type** General qualitative inquiry	**Recruitment strategy** Purposive sampling of ABI admissions to trauma units during the study period. Targeted recruitment characteristics were informed by injury demographics concluded in Phase 1 quantitative study. Recruitment continued until data saturation reached. *Inclusion criteria* Not reported. *Exclusion criteria* Not reported. **Setting** 2 level 1 trauma centres. **Participant characteristics** N = 12 adults with general trauma • Age [mean (SD)]: 19 (SD not reported) years	**Findings (including author's interpretation)** • Author's theme: I was ok and then it hit me! ○ Example quote 1: "Over the first couple of days, every doctor would come around and ask me what happened. And it was hard to go back and think about it each time. It was really bad actually. . . I had to say it over and over again." (p. 1843) ○ Example quote 2: "I was in denial or shock. . . and then the trauma coordinator came in and she was like ''it's alright to be sad'' and she seemed to understand and she told me about other people that have been in traumas and then I just like burst into tears and she was like 'you're right'." (p. 1845) • Author's theme: They don't really understand at all ○ Example quote: "'I was in denial or shock. . . and then the trauma	**1. Was there a clear statement of the aims of the research? (Yes/Can't tell/No)** Yes - To explore how young people experience and manage the first 6 months after traumatic injury. **2. Is a qualitative methodology appropriate? (Yes/Can't tell/No)** Yes - To explore the lived experiences of traumatic injury. **3. Was the research design appropriate to address the aims of the research? (Yes/Can't tell/No)** Yes - Design discussed and justified. **4. Was the recruitment strategy appropriate to the aims of the research? (Yes/Can't tell/No)** Yes - Purposive sampling used which could introduce bias but is appropriate to the aims of the research. **5. Was the data collected in a way that**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
Study dates June 2007 - June 2012	• Gender (M/F): 9/3 • Time since injury: not reported • Injury cause (N): o Traumatic:12 - Explosive: 1 - Fall: 2 - Pedestrian: 1 - Road traffic accident: 7 - Water skiing: 1 **Data collection and analysis** Each participant gave 2 semi-structured interviews - 1 before discharge from hospital (in person) and 1 follow-up interview as an outpatient (in person or via telephone). Discussion focused on their rehabilitation since the injury, barriers and facilitators to recovery and what support they had received. Interviews were audio-recorded and field notes taken. Primary author performed thematic analysis of the data sing NVivo software.	coordinator came in and she was like 'it's alright to be sad' and she seemed to understand and she told me about other people that have been in traumas and then I just like burst into tears and she was like 'you're right'." (p. 1845)	**addressed the research issue? (Yes/Can't tell/No)** Yes - Data collection method described and justified. Data saturation reached. No mention of topic guide or how it was developed. **6. Has the relationship between researcher and participants been adequately considered? (Yes/Can't tell/No)** No - Lack of information reported. Important to note that the primary author performed interviews and analysis of the data, increasing the need for relationship to be considered properly. **7. Have ethical issues been taken into consideration? (Yes/Can't tell/No)** Yes – Informed consent received and ethical approval granted by Australian Capital Territory and South Eastern Sydney Local Health District Human Research Ethics committees. **8. Was the data analysis sufficiently rigorous? (Yes/Can't tell/No)** Can't tell – Poor description of analysis process or how themes were developed. Adequate presentation of data. Only 1 researcher completed the analysis with no validation of findings reported. No discussion of researcher bias which is especially important considering input of first author.

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			9. Is there a clear statement of findings? (Yes/Can't tell/No) Yes - Good description and discussion of findings, with relation back to the original research question. No discussion on credibility of findings. **10. How valuable is the research?** Limited value for current question. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Moderate concerns. **Source of funding** This study received funding from Skellern Foundation PhD Scholarship and Endowment Fund. **Other information** None.

Full citation
Sena Martins, Bruno, Fontes, Fernando, Hespanha, Pedro, Barnes, Barnes Davis Fontes Goffman Guion Hahn Henriques Hughes Klein Leder Martins Oliver Santos Somers Stiker Stone Turner Wall, Spinal cord injury in Portugal: Institutional and
	Recruitment strategy
	There are 4 rehabilitation centres in Portugal that specialise in SCI rehabilitation. 3 were included in direct observation. The 4th was not due to the fact that it had only opened recently. Purposive sampling was then done for the SCI patients and healthcare professionals in the rehabilitation centres to ensure a wide range of experiences and disciplines included in the rehabilitation journey.
		Findings (including author's interpretation)
		
		• Author's theme: Institutional paths
		  ○ Example quote: No quotes presented for this theme.
		
		• Author's theme: Initial medical rehabilitation centres
		  ○ Example quote: "…in terms of time, given that this always involves a lengthy period of hospitalization, it
			1. Was there a clear statement of the aims of the research? (Yes/Can't tell/No)
			Yes - To explore the experiences and views of patients undergoing SCI rehabilitation in Portugal.
			
			2. Is a qualitative methodology appropriate? (Yes/Can't tell/No)
			Yes - Appropriate to explore the experiences and views of SCI rehabilitation patients.

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
personal challenges, Journal of Disability Policy Studies, 28, 119-128, 2017 **Ref Id** 1183258 **Country/ies where the study was carried out** Portugal **Study type** Qualitative case study (within mixed methods study) **Study dates** Not reported.	*Inclusion criteria* Not reported. *Exclusion criteria* Not reported. **Setting** Multiple rehabilitation centres. **Participant characteristics** N = 50 • Adults with SCI in initial rehabilitation: 28 • Healthcare professionals working in SCI rehabilitation: 22 *For adults with SCI in initial rehabilitation* Not reported *For healthcare professionals working in SCI rehabilitation* Not reported **Data collection and analysis** 10 days of fieldwork was conducted at each of the 3 rehabilitation centres over 4 months. Observations were recorded at the end of each day and analysed to describe similarities and differences between rehabilitation centres. Semi-structured interviews took place with a purposive sample of these participants. A biographical chronology was described	means that when a patient arrives here it's, let's say, very often past the minimal time we consider appropriate for starting their rehabilitation process…" (p. 122)	**3. Was the research design appropriate to address the aims of the research? (Yes/Can't tell/No)** Yes - 2 stages used to cover the initial trauma recovery phase in hospital and then follow the challenges with reintegrating into the community after discharge. **4. Was the recruitment strategy appropriate to the aims of the research? (Yes/Can't tell/No)** Yes – Direct observation occurred in 3 Portuguese SCI rehabilitation centres. Reasons given why 4th was not included. Purposive sampling was carried out for semi-structured interview phase. SCI patients were sampled to ensure heterogeneity. Healthcare professionals were sampled to ensure a wide variety of disciplines throughout inpatient rehabilitation. **5. Was the data collected in a way that addressed the research issue? (Yes/Can't tell/No)** Can't tell - Data collection used 2 methods (semi-structured interviews and direct observation) in order to validate results of each. Stage 1 involved 10 days of direct observation carried out in 3 rehabilitation centres but no mention of how the process was carried out. No mention of topic guide or how it was developed. No mention of data

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	for each participant's life journey. Preliminary coding and analysis was done from interviews data, with themes and challenges extracted before. These were cross-referenced with interview data and observation data.		saturation, but this is not the aim of the study. **6. Has the relationship between researcher and participants been adequately considered? (Yes/Can't tell/No)** Can't tell – Small amount of information presented on how collective analysis and peer debriefing was used to validate findings. However, minimal information on how direct observation was carried out so unsure how this might impact the relationship between researcher and participants. **7. Have ethical issues been taken into consideration? (Yes/Can't tell/No)** Yes - Informed consent received and study complied with American Psychological Association ethical guidelines. Anonymity procedures described. **8. Was the data analysis sufficiently rigorous? (Yes/Can't tell/No)** Yes – Adequate description of how data analysis was carried out and how themes were developed, including how data from interviews and observation were combined. Good presentation of data. Discussion of collective analysis and researcher bias. **9. Is there a clear statement of findings? (Yes/Can't tell/No)**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			Yes - Good description and discussion of findings, with relation back to the original research question. Discussion on how credibility was increased. **10. How valuable is the research?** Moderate value for current question - Investigates a wide range of perspectives over the acute and chronic stages of SCI rehabilitation. Non-UK data. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Moderate concerns. **Source of funding** This study received funding from Portuguese Foundation for Science and Technology. **Other information** This study has 2 parts – Fieldwork I and fieldwork II. Fieldwork I was aimed at investigating initial SCI rehabilitation, recruiting newly injured SCI patients in initial rehabilitation and healthcare professionals working in rehabilitation centres. Fieldwork II was aimed at investigating the process of patients with SCI re-integration back into the community, recruiting people with SCI residing in the community and support organisations for SCI. Fieldwork I will be included for review question 4.1a and fieldwork II will be included in review

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			question 4.2a.
Full citation Slomic, Mirela, Christiansen, Bjorg, Soberg, Helene L., Sveen, Unni, User involvement and experiential knowledge in interprofessional rehabilitation: a grounded theory study, BMC health services research, 16, 547, 2016 **Ref Id** 1111386 **Country/ies where the study was carried out** Norway **Study type** Phenomenological study **Study dates** April 2014 - April 2015	**Recruitment strategy** Purposive sampling of healthcare professionals responsible for the TBI patients discussed in the MDT meetings, or those who were seen to extensively contribute to the meeting, were asked to complete semi-structured follow-up interviews. No further details reported. *Inclusion criteria* Not reported. *Exclusion criteria* Not reported. **Setting** 1 in-patient and 1 outpatient rehabilitation unit. **Participant characteristics** N = 41 healthcare professionals working in TBI rehabilitation • 16 participants took part in interviews • Profession of interview participants (N): o Medical doctor: 1 o Nursing: 2 o Occupational therapists: 3 o Physiotherapists: 2 o Psychologists: 2 o Social worker: 2	**Findings (including author's interpretation)** • Author's theme: Formal user involvement o Example quote: "I think that sometimes it might be hard for the patients to come up with their perspective in those meetings [interprofessional meetings with participating patients]." (p. 3) • Author's theme: Patient's experiential knowledge o Example quote: "Sometimes the patients have unrealistic expectations about the available services and our responsibilities, so it can be ok to guide them a bit." (p. 5)	**1. Was there a clear statement of the aims of the research? (Yes/Can't tell/No)** Yes - To explore the extent to which rehabilitation professionals understand and incorporate the experiences of patients with TBI into their healthcare practice. **2. Is a qualitative methodology appropriate? (Yes/Can't tell/No)** Yes - Appropriate to explore healthcare professionals ' understanding of their patients' experiences of rehabilitation and their views on how this impacts their practice. **3. Was the research design appropriate to address the aims of the research? (Yes/Can't tell/No)** Yes - Appropriate to explore healthcare professional's views of incorporating their patient's views, and how much they actually do this. **4. Was the recruitment strategy appropriate to the aims of the research? (Yes/Can't tell/No)** Can't tell - Purposive sampling used to ensure flexibility throughout the study. Lack of participant characteristics and no details reported on inclusion or exclusion criteria makes is difficult to judge

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	○ Special educator: 1 ○ Team co-ordinators: 2 • Experience working in TBI rehabilitation: Not reported. **Data collection and analysis** 8 MDT meetings were observed, with researchers focusing on interactions and communication between professionals, decision-making and patient involvement (either directly or as advocated by healthcare professionals). Meetings were audio-recorded and notes were taken to help in the analysis stage. 20-45 minute semi-structured interviews were held, to explore professional's views and experiences with inter-professional co-ordination during rehabilitation, and particularly how patient's views were incorporated into the process. Analysis was conducted using grounded theory approach with constant comparison and HyperResearch software.		appropriateness. **5. Was the data collected in a way that addressed the research issue? (Yes/Can't tell/No)** Yes - Data collection method discussed and justified. Topic guide used (although no information given about how it was developed). Data saturation reached. **6. Has the relationship between researcher and participants been adequately considered? (Yes/Can't tell/No)** No – Lack of information presented on researcher's bias and influence. This is important when observing the MDT meetings, as healthcare workers may have made more of an effort to incorporate views when they were being observed. **7. Have ethical issues been taken into consideration? (Yes/Can't tell/No)** Yes - Informed consent received and ethic approval granted by Regional committee for Medical and Health Research Ethics. Anonymity and data protection procedures described. **8. Was the data analysis sufficiently rigorous? (Yes/Can't tell/No)** Can't tell - Good description of analysis methods and how themes were developed. However, no mention of how data from meetings were combined with

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			data from interviews. Adequate data presented to support findings. No mention of researcher bias. **9. Is there a clear statement of findings? (Yes/Can't tell/No)** Yes - Good description and discussion of findings, with relation back to the original research question. No mention of credibility of the findings. **10. How valuable is the research?** Moderate value for current question - Good amount of data presented on coordination. Non-UK data. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Moderate concerns. **Source of funding** This study received funding from the Research Council of Norway. **Other information** None.
Full citation Talbot, Lise R., Levesque, Annie, Trottier, Josee, Process of implementing collaborative care and	**Recruitment strategy** Non-probabilistic (no further identification given) sampling of healthcare professionals involved with the target TBI population (including clinicians and administrators) from the participating hospital and rehabilitation centre. Clinical	**Findings (including author's interpretation)** • Author's theme: Organisation of care and services ○ Example quote: No quotes presented for this theme from healthcare	**1. Was there a clear statement of the aims of the research? (Yes/Can't tell/No)** Yes - To describe the implementation of a collaborative care approach within a hospital and rehabilitation centre, and explore how this affected the care

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
its impacts on the provision of care and rehabilitation services to patients with a moderate or severe traumatic brain injury, Journal of multidisciplinary healthcare, 7, 313-20, 2014 **Ref Id** 1180937 **Country/ies where the study was carried out** Canada **Study type** General qualitative inquiry **Study dates** Not reported.	coordinator and clinical trauma nurse were used to recruit people with TBI, who referred any patient with moderate to severe TBI who had been admitted to ICU and were due to undergo rehabilitation at the study hospital or rehabilitation centre. Purposive sampling of these referrals were used to generate a group of adults with TBI and their caregivers. *Inclusion criteria* Participants had to: • Be over 18 years old • Have been diagnosed with moderate or severe TBI • Have rehabilitation scheduled to take place at target hospital and rehabilitation centre • Be able to converse in either French or English • Live within 100km of study hospital or rehabilitation centre • Be a caregiver of a patient included in the study • Be a healthcare professionals or administrators involved in the care of a patient as described above **Exclusion criteria** Not reported. **Setting** 1 hospital and 1 rehabilitation centre.	professionals or adults with TBI, only caregivers. • Author's theme: Perception of care continuity by all stakeholders ○ Example quote: "It was a way to get the family involved. Plus, we give them a pamphlet. We tell them what's going to happen. They're given a form, we tell them what's going to happen. We put them in contact with the RC. That gets them more involved in the treatment." (p. 318) • Author's theme: Degree of satisfaction with the care process ○ Example quote: "The purpose of CC [collaborative care], in a way, was to put all of us on the same level, and above all to make the UHC work like a sort of relay race instead of an obstacle race." (p. 318) • Author's theme: Suggestions and improvements ○ Example quote: No quotes presented for this theme.	experiences of patients after TBI and their carers. **2. Is a qualitative methodology appropriate? (Yes/Can't tell/No)** Yes - Appropriate to explore the experiences of TBI patients and their carers in a new collaborative care rehabilitation approach. **3. Was the research design appropriate to address the aims of the research? (Yes/Can't tell/No)** Yes - Designed to gain a wide variety of experiences for a topic with not much research. **4. Was the recruitment strategy appropriate to the aims of the research? (Yes/Can't tell/No)** Yes – Description of recruitment strategy with different strategies for different groups of participants that are justified, although vague description given for healthcare professionals. A wide range of healthcare professional were sampled to ensure the spectrum of TBI rehabilitation was represented. Purposive sampling has the risk of introducing bias but suits the study aim and accompanied by a good description of why participants were included/excluded from the study. **5. Was the data collected in a way that addressed the research issue? (Yes/Can't tell/No)**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	Participant characteristics N = 30 • Adults with TBI: 11 • Caregivers of patients with TBI: 9 • Healthcare professionals working in TBI rehabilitation: 10 *For patients* • Age [mean (SD)]: 40.7 (18.3) years • Gender (M/F): 7/4 • Time since injury: not reported • Injury cause (N): o Traumatic: 11 - Car: 4 - Motorcycle: 3 - Pedestrian: 1 - Fall: 2 - Other: 1 • Degree of TBI (N): o Moderate: 5 o Severe: 6 *For caregivers* Not reported *For healthcare professionals* Not reported		Yes - Using different modes throughout the study i.e. focus groups and interviews, was described and justified well. Topic guide used (although no mention of how it was developed). No mention of data saturation but not necessary for aim of research. **6. Has the relationship between researcher and participants been adequately considered? (Yes/Can't tell/No)** Can't tell – Lack of information presented on researcher's bias and influence. Important as there is no description on how the researchers are linked to the new collaborative care system. If they are involved, may affect how participants respond. **7. Have ethical issues been taken into consideration? (Yes/Can't tell/No)** Yes - Informed consent received prior to enrolment and ethical approval granted by both hospital and rehabilitation centre ethics committee. **8. Was the data analysis sufficiently rigorous? (Yes/Can't tell/No)** Yes - Good description of analysis method and how themes were developed. Data was triangulated by 2 researchers and randomly validated. However, no mention of how field notes were used in the analysis. Adequate data presented to back up findings. No mention of researcher bias.

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	Data collection and analysis • Healthcare professionals - 2 focus groups (conducted in the hospital) and 2 semi-structured interviews (conducted in the rehabilitation centre), both using the same topic guide. Each pair had a 12 months between them. Questions focused on quality of TBI rehabilitation and satisfaction with the new collaborative care model. Field notes were taken. • Patients and carers - 45 minute semi-structured interviews. One was conducted while the patients were still in hospital, the 2nd was conducted 1 month after being discharged from the rehabilitation centre. Questions focused on quality of TBI rehabilitation and satisfaction with the new collaborative care model. Qualitative content analysis was used with NVivo software to generate initial codes before being refined into sub-themes.		**9. Is there a clear statement of findings? (Yes/Can't tell/No)** Yes - Good description and discussion of findings, with relation back to the original research question. Limitations of the study are discussed. **10. How valuable is the research?** High value for current question - Aim of study is specifically to do with transfer between services. Non-UK. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Moderate concerns. **Source of funding** This study received funding from Fonds de recherche Québécois en santé. **Other information** None.
Full citation Wright, Courtney J., Zeeman, Heidi, Biezaitis, Valda, Holistic Practice in Traumatic Brain Injury Rehabilitation: Perspectives of Health Practitioners, PLoS ONE, 11, e0156826,	**Recruitment strategy** Purposive sampling. All healthcare practitioners that were registered with 'Brain Injury Network' in the region were invited. Members were asked to forward study information to other healthcare professionals not registered in the network. *Inclusion criteria*	**Findings (including author's interpretation)** • Author's themes: Implementing holistic rehabilitation in brain rehabilitation themes ○ Example quote: "There's not a lot of understanding of some of the more complex issues associated with brain injury." (p. 11)	**1. Was there a clear statement of the aims of the research? (Yes/Can't tell/No)** Yes - To explore the experiences and views of healthcare professionals on holistic brain injury rehabilitation. **2. Is a qualitative methodology appropriate? (Yes/Can't tell/No)** Yes - Appropriate for exploring the

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist

2016
 	
Ref Id
1111741
 	
Country/ies where the study was carried out
Australia
 	
Study type
Phenomenological study
 	
Study dates
Not reported.
	Not reported.
	
	Exclusion criteria
	Not reported.
	
	Setting
	Regional 'Brain Injury Network'.
	
	Participant characteristics
	N = 19 healthcare professionals working in TBI rehabilitation
	
	• Age [mean (SD)]: 38.21 (10.73) years
	  ○ Range: 23 – 57 years
	
	Profession (N):
	• Medical: 3
	  ○ Medical specialist: 1
	  ○ Nurses: 2
	• Allied healthcare: 16
	  ○ Case Manager: 1
	  ○ Music Therapist: 1
	  ○ Occupational Therapists: 7
	  ○ Physiotherapist: 1
	  ○ Psychologists: 3
	  ○ Social Workers: 2
	  ○ Speech and Language Therapist: 1
	
	• Setting (N):
	  ○ Inpatient: 12
	  ○ Community: 7
			experiences and views of healthcare professionals.
			
			3. Was the research design appropriate to address the aims of the research? (Yes/Can't tell/No)
			Yes - Phenomenological approach used and justified.
			
			4. Was the recruitment strategy appropriate to the aims of the research? (Yes/Can't tell/No)
			Yes - Wide variety of healthcare practitioners invited, with snowballing of possible participants outside of Network. Unable to perform responder's analysis and snowballing means that they were not aware of full sample.
			
			5. Was the data collected in a way that addressed the research issue? (Yes/Can't tell/No)
			Yes - Data collection methods described and justified. Pilot-tested topic guide used. Data saturation not discussed, but probably not necessary for aim of research.
			
			6. Has the relationship between researcher and participants been adequately considered? (Yes/Can't tell/No)
			Yes - Reflexivity utilised throughout the analysis process using robust data preparation techniques, in-depth discussion with people holding

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	• Experience working in TBI rehabilitation: not reported. **Data collection and analysis** Topic guides were provided to all participants before the interview. 30 minute (maximum) semi-structured interviews conducted via telephone. Phenomenological analysis was performed with initial codes developed using Leximancer software. Overarching themes were developed manually by researchers.		contradicting views and good knowledge of interview transcripts. Researcher also had no prior research experience with TBI rehabilitation. **7. Have ethical issues been taken into consideration? (Yes/Can't tell/No)** Yes - Informed consent received and ethical approval granted from relevant Human Research Ethics committees (Griffith University and Mater Children's Hospital). **8. Was the data analysis sufficiently rigorous? (Yes/Can't tell/No)** Yes - Good description of analysis methods and how themes were developed. Technological methods combined of coding combined with human verification to compile theme list. Adequate data presented to support findings. Description of how researcher bias was accounted for. **9. Is there a clear statement of findings? (Yes/Can't tell/No)** Yes - Good description and discussion of findings, with relation back to the original research question. Limitations of the study are discussed. **10. How valuable is the research?** Moderate value for current question - Good information on how rehabilitation MDTs can work together. Non-UK.

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			Overall methodological limitations (No or minor/Minor/Moderate/Serious) No/minor concerns. **Source of funding** This study had no funding to report. **Other information** None.

ABI: Acquired brain injury; EGIPSS: Evaluation Globale et Intégrée de la Performance des Systèmes de Santé; F: Female; km: Kilometre; M: Male; MDT: Multidisciplinary team; N: Number; NHS: National Health Service; p.: page; SCI: Spinal cord injury; SD: Standard deviation; TBI: Traumatic brain injury

Evidence tables for review question: D.1b What are the best methods to coordinate rehabilitation services for children and young people with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

No quantitative or qualitative evidence was identified which was applicable to this review question.

Appendix E – Forest plots

Forest plots for review question: D.1a What are the best methods to coordinate rehabilitation services for adults with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

No meta-analyses were performed as the interventions or outcomes were either not sufficiently similar to allow them to be combined or they were not reported by more than one study.

Forest plots for review question: D.1b What are the best methods to coordinate rehabilitation services for children and young people with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

No evidence was identified which was applicable to this review question.

Appendix F – GRADE and GRADE-CERQual tables

GRADE and GRADE-CERQual tables for review question: D.1a What are the best methods to coordinate rehabilitation services for adults with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

GRADE tables for quantitative evidence

Table 12: Clinical evidence profile for coordination of inpatient rehabilitation: Geriatric fracture clinic versus no geriatric fracture clinic (continuous variables)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Geriatric fracture clinic	No geriatric fracture clinic	Geriatric fracture clinic	No geriatric fracture clinic		
Length of hospital stay (days) – At discharge (Better indicated by lower values)												
1 (Kusen 2019)	observational studies	serious[1]	no serious inconsistency	serious[2]	serious[3]	none	168	154	Median (IQR): 7 (5-10)[4]	Median (IQR): 9 (7-12)[4]	VERY LOW	CRITICAL

IQR: Interquartile range
1 Serious risk of bias in the evidence contributing to the outcomes as per ROBINS-I
2 Intervention is indirect as it is applied to all areas of the inpatient admission, not just coordination of postoperative rehabilitation
3 Imprecision could not be assessed using GRADE default values as only median and IQR values were reported, and was instead assessed using the sample size: The result was not downgraded if n≥400, if n=399-200, the result was downgraded 1 level, and if n<200 the result was downgraded by 2 levels
4 According to the statistical analyses performed by the author, the median difference was significantly lower (better) in the intervention group (p<0.01, Mann-Whitney U test)

Table 13: Clinical evidence profile for coordination of inpatient rehabilitation: Geriatric fracture clinic versus no geriatric fracture clinic (categorical measures)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Geriatric fracture clinic	No geriatric fracture clinic	Relative (95% CI)	Absolute		
Discharge destination (measured using number of participants discharged) – Home												

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Geriatric fracture clinic	No geriatric fracture clinic	Relative (95% CI)	Absolute		
1 (Kusen 2019)	observational studies	serious[1]	no serious inconsistency	serious[2]	no serious imprecision	none	8/168 (4.8%)	23/154 (14.9%)	RR 0.32 (0.15 to 0.69)	102 fewer per 1000 (from 46 fewer to 127 fewer)	LOW	IMPORTANT
Discharge destination (measured using number of participants discharged) – Nursing home												
1 (Kusen 2019)	observational studies	serious[1]	no serious inconsistency	serious[2]	serious[3]	none	106/168 (63.1%)	114/154 (74%)	RR 0.85 (0.73 to 0.99)	111 fewer per 1000 (from 7 fewer to 200 fewer)	VERY LOW	IMPORTANT
Discharge destination (measured using number of participants discharged) – Rehabilitation facility												
1 (Kusen 2019)	observational studies	serious[1]	no serious inconsistency	serious[2]	no serious imprecision	none	54/168 (32.1%)	17/154 (11%)	RR 2.91 (1.77 to 4.8)	211 more per 1000 (from 85 more to 419 more)	LOW	IMPORTANT

CI: Confidence interval; RR: Risk ratio
1 Serious risk of bias in the evidence contributing to the outcomes as per ROBINS-I
2 Intervention is indirect as it is applied to all areas of the inpatient admission, not just coordination of postoperative rehabilitation
3 95% crosses 1 MID (for discharge destination measures 0.8/1.25)

Table 14: Clinical evidence profile for coordination of inpatient rehabilitation: Fragility fracture team versus no fragility fracture team (continuous variables)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Fragility fracture team	No fragility fracture team	Fragility fracture team	No fragility fracture team		
Length of hospital stay (days) – At discharge (Better indicated by lower values)												

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Fragility fracture team	No fragility fracture team	Fragility fracture team	No fragility fracture team		
1 (Lamb 2017)	observational studies	very serious[1]	no serious inconsistency	serious[2]	no serious imprecision[3]	none	240	196	Median: 4[4]	Median: 4[4]	VERY LOW	CRITICAL

1 Very serious risk of bias in the evidence contributing to the outcomes as per ROBINS-I.
2 Intervention is indirect as it is applied to all areas of the inpatient admission, not just coordination of postoperative rehabilitation.
3 Imprecision could not be assessed using GRADE default values as only median values were reported, and was instead assessed using the sample size: The result was not downgraded if n≥400, if n=399-200, the result was downgraded 1 level, and if n<200 the result was downgraded by 2 levels.
4 The authors only reported the median values for length of hospital stay, with no measure of data spread or statistical analysis presented.

Table 15: Clinical evidence profile for coordination of inpatient rehabilitation: Fragility fracture team versus no fragility fracture team (categorical variables)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Fragility fracture team	No fragility fracture team	Relative (95% CI)	Absolute		
Discharge destination (measured using number of participants discharged) – Home and acute rehabilitation												
1 (Lamb 2017)	observational studies	very serious[1]	no serious inconsistency	serious[2]	serious[3]	none	81/240 (33.8%)	43/196 (21.9%)	RR 1.54 (1.12 to 2.11)	118 more per 1000 (from 26 more to 244 more)	VERY LOW	IMPORTANT
Discharge destination (measured using number of participants discharged) – Skilled nursing facility, hospice or death												
1 (Lamb 2017)	observational studies	very serious[1]	no serious inconsistency	serious[2]	serious[3]	none	159/240 (66.3%)	153/196 (78.1%)	RR 0.85 (0.76 to 0.95)	117 fewer per 1000 (from 39 fewer to 187 fewer)	VERY LOW	IMPORTANT

CI: Confidence interval; RR: Risk ratio
1 Very serious risk of bias in the evidence contributing to the outcomes as per ROBINS-I
2 Intervention is indirect as it is applied to all areas of the inpatient admission, not just coordination of postoperative rehabilitation.
3 95% crosses 1 MID (for discharge destination measures 0.8/1.25)

Table 16: Clinical evidence profile for coordination of inpatient rehabilitation: Board-certified physiatrist versus No board-certified physiatrist

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Board-certified physiatrist	No board-certified physiatrist	Relative (95% CI)	Absolute		
Length of hospital stay (days) – Unadjusted estimate – At discharge (Better indicated by lower values)												
1 (Momosaki 2016)	observational studies	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	379	445	-	MD 5.9 lower (10.06 to 1.74 lower)	MODERATE	CRITICAL
Length of hospital stay (days) – Adjusted estimate[2] – At discharge (Better indicated by lower values)												
1 (Momosaki 2016)	observational studies	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	379	445	-	MD 5.2 lower (9.24 to 1.16 lower)	MODERATE	CRITICAL

CI: Confidence interval; MD: Mean difference
1 Serious risk of bias in the evidence contributing to the outcomes as per ROBINS-I
2 Estimates were adjusted using inverse probability weighting which factored in baseline values for age, sex, measures of independence variable (Functional Independence Measure and pre-morbid bedridden score), time since injury, fracture type, co-morbidities, presence of surgery, number of family members and admission year

Table 17: Clinical evidence profile for coordination of inpatient rehabilitation: i-HIP versus Pre-i-HIP

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	i-HIP	Pre-i-HIP	Relative (95% CI)	Absolute		
Length of hospital stay (days) – At discharge (Better indicated by lower values)												
1 (Soong 2016)	observational studies	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	331	240	-	MD 6.3 lower (9.06 to 3.54 lower)	MODERATE	CRITICAL

CI: Confidence interval; MD: Mean difference
1 Serious risk of bias in the evidence contributing to the outcomes as per ROBINS-I

Table 18: Clinical evidence profile for coordination of inpatient rehabilitation: MDT postoperative rehabilitation versus conventional postoperative rehabilitation

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	MDT postoperative rehabilitation	Conventional postoperative rehabilitation	Relative (95% CI)	Absolute		
Changes in ADL (measured using number of participants achieving independence in P-ADL at each time point) - At discharge (exact time point not reported)												
1 (Stenvall 2007)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	serious[3]	none	30/102 (29.4%)	20/97 (20.6%)	RR 1.43 (0.87 to 2.33)	89 more per 1000 (from 27 fewer to 274 more)	VERY LOW	CRITICAL
Changes in ADL (measured using number of participants achieving Katz ADL scores at each time point) - Grade A at discharge (exact time point not reported)												
1 (Stenvall 2007)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	serious[3]	none	32/96 (33.3%)	21/88 (23.9%)	RR 1.4 (0.87 to 2.23)	95 more per 1000 (from 31 fewer to 294 more)	VERY LOW	CRITICAL
Changes in ADL (measured using number of participants achieving Katz ADL scores at each time point) - Grade B at discharge (exact time point not reported)												
1 (Stenvall 2007)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	very serious[4]	none	12/96 (12.5%)	10/88 (11.4%)	RR 1.1 (0.5 to 2.42)	11 more per 1000 (from 57 fewer to 161 more)	VERY LOW	CRITICAL
Changes in ADL (measured using number of participants achieving Katz ADL scores at each time point) - Grade C at discharge (exact time point not reported)												
1 (Stenvall 2007)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	very serious[4]	none	9/96 (9.4%)	14/88 (15.9%)	RR 0.59 (0.27 to 1.29)	65 fewer per 1000 (from 116 fewer to 46 more)	VERY LOW	CRITICAL
Changes in ADL (measured using number of participants achieving Katz ADL scores at each time point) - Grade D at discharge (exact time point not reported)												
1 (Stenvall 2007)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	very serious[4]	none	2/96 (2.1%)	3/88 (3.4%)	RR 0.61 (0.1 to 3.57)	13 fewer per 1000 (from 31 fewer to 88 more)	VERY LOW	CRITICAL

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	MDT postoperative rehabilitation	Conventional postoperative rehabilitation	Relative (95% CI)	Absolute		
Changes in ADL (measured using number of participants achieving Katz ADL scores at each time point) - Grade E at discharge (exact time point not reported)												
1 (Stenvall 2007)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	very serious[4]	none	3/96 (3.1%)	6/88 (6.8%)	RR 0.46 (0.12 to 1.78)	37 fewer per 1000 (from 60 fewer to 53 more)	VERY LOW	CRITICAL
Changes in ADL (measured using number of participants achieving Katz ADL scores at each time point) - Grade F at discharge (exact time point not reported)												
1 (Stenvall 2007)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	serious[3]	none	31/96 (32.3%)	19/88 (21.6%)	RR 1.50 (0.91 to 2.45)	108 more per 1000 (from 19 fewer to 313 more)	VERY LOW	CRITICAL
Changes in ADL (measured using number of participants achieving Katz ADL scores at each time point) - Grade G at discharge (exact time point not reported)												
1 (Stenvall 2007)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	very serious[4]	none	6/96 (6.3%)	10/88 (11.4%)	RR 0.55 (0.21 to 1.45)	51 fewer per 1000 (from 90 fewer to 51 more)	VERY LOW	CRITICAL
Changes in ADL (measured as the number of participants returning to at least same Katz ADL level as before trauma) - At discharge (exact time point not reported)												
1 (Stenvall 2007)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	serious[3]	none	47/96 (49%)	30/89 (33.7%)	RR 1.45 (1.02 to 2.07)	152 more per 1000 (from 7 more to 361 more)	VERY LOW	CRITICAL
Length of hospital stay in days – At discharge (Better indicated by lower values)												
1 (Stenvall 2007)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	no serious imprecision	none	102	97	-	MD 10 lower (18.81 to 1.19 lower)	VERY LOW	CRITICAL

ADL: Acitivities of daily living; CI: Confidence interval; MD: Mean difference; P-ADL: Physical activities of daily living; RR: Risk ratio
1 Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2
2 Intervention is indirect as it involves all aspects of postoperative care rather than just coordination of rehabilitation

3 95% crosses 1 MID (0.8/1.25)
4 95% crosses 2 MIDs (0.8/1.25)

GRADE-CERQual tables for qualitative evidence

Table 19: Summary of evidence: 1 Commissioner level

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
No. of studies	Design		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
1.1 Access to and compatibility of communication systems							
1 (Hines 2017)	Semi-structured interviews and focus groups (1)	Coordination of care may be hindered due to different healthcare organisations having different access to electronic medical systems, a lack of technological compatibility or different regulations on what information can be sent electronically. *'But we cannot access that system here. Our information system doesn't talk to the NSW Health system. There's a big firewall. So the systems they would like us to use, they don't let us in to use them' (healthcare professional, Hines 2007, p.6)*	Minor concerns[1]	No/very minor concerns	Minor concerns[2]	Moderate concerns[3]	LOW
1.2 Availability of resources							
6[4]	Semi-structured interviews (4), semi-structured interviews and free-text questionnaires (1), semi-structured interviews and direct observation (1)	Lack of resources and funding can impact coordination of care. For example, long waiting lists and the availability of acute and/or post-acute beds may cause pressure on patients to be discharged early or transferred inappropriately. *'There is not a specialist service operating in our area and therefore these clients are missing out on*	Moderate concerns[5]	No/very minor concerns	Minor concerns[6]	No/very minor concerns	MODERATE

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
No. of studies	Design		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		specialist rehab.' (survey respondent, Odumuyiwa 2019, p. 170)					
1.3 Establishing care networks and pathways between settings							
5[7]	Semi-structured interviews (5)	Creating regional networks and establishing pathways of care between settings increases coordination of care by encouraging communication between healthcare professionals about potential facilitators and barriers within their catchment area. *'Our network regroups a lot of participants with complementary expertise and experience. This makes us very rich' (healthcare professional, Lamontagne 2017, p. 1191)*	Moderate concerns[8]	No/minor concerns	Minor concerns[9]	No/minor concerns	MODERATE
1.4 Simplified referral process							
2[10]	Semi-structured interviews (2)	Referral procedures were complicated by confusing guidelines and different admission criteria between organisations. Streamlining this process would simplify decision about post-acute care destinations for trauma patients. *'We don't have such a close relationship with the [named trauma centre] and occasionally they tell us to do things and I'm just like no' (healthcare professional, Adams 2018, p. 1074)*	Moderate concerns[11]	No/minor concerns	No/minor concerns	Serious concerns[12]	VERY LOW
1.5 Specialised care pathways including options for complex patients							
5[13]	Semi-structured interviews (5),	Rehabilitation options for trauma patients with complex needs are	Moderate concerns[14]	No/very minor concerns	Minor concerns[6]	No/minor concerns	MODERATE

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
No. of studies	Design		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
	semi-structured interviews and free-text questionnaires (1)	limited. These needs can range from tracheostomies to drug dependence to psychological disorders. Specific care pathways need to be developed and highlighted for patients with complex needs to ensure a smooth journey through rehabilitation. *'we [rehabilitation facility] can't take people…that need frequent dressing or prolonged dressings. We can't take people with significant psychiatric problems, right, or substance abuse problems. That cuts into a number of people with significant or a significant number of people with significant burns.' (healthcare professional, Kornhaber 2019, p. 716)*					

p.: page
1 The methodological limitations of the study were minor as per the CASP qualitative study checklist, with lack of information presented on data analysis methods.
2 Evidence was downgraded for applicability as none of the evidence came from the UK
3 Evidence was downgraded for adequacy due to only being from 1 study but with rich data and good description of this theme.
4 Gotlib Cann 2018, Isbel 2017, Jourdan 2019, Odumuyiwa 2019, Sena Martins 2017 and Wright 2016
5 The methodological limitations of the studies ranged from minor to serious concerns as per the CASP qualitative study checklist due to recruitment methods, lack of information presented on participants and unreliable data collection methods.
6 Evidence was downgraded for applicability as it included only 1 study from the UK. Additionally, although the data were consistent, 2 studies included views of family and friends which is not included in the review's population.
7 Isbel 2017, Jourdan 2019, Kornhaber 2019, Lamontagne 2011 and Wright 2016
8 The methodological limitations of the studies ranged from minor to serious concerns as per the CASP qualitative study checklist due to Issues concerning recruitment methods, unreliable data collection methods and unclear data analysis methods. Additionally, 1 study was designed to specifically investigate a regional TBI network which could have caused bias during data analysis.
9 Evidence was downgraded for applicability as it includes no UK data.
10 Adams 2018 and Jourdan 2019
11 The methodological limitations of the studies ranged from minor to serious concerns as per the CASP qualitative study checklist due to issues with unreliable data collection methods and lack of information presented on the rigour of data analysis.
12 Evidence was downgraded for adequacy as it was supported by only 2 studies which gave no supportive first-order quotes relating to this theme.
13 Isbel 2017, Jourdan 2019, Kimmel 2017, Kornhaber 2019 and Odumuyiwa 2019

14 The methodological limitations of the studies ranged from no/very minor to serious concerns as per the CASP qualitative study checklist due to issues concerning recruitment methods, unreliable data collection methods and unclear data analysis methods.

Table 20: Summary of evidence: 2 Service management level

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
No. of studies	Design		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
2.1 Availability of resources							
5[1]	Semi-structured interviews (3), semi-structured interviews and focus groups (1), semi-structured interviews and direct observations (1)	Availability of resources affected the rate of transfer between healthcare organisations, as well as the care patients received within healthcare settings. These ranged from available beds to available technology to experienced staff. *'I think that there is a reasonably large push of patient flow…prematurely send people to rehab in protecting flow.' (healthcare professional, Kimmel 2017, p. 194)*	Minor concerns[2]	Minor concerns[3]	Minor concerns[4]	Moderate concerns[5]	MODERATE
2.2 Communication between healthcare settings							
4[6]	Semi-structured interviews (2), free-text questionnaires (1), semi-structured interviews and focus groups (1)	Communication between healthcare settings increases coordination of care. Communication can occur through physical conversations or technological transfer. Technological transfer might have benefits in the form of speed but harms in the form of restrictions on what information is sent. *'I had various broken bones and we had to find out, when we were in rehab, which ones were broken because we were told different*	Minor concerns[7]	Minor concerns[8]	No/very minor concerns	No/very minor concerns	HIGH

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
No. of studies	**Design**		**Methodological Limitations**	**Coherence of findings**	**Applicability of evidence**	**Adequacy of Data**	**Overall Confidence**
		things from different people about what had happened to me. So for instance, one nurse said that my pelvis was broken when it is not. They also hadn't told us that my lungs had collapsed a small amount but we didn't even know that until we got to rehab.' (patient, Gotlib Cann 2018, p. 100)					
2.3 Consistency between healthcare settings							
2[9]	Semi-structured interviews (2)	Communication and ease of transfer is increase by ensuring consistency between healthcare organisations in barriers such as admission criteria and discharge milestones. *No quotes reported for this theme.*	Serious concerns[10]	No/very minor concerns	Moderate concerns[11]	Serious concerns[12]	VERY LOW
2.4 Coordination of activities outside of treatment and therapy							
1 (Fleming 2012	Semi-structured interviews (1)	Healthcare organisations should remember that coordination of care extends outside of immediate rehabilitation therapy. It should include other allied health disciplines, for example activity therapists and music therapists. *'The activities therapist…she is doing a lot of activities with us and it's been great' (patient, Fleming 2012, p. 189)*	No/very minor concerns	No/very minor concerns	Moderate concerns[13]	Serious concerns[14]	VERY LOW
2.5 Decreasing delays in rehabilitation							
2[15]	Semi-structured interviews (1),	By decreasing delays in acute treatment and initial rehabilitation,	Serious concerns[16]	No/very minor concerns	Minor concerns[17]	Serious concerns[12]	VERY LOW

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
No. of studies	Design		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
	semi-structured interviews and free-text questionnaires (1)	outcomes of overall rehabilitation are better. This is due to healthcare practitioners working with current information and quicker responses to trauma. *No quotes presented for this theme.*					
2.6 Establishing guidelines and care pathways within settings							
4[18]	Semi-structured interviews (3), semi-structured interviews and focus groups (1)	Lack of knowledge of rehabilitation options was a key barrier in delaying rehabilitation. Comprehensive care pathways, with adequate education of healthcare professionals, can help to alleviate this barrier. *'There's not a lot of understanding of some of the more complex issues associated with brain injury' (healthcare professional, Wright 2016, p. 11)*	No/very minor concerns	No/very minor concerns	Minor concerns[4]	No/very minor concerns	HIGH
2.7 Incorporating specialists into MDTs							
2[19]	Semi-structured interviews (1), semi-structured interviews and focus groups (1)	Incorporating relevant specialists into MDTs can help to ensure that each patient has an increased chance of receiving adequate and specialised care to their condition. *'The integrated service is integrated across geriatric medicine and rehab medicine, but it also has multiple components. It has the ortho-geriatric service…in-patient care…secondary fracture*	Moderate concerns[20]	No/very minor concerns	Moderate concerns[21]	Serious concerns[12]	VERY LOW

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
No. of studies	Design		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		prevention…links with other services…' (healthcare professionals, Isbel 2017, p. 1026)					
2.8 Involving services users in rehabilitation planning and transfer preparation							
4[22]	Semi-structured interviews (1), focus groups (1), semi-structured interviews and focus groups (1), semi-structured interviews and direct observation (1)	By promoting options to involve service users in rehabilitation planning, patients feel more included and better informed of future transfer options. Options include written rehabilitation plans to follow patients through the rehabilitation journey. *'The day that I got the information that I was going to [rehabilitation centre] was the first day that I had been up and in the chair and in the TV room. So they'd just got me out of bed and into a chair and they said, "Oh congratulations, you're going out tomorrow", and it's like "Hello?!"' (patient, Gotlib Cann 2018, p. 99)*	Minor concerns[23]	No/very minor concerns	Moderate concerns[24]	No/very minor concerns	MODERATE
2.9 Single point of contact							
3[25]	Semi-structured interviews (2), semi-structured interviews and focus groups (1)	A single point of contact helps to focus questions and decreases the confusion around healthcare options. *'I was in denial or shock. . . and then the trauma coordinator came in and she was like ''it's alright to be sad'' and she seemed to understand and she told me about*	Moderate concerns[26]	Minor concerns[27]	No/very minor concerns	Minor concerns[28]	MODERATE

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
No. of studies	Design		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		other people that have been in traumas and then I just like burst into tears and she was like ‘‘you’re right’’’ (patient, Ogilvie 2015, p. 1845)’					

p.: page
1 Isbel 2017, Kimmel 2017, Kornhaber 2019, Sena Martins 2017 and Talbot 2014
2 The methodological limitations of the studies ranged from no/very minor to moderate concerns as per the CASP qualitative study checklist due to issues with recruitment method, lack of information given regarding data collection and lack of consideration given to researcher bias.
3 Evidence was downgraded for coherence as the findings included a wide definition of resources, from correct staffing to technology.
4 Evidence was downgraded for applicability as it includes no UK data
5 Evidence was downgraded for adequacy as 3 out of the 5 studies gave no supportive first-order quotes relating to this theme and the remaining 2 studies only gave adequate description of this theme.
6 Adams 2018, Byrnes 2012, Gotlb Cann 2018 and Hines 2017
7 The methodological limitations of the studies ranged from no/very minor to serious concerns as per the CASP qualitative study checklist due to issues concerning lack of consideration given to qualitative aspect in a mixed methods study and lack of information reported over data analysis methods in another.
8 Evidence was downgraded for coherence due to findings ranging from issues with personal communication between healthcare professionals to technology communication between healthcare settings.
9 Jourdan 2019 and Lamontagne 2011
10 The methodological limitations of the studies ranged from minor to serious concerns as per the CASP qualitative study checklist due to issues with recruitment methods, data collection methods and data analysis methods.
11 Evidence was downgraded for applicability as it includes no UK data and findings only from studies about traumatic brain injury.
12 Evidence was downgraded for adequacy as it was supported by only 2 studies which gave no supportive first-order quotes relating to this theme.
13 Evidence was downgraded for applicability as it includes no UK data and findings only from studies about traumatic brain injury rehabilitation whose participants might need a wider variety of rehabilitation methods.
14 Evidence was downgraded for adequacy as it was supported by only 1 study which provided poor discussion and first-order quotes relating to this theme.
15 Jourdan 2019 and Odumuyiwa 2019
16 The methodological limitations of the studies ranged from minor to serious concerns as per the CASP qualitative study checklist due to issues with data collection methods, lack of information given on analysis methods and lack of consideration given to researcher bias.
17 Evidence downgraded for applicability as findings were only from studies about traumatic brain injuries, which may have more serious implications for delayed rehabilitation compared to other traumatic injuries.
18 Kimmel 2017, Kornhaber 2019, Talbot 2014 and Wright 2016
19 Isbel 2017 and Talbot 2014
20 The methodological limitations of both studies were rated as moderate concerns as per the CASP qualitative study checklist due to issues with recruitment method and a lack of consideration given to researcher bias.
21 Evidence was downgraded for applicability as it includes no UK data and 1 study specifically investigates care of dementia patients with hip fracture which might need a greater amount of specialists than other areas of trauma rehabilitation.
22 Gotlib Cann 2018, Lefebvre 2012, Slomic 2016 and Talbot 2014
23 The methodological limitations of the studies ranged from no/very minor to moderate concerns as per the CASP qualitative study checklist due to lack of information regarding recruitment methods and consideration given to research bias.

24 Evidence was downgraded for applicability as it includes no UK data and 3 out of 4 studies are about traumatic brain injury which may have different needs to educate service users on transfer preparation than other traumatic injury rehabilitation. Additionally, although the data were consistent, 2 studies included views of family and friends which is not included in the review's population.
25 Adams 2018, Norrbrink 2016 and Ogilvie 2015
26 The methodological limitations of the studies ranged from minor to moderate concerns as per the CASP qualitative study checklist due to lack of information on recruitment methods and consideration of researcher bias.
27 Evidence was downgraded for coherence due to the contributory findings reporting on a single point of contact for both patients and healthcare practitioners, which would require different considerations and interventions.
28 Evidence downgraded for adequacy as findings only came from 3 studies but each had good descriptions of this theme as well as presentation of raw data.

Table 21: Summary of evidence: 3 MDTs and practitioner levels

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
No. of studies	Design		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
3.1 Benefits of MDTs							
3[1]	Semi-structured interviews (2), semi-structured interviews and free-text questionnaires (1)	MDTs allowed for a holistic approach to rehabilitation. It also decreased the need for patients to repeat their stories unnecessarily and inconsistent information from healthcare professionals. *'A drug rehabilitation service working with one of our clients completely engaged with the multi-disciplinary approach and actively identified the positive role they could play whilst also understanding the roles of others supporting the clients.' (healthcare professional, Odumuyiwa 2019, p. 169)*	Minor concerns[2]	Minor concerns[3]	No/very minor concerns	Minor concerns[4]	MODERATE
3.2 Decreasing delays in rehabilitation							
2[5]	Semi-structured interviews (1), semi-structured interviews and free-text questionnaires	Prioritising physical over psychological rehabilitation and concentrating on motor evaluation milestones can lead to delays in trauma rehabilitation.	Moderate concerns[6]	Moderate concerns[7]	Moderate concerns[8]	Serious concerns[9]	VERY LOW

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
No. of studies	Design		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
	(1)	*No quotes reported for this theme.*					
3.3 Ensuring communication of correct and consistent healthcare information							
4[10]	Semi-structured interviews (2), focus groups (1), semi-structured interviews and focus groups (1)	Coordination of care is enhanced when healthcare practitioners ensure that they communicate correct and consistent healthcare information. This should be done with patients and with fellow healthcare professionals (both within and outside their discipline). Methods of accomplishing this include fostering relationships with rehabilitation peers and meeting more frequently with patients. *'There needs to be a link between disciplines, between occupational therapists for example, so that healthcare professionals communicate with each other and don't make the individuals repeat themselves unnecessarily…' (healthcare professional, Lefebvre 2012, p. 203)*	Minor concerns[11]	No/very minor concerns	Moderate concerns[12]	No/very minor concerns	HIGH
3.4 Involving people in their rehabilitation journey							
6[13]	Semi-structured interviews (2), focus groups (1), free-text questionnaires (1), semi-structured interviews and focus groups (1), semi-	Coordination of care is increased when patients are included in the rehabilitation planning. Healthcare professionals should discuss goals and potential discharge destinations with patients in a simple, clear manner, agreeing on a rehabilitation care plan. Patient inclusion should be valued and not tokenistic.	Minor concerns[14]	Minor concerns[15]	No/very minor concerns	No/very minor concerns	HIGH

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
No. of studies	Design		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
	structured interviews and direct observation (1)	*'More planning for goal planning, more notice to inform family of dates and times so that they can be present.' (patient, Byrnes 2012, p. 1146)*					

p.: page
1 Kornhaber 2019, Odumuyiwa 2019 and Ogilvie 2015
2 The methodological limitations of the studies ranged from no/very minor to moderate concerns as per the CASP qualitative study checklist due issues with rigour of data analysis.
3 Evidence was downgraded for coherence as due to themes being interpreted from findings saying patients disliked repeating stories and inconsistent messages from healthcare team
4 Evidence was downgraded for adequacy because although it only includes 3 studies, 1 has very rich data and good description of this theme.
5 Jourdan 2019 and Odumuyiwa 2019
6 The methodological limitations of the studies ranged from minor to serious concerns as per the CASP qualitative study checklist due issues with data collection and data analysis.
7 Evidence was downgraded for coherence due to a vagueness in contributory findings about what prioritising is means in practice and a lack of information on what evaluation milestones should be considered.
8 Evidence was downgraded for applicability as contributory findings are only extracted from studies on traumatic brain injury, which may have bigger psychological rehabilitation component than other traumatic injuries.
9 Evidence was downgraded for adequacy as it was supported by only 2 studies which gave no supportive first-order quotes relating to this theme.
10 Gotlib Cann 2018, Lefebvre 2012, Ogilvie 2015 and Talbot 2014
11 The methodological limitations of the studies ranged from no/very minor to moderate concerns as per the CASP qualitative study checklist due to issues with data collection and analysis methods.
12 Evidence was downgraded as it included no UK data and 1 study was designed to specifically investigate the implementation of a collaborative care intervention which may have affected development of a communication theme. Additionally, although the data was consistent, 2 studies included views of family and friends which is not included in the review's population.
13 Byrnes 2012, Gotlib Cann 2018, Kornhaber 2019, Lefebrve 2012, Norrbrink 2016 and Slomic 2016
14 The methodological limitations of the studies ranged from no/very minor to serious concerns as per the CASP qualitative study checklist due Issues with recruitment methods.
15 Evidence was downgraded for coherence as findings reported that education is helpful for coordination of care but there is a lack of definitive statements about how or why this works in practice

GRADE and GRADE-CERQual tables for review question: D.1b What are the best methods to coordinate rehabilitation services for children and young people with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

No quantitative or qualitative evidence was identified which was applicable to this review question and so there are no GRADE or GRADE-CERQual tables.

Appendix G – Economic evidence study selection

Economic evidence study selection for review questions:

D.1a What are the best methods to coordinate rehabilitation services for adults with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

D.1b What are the best methods to coordinate rehabilitation services for children and young people with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

A combined search was conducted for both review questions.

Figure 6: Economic evidence study selection flow chart: Adults

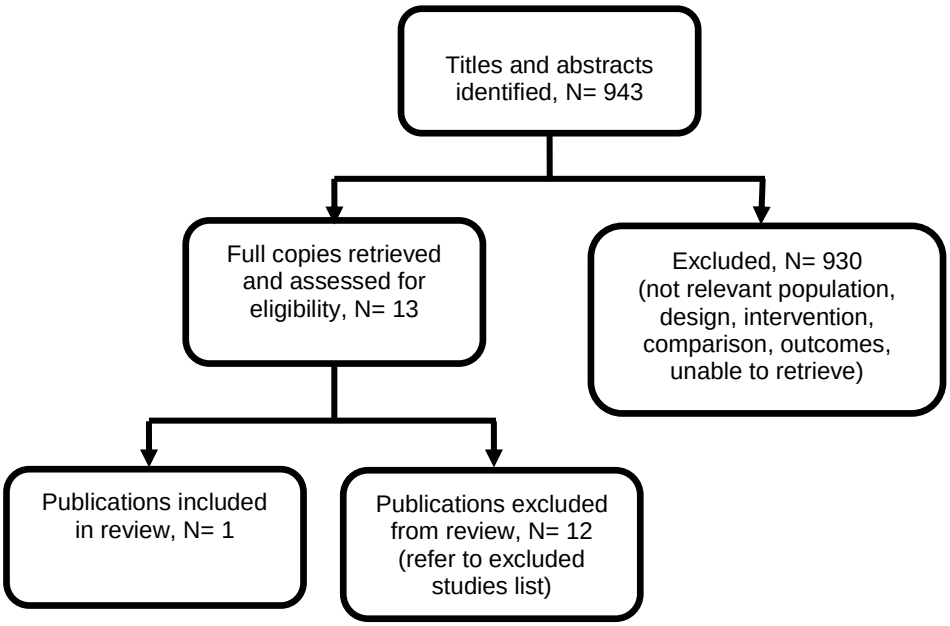
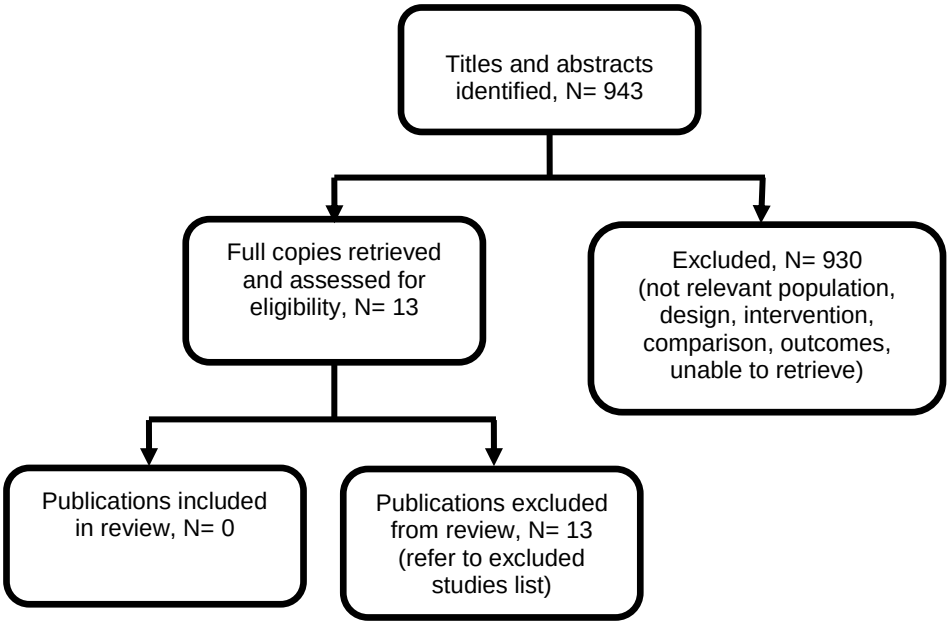


Figure 7: Economic evidence study selection flow chart: Children and young people



Appendix H – Economic evidence tables

Economic evidence tables for review question: D.1a What are the best methods to coordinate rehabilitation services for adults with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

Table 22: Economic evidence tables for integrated co-management programme

Study Country Study type	Intervention details	Study population Study design Data sources	Costs: description and values Outcomes: description and values	Results: Cost-effectiveness	Comments
Soong 2016 Canada Cost-consequence analysis Conflict of interest: none declared Funding: not reported	Integrated co-management programme with the aim of improving efficiency, timeliness, and patient centeredness. Integrated hip fracture inpatient programme comprised: -active co-management -coordination of care across services -participation in local quality improvement projects -standardization of care. Core members of the team included a hospital physician, orthopaedic surgeons, consulting geriatricians, nurses, rehabilitation therapists, clinical pharmacists, and a social worker. The team coordinated various consulting services including anaesthesiology, geriatric	Adults (≥18 years) with hip fractures admitted to the orthopaedic service via emergency department Source of effectiveness data: Pre-post study (n=571) Source of resource use data: hospital electronic health record database for pre-post study participants (n=571) Source of unit costs: unclear	Costs: all direct costs associated with hospitalisation (not specified) Mean cost per patient: Intervention: $13,755 SC: $18,706 The difference: -$4,951 (p<0.001) Outcomes: length of stay, readmission, discharge location (preadmission residence, rehabilitation, death) Mean length of stay (days): Intervention: 11.9 (SD: 13.7) SC: 18.2 (SD; 18.4) The difference: -6.3, p<0.001 Re-admitted (%):	Intervention results in lower costs and: -more readmissions -fewer people discharged to preadmission residence -more peopled discharged to rehabilitation -fewer deaths Sensitivity analyses: none undertaken	Perspective: narrow healthcare payer Currency: US dollars Cost year: likely 2015 Time horizon: 1 year Discounting: NA Applicability: partially applicable Quality: potentially serious limitations

Study Country Study type	Intervention details	Study population Study design Data sources	Costs: description and values Outcomes: description and values	Results: Cost-effectiveness	Comments
	psychiatry, and geriatric medicine. Versus Standard care (SC): general orthopaedic service which comprised of 4 separate teams, each including orthopaedic surgeon and 2–3 residents; teams were supported by social workers, rehabilitation therapists, and pharmacists.		Intervention: 6.0 SC: 4.6 The difference: 1.4 Discharged to preadmission residence (%): Intervention: 29.3 SC: 31.2 The difference: -8.1 Discharged to rehabilitation (%): Intervention: 67.1 SC: 62.5 The difference: 4.6 Number of deaths (%): Intervention: 3.6 SC: 6.2 The difference: -2.6		

NA: Not applicable; SC: Standard care; SD: Standard deviation; US: United States

Economic evidence tables for review question: D.1b What are the best methods to coordinate rehabilitation services for children and young people with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

No economic studies were identified which were applicable to this review question.

Appendix I – Economic evidence profiles

Economic evidence profiles for review question: D.1a What are the best methods to coordinate rehabilitation services for adults with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

Economic evidence profiles are presented in the main text.

Economic evidence profiles for review question: D.1b What are the best methods to coordinate rehabilitation services for children and young people with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

No economic studies were identified which were applicable to this review question.

Appendix J – Economic analysis

Economic evidence analysis for review question: D.1a What are the best methods to coordinate rehabilitation services for adults with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

No economic analysis was conducted for this review question.

Economic evidence analysis for review question: D.1b What are the best methods to coordinate rehabilitation services for children and young people with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

No economic analysis was conducted for this review question.

Appendix K – Excluded studies

Excluded studies for review question:D.1a What are the best methods to coordinate rehabilitation services for adults with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

Quantitative clinical studies

Table 23: Excluded quantitative studies and reasons for their exclusion

Study	Reason for Exclusion
Adams, Annette L., Schiff, Melissa A., Koepsell, Thomas D., Rivara, Frederick P., Leroux, Brian G., Becker, Thomas M., Hedges, Jerris R., Physician consultation, multidisciplinary care, and 1-year mortality in Medicare recipients hospitalized with hip and lower extremity injuries, Journal of the American Geriatrics Society, 58, 1835-42, 2010	Outcome not in PICO: Mortality
Aitken, Mary E., Korehbandi, Patricia, Parnell, Donna, Parker, James G., Stefans, Vikki, Tompkins, Esther, Schulz, Eldon G., Experiences from the development of a comprehensive family support program for pediatric trauma and rehabilitation patients, Archives of Physical Medicine and Rehabilitation, 86, 175-9, 2005	Study design not in PICO: Non-comparative study
Albert, Steven M., Im, Ashley, Brenner, Lynda, Smith, Michael, Waxman, Richard, Effect of a social work liaison program on family caregivers to people with brain injury, The Journal of Head Trauma Rehabilitation, 17, 175-89, 2002	Study design not in PICO: Non-randomised study with less than N=100 in each arm (n=27 in intervention, n=29 in control)
Anderson, J., Mason, C., Reverse culture - How intensive care coordination eases military transitions for returning soldiers with traumatic brain injuries, Brain Injury, Conference, 2010	Published as abstract only
Anderson, J., Mason, C., Reverse culture shock - Military transitions for returning soldiers with traumatic brain injury, Journal of Head Trauma Rehabilitation, Conference, 2008	Published as abstract only
Anderson, Mary E., McDevitt, Kelly, Cumbler, Ethan, Bennett, Heather, Robison, Zachary, Gomez, Bryan, Stoneback, Jason W., Geriatric Hip Fracture Care: Fixing a Fragmented System, The Permanente journal, 21, 16-104, 2017	Intervention not in PICO: Not concerned with the coordination of rehabilitation services for trauma patients while they are inpatients. Included in the review for coordination when transferring from inpatient to outpatient.
Andersson, E. E., Emanuelson, I., Björklund, R., StaËšlhammar, D., Mild traumatic brain injuries: the impact of early intervention on late sequelae. A randomized controlled trial, Brain Injury, 26, 520-521, 2012	Published as abstract only
Anonymous,, Trauma center boosts patient outcomes, Hospital case management : the monthly update on hospital-based care planning and critical paths, 9, 115-6, 2001	Narrative review
Asplin, G., Carlsson, G., Zidén, L., Kjellby-Wendt, G., Early coordinated rehabilitation in acute phase after hip fracture - a model for increased patient participation, BMC Geriatrics, 17, 240, 2017	Study design not in PICO: Non-randomised study with less than N=100 in each arm (n=63 in intervention, n=63 in control)
Atwal, Anita, Caldwell, Kay, Do multidisciplinary integrated care pathways improve interprofessional collaboration?,	Study design not in PICO: Qualitative study and audit

Study	Reason for Exclusion
Scandinavian journal of caring sciences, 16, 360-7, 2002	performed before 2000
Avlund, K., Jepsen, E., Vass, M., Lundemark, H., Effects of comprehensive follow-up home visits after hospitalization on functional ability and readmissions among old patients. A randomized controlled study, Scandinavian Journal of Occupational Therapy, 9, 17-22, 2002	Study dates not in PICO: 1996-1997
Ayvazian, J., Lucente, J., Dudley-Brown, S., Clinical management of veterans with traumatic brain injury within the context of polytrauma, Journal of Head Trauma Rehabilitation, Conference, 2012	Published as abstract only
Bandyopadhyay, S., Wilkinson, I., Giokarinin-Royal, T., How incorporating 'lean' approach led to improved delivery of care and reduction in length of hospital stay, Age and Ageing, 48, 2019	Published as abstract only
Baron, Justine S., Sullivan, Katrina J., Swaine, Jillian M., Aspinall, Arlene, Jaglal, Susan, Presseau, Justin, White, Barry, Wolfe, Dalton, Grimshaw, Jeremy M., Self-management interventions for skin care in people with a spinal cord injury: part 1-a systematic review of intervention content and effectiveness, Spinal Cord, 56, 823-836, 2018	Systematic review: Included studies checked for relevance.
Baron, Justine S., Sullivan, Katrina J., Swaine, Jillian M., Aspinall, Arlene, Jaglal, Susan, Presseau, Justin, Wolfe, Dalton, Grimshaw, Jeremy M., Self-management interventions for skin care in people with a spinal cord injury: part 2-a systematic review of use of theory and quality of intervention reporting, Spinal Cord, 56, 837-846, 2018	Systematic review: Included studies checked for relevance.
Baron, Justine, Swaine, Jillian, Presseau, J., Aspinall, Arlene, Jaglal, Susan, White, Barry, Wolfe, Dalton, Grimshaw, Jeremy, Self-management interventions to improve skin care for pressure ulcer prevention in people with spinal cord injuries: a systematic review protocol, Systematic reviews, 5, 150, 2016	Published protocol for a systematic review
Bayley, M. T., Lamontagne, M. E., Kua, A., Marshall, S., Marier-Deschenes, P., Allaire, A. S., Kagan, C., Truchon, C., Janzen, S., Teasell, R., Swaine, B., Unique features of the INESSS-Onf rehabilitation guidelines for moderate to severe traumatic brain injury: Responding to users' needs, Journal of Head Trauma Rehabilitation, 33, 296-305, 2018	Results not in PICO: Guideline recommendations for moderate/severe TBI. No raw data presented. Systematic review performed as part of methodology but results and references not presented to check.
Beadle, E., Watter, K., Murray, A., Kennedy, A., The integration of telehealth into a community-based interdisciplinary brain injury service, Brain Impairment, 20, 345, 2019	Published as abstract only
Berggren, M., Karlsson, Å, Lindelöf, N., Englund, U., Olofsson, B., Nordström, P., Gustafson, Y., Stenvall, M., Effects of geriatric interdisciplinary home rehabilitation on complications and readmissions after hip fracture: a randomized controlled trial, Clinical Rehabilitation, 33, 64-73, 2019	Study design not in PICO: Non-randomised study with less than N=100 in each arm (n=106 in intervention, n=93 in control)
Bhattacharyya, R., Agrawal, Y., Elphick, H., Blundell, C., The impact of a new model of hip fracture care at a teaching hospital, Osteoporosis International, 23, S566-S567, 2012	Published as abstract only
Bhattacharyya, Rahul, Agrawal, Yuvraj, Elphick, Heather, Blundell, Chris, A unique orthogeriatric model: a step forward in improving the quality of care for hip fracture patients, International journal of surgery (London, England), 11, 1083-6, 2013	Unclear comparator: Only described as "patients remain primarily under the care of the orthopaedic teams" (p. 1084)
Bloemen-Vrencken, J. H. A., de Witte, L. P., Engels, J. P. G. M.,	Study design not in PICO: No

Study	Reason for Exclusion
van den Heuvel, W. J. A., Post, M. W. M., Transmural care in the rehabilitation sector: implementation experiences with a transmural care model for people with spinal cord injury, International journal of integrated care, 5, e02, 2005	comparison group
Bloemen-Vrencken, J. H. A., de Witte, L. P., Post, M. W. M., Follow-up care for persons with spinal cord injury living in the community: a systematic review of interventions and their evaluation, Spinal cord, 43, 462-75, 2005	Systematic review: Included studies checked for relevance.
Bogie, Kath M., Ho, Chester H., Multidisciplinary approaches to the pressure ulcer problem, Ostomy/wound management, 53, 26-32, 2007	Narrative review
Bolster, M. B., Cevallos, S., Beyer, L., Kronenberg, H. M., Leder, B., A model for improved management of fragility fractures: Navigating the fracture liaison service, Arthritis and Rheumatology, 69, 2017	Published as abstract only
Braga, L. W., Da Paz, A. C., Ylvisaker, M., Direct clinician-delivered versus indirect family-supported rehabilitation of children with traumatic brain injury: a randomized controlled trial, Brain Injury, 19, 819-831, 2005	Population not in PICO: Participants under 18 years old
Brasure, Michelle, Lamberty, Greg J., Sayer, Nina A., Nelson, Nathaniel W., Macdonald, Roderick, Ouellette, Jeannine, Wilt, Timothy J., Participation after multidisciplinary rehabilitation for moderate to severe traumatic brain injury in adults: a systematic review, Archives of physical medicine and rehabilitation, 94, 1398-420, 2013	Systematic review: Included studies checked for relevance.
Browne, Allyson L., Appleton, Sally, Fong, Kim, Wood, Fiona, Coll, Fiona, de Munck, Sonja, Newnham, Elizabeth, Schug, Stephan A., A pilot randomized controlled trial of an early multidisciplinary model to prevent disability following traumatic injury, Disability and Rehabilitation, 35, 1149-63, 2013	Intervention not in PICO: Not concerned with the coordination of rehabilitation services for trauma patients while they are inpatients.
Buccellato, K. H., Nordstrom, M., Murphy, J. M., Burdea, G. C., Polistico, K., House, G., Kim, N., Grampurohit, N., Sorensen, J., Isaacson, B. M., et al.,, A Randomized Feasibility Trial of a Novel, Integrative, and Intensive Virtual Rehabilitation Program for Service Members Post-Acquired Brain Injury, Military Medicine, 2019	Comparison not in PICO: Immediate (weeks 0-6) versus delayed (weeks 3-9) outpatient cognitive rehabilitation program. However, immediate versus delayed does not appear to relate to the time of discharge for the patients; same study as Buccellato 2020
Buccellato, Kiara H., Nordstrom, Michelle, Murphy, Justin M., Burdea, Grigore C., Polistico, Kevin, House, Gregory, Kim, Nam, Grampurohit, Namrata, Sorensen, Jeff, Isaacson, Brad M., Pasquina, Paul F., A Randomized Feasibility Trial of a Novel, Integrative, and Intensive Virtual Rehabilitation Program for Service Members Post-Acquired Brain Injury, Military Medicine, 185, e203-e211, 2020	Comparison not in PICO: Immediate (weeks 0-6) versus delayed (weeks 3-9) outpatient cognitive rehabilitation program. However, immediate versus delayed does not appear to relate to the time of discharge for the patients; same study as Buccellato 2019
Burch, D., Bernert, S., Fraser, J. F., Increased physician and physical therapist communication is associated with earlier mobility and decreased length of stay in the cerebrovascular and trauma neuroscience population, NeuroRehabilitation, 43, 195-199, 2018	Study design not in PICO: Non-randomised study with mixed population and less than N=100 in each group of population
Burch, D., Bernert, S., Fraser, J. F., Increased physician and physical therapist communication is associated with earlier mobility and decreased length of stay in the cerebrovascular and trauma neuroscience population, Stroke, 47, 2016	Published as abstract only

Study	Reason for Exclusion
Burgo-Black, L., Hunt, S. C., Implementing a system of integrated post deployment care for returning combat veterans, Journal of General Internal Medicine, Conference, 2012	Published as abstract only
Burns, A., Aarabi, B., Anderson, P., Arnold, P., Brodke, D., Chiba, K., Dettori, J., Furlan, J., Harrop, J., Holly, L., Howley, S., Jeji, T., Kalsi-Ryan, S., Kotter, M., Kurpad, S., Kwon, B., Marino, R., Martin, A., Massicotte, E., Merli, G., Middleton, J., Nakashima, H., Nagoshi, N., Palmieri, K., Shamji, M., Singh, A., Skelly, A., Tetreault, L., Wilson, J., Yee, A., Fehlings, M., A clinical practice guideline for the management of patients with acute spinal cord injury: Recommendations on the type and timing of rehabilitation, Global Spine Journal, 7, 358S-359S, 2017	Published as abstract only
Calleja, Pauline, Aitken, Leanne M., Cooke, Marie L., Information transfer for multi-trauma patients on discharge from the emergency department: mixed-method narrative review, Journal of Advanced Nursing, 67, 4-18, 2011	Semi-systematic review emphasising qualitative research/analysis methods. Additionally, it focuses on trauma care and does not mention rehabilitation.
Callender, Librada, Brown, Rachel, Driver, Simon, Dahdah, Marie, Collinsworth, Ashley, Shafi, Shahid, Process for developing rehabilitation practice recommendations for individuals with traumatic brain injury, BMC neurology, 17, 54, 2017	Technical paper about how to develop an evidence-based guideline; contains no primary or secondary data.
Cameron, I. D., Handoll, H. H. G., Finnegan, T. P., Langhorne, P., Multidisciplinary rehabilitation for older people with hip fractures, Cochrane Database of Systematic Reviews, CD007125, 2008	Earlier version of Handoll 2009
Cameron, I. D., Handoll, H. H., Finnegan, T. P., Madhok, R., Langhorne, P., Co-ordinated multidisciplinary approaches for inpatient rehabilitation of older patients with proximal femoral fractures, The Cochrane database of systematic reviews, CD000106, 2001	Earlier version of Cameron 2009
Cameron, Ian D., Coordinated multidisciplinary rehabilitation after hip fracture, Disability and rehabilitation, 27, 1081-90, 2005	Narrative review
Cameron, Ian D., Handoll, Helen Hg, Finnegan, Terence P., Madhok, Rajan, Langhorne, Peter, WITHDRAWN: Co-ordinated multidisciplinary approaches for inpatient rehabilitation of older patients with proximal femoral fractures, The Cochrane database of systematic reviews, CD000106, 2009	Withdrawn from the Cochrane library as it has been incorporated into another review with an expended scope (Handoll 2009)
Campbell, C. V., Cooper, J., Shabir, F., Wills, E., Ong, T., An enhanced therapy service for patients with fractured neck of femur - Service evaluation of a pilot project, Age and Ageing, 46, 2017	Published as abstract only
Canadillas Rueda, R., Domingo Montesinos, N., Natividad Pedreno, M., Comprehensive treatment and secondary prevention of fragility fractures in the elderly in an orthogeriatric unit. Multidisciplinary management of osteoporotic patients pre and post surgery. Advantages and results, Osteoporosis International, 27, S539, 2016	Published as abstract only
Careau, Emmanuelle, Dussault, Julie, Vincent, Claude, Development of interprofessional care plans for spinal cord injury clients through videoconferencing, Journal of interprofessional care, 24, 115-8, 2010	Study design not in PICO: No comparison group
Carney, Nancy A., Petroni, Gustavo J., Lujan, Silvia B., Ballarini, Nicolas M., Faguaga, Gabriela A., du Coudray, Hugo E. M.,	Intervention not in PICO: Discharge support related to

Study	Reason for Exclusion
Huddleston, Amy E., Baggio, Gloria M., Becerra, Juan M., Busso, Leonardo O., Dikmen, Sureyya S., Falcone, Roberto, Garcia, Mirta E., Gonzalez Carrillo, Osvaldo R., Medici, Paula L., Quaglino, Marta B., Randisi, Carina A., Saenz, Silvia S., Temkin, Nancy R., Vanella, Elida E., Postdischarge Care of Pediatric Traumatic Brain Injury in Argentina: A Multicenter Randomized Controlled Trial, Pediatric critical care medicine : a journal of the Society of Critical Care Medicine and the World Federation of Pediatric Intensive and Critical Care Societies, 17, 658-66, 2016	medical care. Study does not report on patients receiving rehabilitation or social care
Carroll, V., The Adult Patient Assessment Tool and care plan, Australian nursing journal (July 1993), 14, 29-32, 2007	Outcomes and population not in PICO: Description of the development of an assessment tool by a multi-disciplinary working group
Castillo, Renan C., Wegener, Stephen T., Newell, Mary Zadnik, Carlini, Anthony R., Bradford, Anna N., Heins, Sara E., Wysocki, Elizabeth, Pollak, Andrew N., Teter, Harry, Mackenzie, Ellen J., Improving outcomes at Level I trauma centers: an early evaluation of the Trauma Survivors Network, The journal of trauma and acute care surgery, 74, 1534-40, 2013	Intervention and comparison not in PICO: Trauma survivor network program consisting of self-management course, peer support, information access and provider training standard care versus standard care
Chang, C. B., Yang, R. S., Huang, W. J., Chan, D. C., Fracture type on the outcome of patients managed within the fracture liaison and osteoporosis medication management services, Osteoporosis International, 30, S92, 2019	Published as abstract only
Chong, Tsung Wei, Chan, Gribson, Feng, Liang, Goh, Susie, Hew, Agnes, Ng, Tze Pin, Tan, Boon Yeow, Integrated care pathway for hip fractures in a subacute rehabilitation setting, Annals of the Academy of Medicine, Singapore, 42, 579-84, 2013	Intervention not in PICO: Not concerned with the coordination of rehabilitation services for trauma patients while they are inpatients. Included in the review for coordination when transferring from inpatient to outpatient.
Chudyk, Anna M., Jutai, Jeffrey W., Petrella, Robert J., Speechley, Mark, Systematic review of hip fracture rehabilitation practices in the elderly, Archives of physical medicine and rehabilitation, 90, 246-62, 2009	Systematic review: Included studies checked for relevance.
Clark, J., Gill, C., Sprott, A., Joined up thinking: A model for long-term abi rehabilitation after return home, Brain Injury, 26, 432-433, 2012	Published as abstract only
Closa, Conxita, Mas, Miquel A., Santaeugenia, Sebastia J., Inzitari, Marco, Ribera, Aida, Gallofre, Miquel, Hospital-at-home Integrated Care Program for Older Patients With Orthopedic Processes: An Efficient Alternative to Usual Hospital-Based Care, Journal of the American Medical Directors Association, 18, 780-784, 2017	Study design not in PICO: Non-randomised study with less than N=100 in at least 1 intervention group
Coetzer, Rudi, Holistic neuro-rehabilitation in the community: is identity a key issue?, Neuropsychological rehabilitation, 18, 766-83, 2008	Narrative review
Collins, Nina, Miller, Richard, Kapu, April, Martin, Rita, Morton, Melissa, Forrester, Mary, Atkinson, Shelley, Evans, Bethany, Wilkinson, Linda, Outcomes of adding acute care nurse practitioners to a Level I trauma service with the goal of decreased length of stay and improved physician and nursing satisfaction, The journal of trauma and acute care surgery, 76, 353-7, 2014	Intervention not in PICO: Acute care nurse practitioner (ACNP) who coordinated acute/ clinical care with a very brief mention of rehabilitation was "The ACNP attended the daily "discharge huddle"™ a team meeting that encompasses T2 [step-down

Study	Reason for Exclusion
	care from ICU] and T3 [trauma nurse practitioner satellite service] NPs [nurse practitioner], case managers, social worker, liaisons to rehabilitation and nursing home facilities, and home health agency staff to facilitate communication and the discharge process." (p. 354). Only outcome reported is length of stay.
Cooper, M., Ganda, K., Palmer, A., Seibel, M. J., Cost effectiveness of a targeted intervention to reduce refracture rates: Analysis of a four year prospective controlled study, Journal of Bone and Mineral Research, 26, 2011	Published as abstract only
Cooper, M., Palmer, A., Ganda, K., Seibel, M. J., Cost-effectiveness of a targeted intervention to reduce the rate of refracture: Results ofa 4-year prospective controlled study, Osteoporosis International, 22, S651-S652, 2011	Published as abstract only
Cordasco, K. M., Saifu, H., Rubenstein, L. V., Khafaf, M., Doyle, B., Hsiao, J., Orshansky, G., Ganz, D., The ED-PACT tool: Communicating veterans' care needs after emergency department visits via electronic messages, Journal of General Internal Medicine, 32, S800, 2017	Published as abstract only
Corser, William D., Postdischarge outcome rates influenced by comorbidity and interdisciplinary collaboration, Outcomes management, 8, 45-51, 2004	Study design and population not in PICO: Non-randomised study with less than N=100 in each arm (total N=189). Unclear exactly why population admitted, but n=67 were admitted from medical cardiac services.
Crotty, M., Rowett, D., Spurling, L., Giles, L. C., Phillips, P. A., Does the addition of a pharmacist transition coordinator improve evidence-based medication management and health outcomes in older adults moving from the hospital to a long-term care facility? Results of a randomized, controlled trial, American Journal Geriatric Pharmacotherapy, 2, 257-264, 2004	Unclear population: Older people being transferred from hospital to long term care facility with no further details.
Crotty, M., Whitehead, C. H., Gray, S., Finucane, P. M., Early discharge and home rehabilitation after hip fracture achieves functional improvements: A randomized controlled trial, Clinical Rehabilitation, 16, 406-413, 2002	Study dates not in PICO: 1998-1999
Crouch, D., Taking spinal care into the community, Nursing times, 100, 24-25, 2004	Narrative review
Cuthbert, J., Anderson, J., Mason, C., Block, S., Martin, K., Dettmer, J., Weintraub, A., Harrison-Felix, C., Evaluating case management needs and impact for adults with chronic TBI, Brain Injury, 28, 706, 2014	Published as abstract only
Davies Urizar, B., Malanga Ferrari, A., Garcia Fernandez, J. A., Martin De Francisco Murga, E., Alonso Bouzon, C., Rodriguez-Manas, L., Benefits of an orthogeriatric unit, European Geriatric Medicine, 2, S138, 2011	Published as abstract only
De Goumoens, V., Rio, L. M., Jaques, C., Ramelet, A. S., Family-oriented interventions for adults with acquired brain injury and their families: A scoping review, JBI Database of Systematic Reviews and Implementation Reports, 16, 2330-2367, 2018	Systematic review: Included studies checked for relevance.
Dibardino, D., Cohen, E. R., Didwania, A., Meta-analysis: Multidisciplinary fall prevention strategies in the acute care	Systematic review: Included

Study	Reason for Exclusion
inpatient population, Journal of Hospital Medicine, 7, 497-503, 2012	studies checked for relevance.
Doloresco, L., CARF: symbol of rehabilitation excellence, SCI nursing : a publication of the American Association of Spinal Cord Injury Nurses, 18, 165-172, 2001	Article not available
Donohue, Kathleen, Hoevenaars, Richelle, McEachern, Jocelyn, Zeman, Erica, Mehta, Saurabh, Home-Based Multidisciplinary Rehabilitation following Hip Fracture Surgery: What Is the Evidence?, Rehabilitation research and practice, 2013, 875968, 2013	Systematic review: Included studies checked for relevance.
Dorsey, Julie, Bradshaw, Michelle, Effectiveness of Occupational Therapy Interventions for Lower-Extremity Musculoskeletal Disorders: A Systematic Review, The American journal of occupational therapy : official publication of the American Occupational Therapy Association, 71, 7101180030p1-7101180030p11, 2017	Systematic review. Included studies checked for relevance. Stenvall 2007 was identified as a relevant study and has been included.
Drago, K., Bernstein, J., Graven, P., Dobbertin, K., Eckstrom, E., Higher quality, lower cost with a geriatrics consult service, Journal of the American Geriatrics Society, 65, S36, 2017	Published as abstract only
Driessen, Julia, Bellon, Johanna E., Stevans, Joel, Forsythe, Raquel M., Reynolds, Benjamin R., James, A. Everette, 3rd, Perceived performance and impact of a non-physician-led interprofessional team in a trauma clinic setting, Journal of interprofessional care, 31, 112-114, 2017	Outcomes not in PICO: Team survey responses, consults given and new therapy referrals initiated.
Dunn, A. M., Boylston, M., Establishing a consultation service through multidisciplinary rounds, PM and R, 7, S151-S152, 2015	Published as abstract only
Dutton, Richard P., Cooper, Carnell, Jones, Alan, Leone, Susan, Kramer, Mary E., Scalea, Thomas M., Daily multidisciplinary rounds shorten length of stay for trauma patients, The Journal of trauma, 55, 913-9, 2003	Intervention not in PICO: Daily multidisciplinary rounds focused on medical care, not coordination or delivery of rehabilitation or social care
Eicher, Vicki, Murphy, Mary Pat, Murphy, Thomas F., Malec, James F., Progress assessed with the Mayo-Portland Adaptability Inventory in 604 participants in 4 types of post-inpatient rehabilitation brain injury programs, Archives of Physical Medicine and Rehabilitation, 93, 100-7, 2012	Interventions not in PICO: 4 different rehabilitation programmes with different content, not coordination or delivery of rehabilitation or social care
Espinoza, L., Scudder, B., Rosario, E., Patient navigation for traumatic brain injury, Journal of Head Trauma Rehabilitation, Conference, 2013	Published as abstract only
Farba, L., Cypin, I., Spesivtcev, I., The first assessment of the principles of "Co-managed care in elderly patients" in Moscow City hospital #13, Osteoporosis International, 27, S131, 2016	Published as abstract only
Faux, S., Wu, J., Harris, I., Poulos, C., Klein, L., Murray, G., Wilson, S., John, E., Early rehabilitation after hospital admission for road-trauma via an in-reach mobile team; a randomised controlled trial, Archives of Physical Medicine and Rehabilitation, 97, e15-e16, 2016	Published as abstract only
Featherall, J., Brigati, D. P., Faour, M., Messner, W., Higuera, C. A., Implementation of a Total Hip Arthroplasty Care Pathway at a High-Volume Health System: Effect on Length of Stay, Discharge Disposition, and 90-Day Complications, Journal of Arthroplasty, 33, 1675-1680, 2018	Intervention not in PICO: Hip arthroplasty care pathway, including pre-operative, peri-operative and post-operative interventions. Mention of clinical care coordinator in the post-operative section but not able to quantify what is due to care

Study	Reason for Exclusion
	coordinator and what is attributable to other interventions.
Fernandez, M. A., Griffin, X. L., Costa, M. L., Management of hip fracture, British medical bulletin, 115, 165-72, 2015	Narrative review
Fernandez-Moyano, A., Fernandez-Ojeda, R., Ruiz-Romero, V., Garcia-Benitez, B., Palmero-Palmero, C., Aparicio-Santos, R., Comprehensive care program for elderly patients over 65 years with hip fracture, Revista clinica espanola, 214, 17-23, 2014	Length of stay and readmission data does not have enough details reported to compare results of pre-implementation cohort and post-implementation cohort (no mean of before, no standard deviation of before, no statistical analysis presented). Barthel Index is only compared between those who survived and those who died during the study period.
Fiona, N., Lucinda, M., Margot, P., Gabor, M., Suzanne, M., Bernard, W., Erica, E., Sanjay, G., Implementation of re-fracture prevention of >65 year old inpatient fractured neck of femur prior to discharge, Internal Medicine Journal, 46, 10, 2016	Published as abstract only
Fitzsimmons, R. D., Brain injury case management: The potential and limitations of late-stage intervention - A pilot study, Brain Injury, 17, 947-971, 2003	Study design not in PICO: Non-randomised study with less than N=100 in each arm (total N=22)
Flikweert, E. R., Izaks, G. J., Knobben, B. A., Stevens, M., Wendt, K., The development of a comprehensive multidisciplinary care pathway for patients with a hip fracture: design and results of a clinical trial, BMC Musculoskeletal Disorders, 15, 188, 2014	Intervention not in PICO: Not concerned with the coordination of rehabilitation services for trauma patients while they are inpatients. Included in the review for coordination when transferring from inpatient to outpatient.
Flinn, N. A., Kelley, T., Foo, S., Medical home for persons with disabilities: A target for the triple aim, Archives of Physical Medicine and Rehabilitation, 94, e55-e56, 2013	Published as abstract only
Fojas Ma, C. M., Ing, S. W., Phieffer, L., Stephens, J., Southerland, L., Evolution of a fracture prevention program : A review of our experience at the Ohio state university, Endocrine Reviews, 37, 2016	Published as abstract only
Forni, Silvia, Pieralli, Francesca, Sergi, Alessandro, Lorini, Chiara, Bonaccorsi, Guglielmo, Vannucci, Andrea, Mortality after hip fracture in the elderly: The role of a multidisciplinary approach and time to surgery in a retrospective observational study on 23,973 patients, Archives of Gerontology and Geriatrics, 66, 13-7, 2016	Intervention not in PICO: Multi-disciplinary team designed to acutely treat hip fracture patients in order to decrease time from admission to surgery, rather than multi-disciplinary team for rehabilitation care
Franz, Shiney, Muser, Jurgen, Thielhorn, Ulrike, Wallesch, Claus W., Behrens, Johann, Inter-professional communication and interaction in the neurological rehabilitation team: a literature review, Disability and Rehabilitation, 1-9, 2018	Systematic review: Included studies checked for relevance.
Fukuda, Haruhisa, Shimizu, Sayuri, Ishizaki, Tatsuro, Has the Reform of the Japanese Healthcare Provision System Improved the Value in Healthcare? A Cost-Consequence Analysis of Organized Care for Hip Fracture Patients, PLoS ONE, 10, e0133694, 2015	Comparison not in PICO: Hip fracture care in hospitals autonomously providing integrated care across specialties versus in acute care hospitals and rehabilitative care hospitals providing organized

Study	Reason for Exclusion
	care across separate facilities (the organisation of the care is not further described).
Furlan, Andrea D., Irvin, Emma, Munhall, Claire, Giraldo-Prieto, Mario, Fullerton, Laura, McMaster, Robert, Danak, Shivang, Costante, Alicia, Pitzul, Kristen, Bhide, Rohit P., Marchenko, Stanislav, Mahood, Quenby, David, Judy A., Flannery, John F., Bayley, Mark, Rehabilitation service models for people with physical and/or mental disability living in low- and middle-income countries: A systematic review, Journal of Rehabilitation Medicine, 50, 487-498, 2018	Systematic review: Included studies checked for relevance.
Gailey, Robert, Gaunaurd, Ignacio, Raya, Michele, Kirk-Sanchez, Neva, Prieto-Sanchez, Luz M., Roach, Kathryn, Effectiveness of an Evidence-Based Amputee Rehabilitation (EBAR) Program: A Pilot Randomized Controlled Trial, Physical therapy, 2020	Intervention not in PICO: Rehabilitation programme designed to occur after participants had completed physical therapy and prosthetic training.
Gjerberg, Elisabeth, Flottorp, Signe, Holte, Hilde H., 2008	Article not available
Grabljevec, Klemen, Singh, Rajiv, Denes, Zoltan, Angerova, Yvona, Nunes, Renato, Boldrini, Paolo, Delargy, Mark, Laxe, Sara, Kiekens, Carlotte, Varela Donoso, Enrique, Christodoulou, Nicolas, Evidence-based position paper on Physical and Rehabilitation Medicine professional practice for Adults with Acquired Brain Injury. The European PRM position (UEMS PRM Section), European journal of physical and rehabilitation medicine, 54, 971-979, 2018	Systematic review: Included studies checked for relevance.
Gregersen, Merete, Morch, Marianne Metz, Hougaard, Kjeld, Damsgaard, Else Marie, Geriatric intervention in elderly patients with hip fracture in an orthopedic ward, Journal of injury & violence research, 4, 45-51, 2012	Intervention not in PICO: Multi-disciplinary team designed to acutely treat hip fracture patients in order to decrease time from admission to surgery, rather than multi-disciplinary team for rehabilitation care
Grigoryan, K., Javedan, H., Rudolph, J., Ortho-geriatric models and optimal outcomes: A systematic review and meta-analysis, Journal of the American Geriatrics Society, 61, S8-S9, 2013	Published as abstract only
Grigoryan, Konstantin V., Javedan, Houman, Rudolph, James L., Orthogeriatric care models and outcomes in hip fracture patients: a systematic review and meta-analysis, Journal of Orthopaedic Trauma, 28, e49-55, 2014	Systematic review. Included studies checked for relevance. Stenvall 2007 was identified as a relevant study and has been included.
Grill, E., Ewert, T., Lipp, B., Mansmann, U., Stucki, G., Effectiveness of a community-based 3-year advisory program after acquired brain injury, European Journal of Neurology, 14, 1256-65, 2007	Mixed population: Only 310/1181 were in PICO (traumatic brain injury) but results are not presented separately for target population.
Grobe, K. F., Lin, S. J., Ababneh, A. F., Orozco, E. M., Maxey, K., Smarda, M. J., Lopez, A. R., The feasibility and effectiveness of an internet-based exercise program in individuals with spinal cord injury, Cardiopulmonary Physical Therapy Journal, 31, e16-e17, 2020	Published as abstract only
Gupta, A., The effectiveness of geriatrician-led comprehensive hip fracture collaborative care in a new acute hip unit based in a general hospital setting in the UK, The journal of the Royal College of Physicians of Edinburgh, 44, 20-6, 2014	Intervention not in PICO: Multi-disciplinary team designed to acutely care for hip fracture patients pre- and post-operatively, rather than multi-disciplinary team for

Study	Reason for Exclusion
	coordination of rehabilitation.
Guy, S., Kras-Dupuis, A., Wolfe, D., Hsieh, J., Walia, S., Askes, H., Spinal cord injury best practice implementation for pressure ulcer prevention: Initial implementation results, Archives of Physical Medicine and Rehabilitation, 94, e25, 2013	Published as abstract only
Haan, James M., Dutton, Richard P., Willis, Michelle, Leone, Susan, Kramer, Mary E., Scalea, Thomas M., Discharge rounds in the 80-hour workweek: importance of the trauma nurse practitioner, The Journal of trauma, 63, 339-43, 2007	Intervention not in PICO: Daily multidisciplinary rounds focused on medical care, not coordination or delivery of rehabilitation or social care
Halbert, J., Crotty, M., Whitehead, C., Cameron, I., Kurrle, S., Graham, S., Handoll, H., Finnegan, T., Jones, T., Foley, A., Shanahan, M., Multi-disciplinary rehabilitation after hip fracture is associated with improved outcome: A systematic review, Journal of Rehabilitation Medicine, 39, 507-512, 2007	Systematic review: Included studies checked for relevance.
Hall, Erin C., Tyrrell, Rebecca L., Doyle, Karen E., Scalea, Thomas M., Stein, Deborah M., Trauma transitional care coordination: A mature system at work, The journal of trauma and acute care surgery, 84, 711-717, 2018	Intervention not in PICO: Not concerned with the coordination of rehabilitation services for trauma patients while they are inpatients. Included in the review for coordination when transferring from inpatient to outpatient.
Hall, Erin C., Tyrrell, Rebecca, Scalea, Thomas M., Stein, Deborah M., Trauma Transitional Care Coordination: protecting the most vulnerable trauma patients from hospital readmission, Trauma surgery & acute care open, 3, e000149, 2018	No information presented for comparison group, including number of participants.
Hammond, Flora M., Gassaway, Julie, Abeyta, Nichola, Freeman, Erma S., Primack, Donna, Kreider, Scott E. D., Whiteneck, Gale, Outcomes of social work and case management services during inpatient spinal cord injury rehabilitation: the SCIRehab project, The journal of spinal cord medicine, 35, 611-23, 2012	Study design not in PICO: No intervention.
Handoll, H. H. G., Cameron, I. D., Mak, J. C. S., Finnegan, T. P., Multidisciplinary rehabilitation for older people with hip fractures, Cochrane Database of Systematic Reviews, CD007125, 2009	Systematic review: Included studies checked for relevance.
Hart, Tessa, Brockway, Jo Ann, Maiuro, Roland D., Vaccaro, Monica, Fann, Jesse R., Mellick, David, Harrison-Felix, Cindy, Barber, Jason, Temkin, Nancy, Anger Self-Management Training for Chronic Moderate to Severe Traumatic Brain Injury: Results of a Randomized Controlled Trial, The Journal of head trauma rehabilitation, 32, 319-331, 2017	Intervention not in PICO: Treatment protocol for anger self-management training. No mention of co-ordination or delivery of rehabilitation.
Hart, Tessa, Driver, Simon, Sander, Angelle, Pappadis, Monique, Dams-O'Connor, Kristen, Bocage, Claire, Hinkens, Emma, Dahdah, Marie N., Cai, Xinsheng, Traumatic brain injury education for adult patients and families: a scoping review, Brain Injury, 32, 1295-1306, 2018	Systematic review: Included studies checked for relevance.
Hartwell, J., Albanese, K., Retterer, A., Martin, S., O'Mara, M. S., A trauma patient advocate is a valuable addition to the multidisciplinary trauma team: A process improvement project, American Surgeon, 82, S183-S185, 2016	No study results presented in paper
He, J., Wei, Q., Effect observation of community rehabilitation model on generic set of ICF for patients with TBI, Neurorehabilitation and Neural Repair, 32, 323-324, 2018	Published as abstract only
Heinemann, A. W., Corrigan, J. D., Moore, D., Case Management for Traumatic Brain Injury Survivors with Alcohol	Intervention not in PICO: Comprehensive case

Study	Reason for Exclusion
Problems, Rehabilitation Psychology, 49, 156-166, 2004	management for people with traumatic brain injury and post-injury substance abuse
Heppenstall, C. P., Hanger, H. C., Wilkinson, T. J., The canterbury community rehabilitation, enablement and support team (CREST) service: A novel service to support wellbeing and independence in the community, Age and Ageing, 48, 2019	Published as abstract only
Herrera-Espiñeira, C., Rodríguez del Águila Mdel, M., Navarro Espigares, J. L., Godoy Montijano, A., García Priego, A., Rodríguez, J. G., Sánchez, I. R., Effect of a telephone care program after hospital discharge from a trauma surgery unit, Gaceta sanitaria, 25, 133-138, 2011	Article in Spanish
Heyman, Noemi, Etzion, Isaac, Ben Natan, Merav, A coordination project for improvement of osteoporosis medication use among patients who sustained an osteoporotic fracture: The Israeli experience, Osteoporosis and Sarcopenia, 4, 134-139, 2018	Outcomes not in PICO: Osteoporosis medication use
Ho, W. S., Chan, H. H., Ying, S. Y., Cheng, H. S., Wong, C. S., Skin care in burn patients: A team approach, Burns, 27, 489-491, 2001	Study dates not in PICO: 1992-January 2000. Results not presented separately for the 1 month that was in PICO (January 2000)
Holliday, Anna, Samanta, Damayanti, Budinger, Julie, Hardway, Jessica, Bethea, Audis, An Outcome Analysis of Nurse Practitioners in Acute Care Trauma Services, Journal of trauma nursing : the official journal of the Society of Trauma Nurses, 24, 365-370, 2017	Intervention not in PICO: Nurse practitioners were used to facilitate transfer throughout acute trauma services (including ICU, floor, and post-acute clinic). Apart from placing the order for a rehabilitation consultation, there is no further mention of coordination of rehabilitation services. No mention of rehabilitation services, after a brief mention of placing rehabilitation consultation order.
Holstege, M. S., Bakkers, E., van Balen, R., Gussekloo, J., Achterberg, W. P., Caljouw, M. A., Structured scoring of supporting nursing tasks to enhance early discharge in geriatric rehabilitation: The BACK-HOME quasi-experimental study, International journal of nursing studies, 64, 13-18, 2016	Population not in PICO: Only 31% (reference) and 34% (intervention) were admitted for traumatic injury. Results not presented separately for cause of admission.
Holstege, M. S., Caljouw, M. A. A., Van Balen, R., Gussekloo, J., Achterberg, W. P., Effectiveness of innovations in geriatric rehabilitation. The SINGER Study, European Geriatric Medicine, 4, S109-S110, 2013	Published as abstract only
Hossain, M. S., Harvey, L. A., Rahman, M. A., Bowden, J. L., Islam, M. S., Taylor, V., Muldoon, S., Herbert, R. D., A pilot randomised trial of community-based care following discharge from hospital with a recent spinal cord injury in Bangladesh, Clinical Rehabilitation, 31, 781-789, 2017	Unsure population: Inclusion criteria states participants with both traumatic and non-traumatic spinal cord injury. No further information about what proportions were traumatic, and results not presented separately for target population.
Houlihan, B., Brody, M., Skeels, S., Pernigotti, D., Zazula, J., Burnett, S., Green, C., Seetharama, S., Hasiotis, S., Belliveau, T., Rosenblum, D., Jette, A., RCT of peer-led phone-based	Published as abstract only

Study	Reason for Exclusion
empowerment intervention for persons with chronic spinal cord injury improves health self-management, Archives of Physical Medicine and Rehabilitation, 98, e152, 2017	
Houlihan, Bethlyn Vergo, Brody, Miriam, Everhart-Skeels, Sarah, Pernigotti, Diana, Burnett, Sam, Zazula, Judi, Green, Christa, Hasiotis, Stathis, Belliveau, Timothy, Seetharama, Subramani, Rosenblum, David, Jette, Alan, Randomized Trial of a Peer-Led, Telephone-Based Empowerment Intervention for Persons With Chronic Spinal Cord Injury Improves Health Self-Management, Archives of Physical Medicine and Rehabilitation, 98, 1067-1076.e1, 2017	Intervention not in PICO: 'My Care My Call' designed for people with SCI already in the community. No mention of coordination or delivery of rehabilitation or social care during transfer.
Huang, T. T., Liang, S. H., A randomized clinical trial of the effectiveness of a discharge planning intervention in hospitalized elders with hip fracture due to falling, J Clin Nurs, 14, 1193-201, 2005	Intervention not in PICO: Not concerned with the coordination of rehabilitation services for trauma patients while they are inpatients. Included in the review for coordination when transferring from inpatient to outpatient.
Hums, Wendy, Williams, Julianne, Dedicated trauma care unit: an outcome-based model, Journal of trauma nursing : the official journal of the Society of Trauma Nurses, 12, 21-6, 2005	Narrative review
Jaber, Ala'a F., Hartwell, Julie, Radel, Jeff D., Interventions to Address the Needs of Adults With Postconcussion Syndrome: A Systematic Review, The American journal of occupational therapy : official publication of the American Occupational Therapy Association, 73, 7301205020p1-7301205020p12, 2019	Article not available
Johansen, Inger, Lindbaek, Morten, Stanghelle, Johan K., Brekke, Mette, Structured community-based inpatient rehabilitation of older patients is better than standard primary health care rehabilitation: an open comparative study, Disability and Rehabilitation, 34, 2039-46, 2012	Study design not in PICO: Non-randomised study. Although N=100 in one of the comparison groups, patients had mixed aetiologies (for example, 16/100 had stroke)
Johnson, M. K., Yanko, J. R., Collaborative practice: a successful model, SCI nursing : a publication of the American Association of Spinal Cord Injury Nurses, 18, 7-10, 2001	Article not available
Jones, Taryn M., Dean, Catherine M., Hush, Julia M., Dear, Blake F., Titov, Nickolai, A systematic review of the efficacy of self-management programs for increasing physical activity in community-dwelling adults with acquired brain injury (ABI), Systematic reviews, 4, 51, 2015	Systematic review: Included studies checked for relevance.
Jonsson, A., Gustafson, Y., Scholl, M., Hansen, F. R., Saarela, M., Nygaard, H., Laake, K., Jonsson, P. V., Valvanne, J., Dehlin, O., Geriatric rehabilitation as an integral part of geriatric medicine in the Nordic countries, Danish Medical Bulletin, 50, 439-445, 2003	Narrative review
Kammerlander, C., Gosch, M., Blauth, M., Lechleitner, M., Luger, T. J., Roth, T., The Tyrolean Geriatric Fracture Center: an orthogeriatric co-management model, Zeitschrift fur Gerontologie und Geriatrie, 44, 363-7, 2011	Study design not in PICO: No comparison group.
Kapu, A., Jones, P., Financial impact of adding acute care nurse practitioners (ACNPs) to inpatient models of care, Critical Care Medicine, 40, 27, 2012	Published as abstract only
Karlsson, A., Berggren, M., Gustafson, Y., B, Olofsson, Lindelöf, N., Stenvall, M., Effects of geriatric interdisciplinary home rehabilitation on walking ability and length of hospital stay after hip fracture: a randomized controlled trial, Journal of the	Comparison not in PICO: Groups received different treatment rather than same rehabilitation delivered or

Study	Reason for Exclusion
American Medical Directors Association, 17, 464.e9-e464.e15, 2016	coordinated in different ways. Both groups received standard inpatient rehabilitation but the intervention group received Geriatric Interdisciplinary Home Rehabilitation after discharge which included a High-Intensity Functional Exercise programme and medical care.
Karlsson, A., Lindelof, N., Olofsson, B., Berggren, M., Gustafson, Y., Nordstrom, P., Stenvall, M., Effects of Geriatric Interdisciplinary Home Rehabilitation on Independence in Activities of Daily Living in Older People With Hip Fracture: A Randomized Controlled Trial, Archives of Physical Medicine and Rehabilitation, 2020	Comparison not in PICO: Groups received different treatment rather than same rehabilitation delivered or coordinated in different ways. Both groups received standard inpatient rehabilitation but the intervention group received Geriatric Interdisciplinary Home Rehabilitation after discharge which included a High-Intensity Functional Exercise programme and medical care.
Kennedy, K., Establishing an orthopaedic physiotherapy practitioner role on the wards of an acute trauma hospital, Physiotherapy (United Kingdom), 97, eS1529, 2011	Published as abstract only
Khan, F., Amatya, B., Hoffman, K., Systematic review of multidisciplinary rehabilitation in patients with multiple trauma, The British journal of surgery, 99 Suppl 1, 88-96, 2012	Systematic review: Included studies checked for relevance.
Khan, S. K., Shirley, M. D., Glennie, C., Fearon, P. V., Deehan, D. J., Achieving best practice tariff may not reflect improved survival after hip fracture treatment, Clinical Interventions in Aging, 9, 2097-2102, 2014	Intervention not in PICO: Best practice tariffs for achieving targets, but no information presented on how these were achieved so no information on coordination and delivery of rehabilitation or social care
Khan, S. K., Weusten, A., Bonczek, S., Tate, A., Port, A., The Best Practice Tariff helps improve management of neck of femur fractures: A completed audit loop, British Journal of Hospital Medicine, 74, 644-647, 2013	Population not in PICO: Inclusion criteria includes pathological hip fractures. Results not presented separately for target population.
Kiel, S., Zimak, C., Chenot, J. F., Schmidt, C. O., Evaluation of an ambulatory geriatric rehabilitation program - results of a matched cohort study based on claims data, BMC geriatrics, 20, 30, 2020	Study design not in PICO: Case-control design
Kind, A., Polnaszek, B., Hovanes, M., Smith, M., Designation of a clinician for post-hospital follow-up care and 30-day rehospitalizations in patients discharged to nursing homes and rehabilitation facilities, Journal of the American Geriatrics Society, 61, S16, 2013	Published as abstract only
Koo, W. W. H., Hip care clinic: Improving osteoporosis treatment after a hip fracture, Osteoporosis International, 25, 609, 2014	Published as abstract only
Kooijmans, H., Post, M. W. M., Stam, H. J., van der Woude, L. H. V., Spijkerman, D. C. M., Snoek, G. J., Bongers-Janssen, H. M. H., van Koppenhagen, C. F., Twisk, J. W., Bussmann, J. B. J., Effectiveness of a Self-Management Intervention to Promote an Active Lifestyle in Persons With Long-Term Spinal Cord Injury: The HABITS Randomized Clinical Trial,	Intervention not in PICO: Self-management intervention designed to increase physical activity in chronic SCI. No mention of coordination or delivery of rehabilitation or

Study	Reason for Exclusion
Neurorehabilitation and Neural Repair, 31, 991-1004, 2017	social care
Krulova, A., Vackova, J., Svestkova, O., Community-based rehabilitation system for people with acquired brain injury in the Czech Republic (from the point of view of occupational therapist), Brain Injury, 31, 852-853, 2017	Published as abstract only
Kurowski, Brad G., Taylor, H. Gerry, McNally, Kelly A., Kirkwood, Michael W., Cassedy, Amy, Horn, Paul S., Stancin, Terry, Wade, Shari L., Online Family Problem-Solving Therapy (F-PST) for Executive and Behavioral Dysfunction After Traumatic Brain Injury in Adolescents: A Randomized, Multicenter, Comparative Effectiveness Clinical Trial, The Journal of head trauma rehabilitation, 2019	Outcomes not in PICO: Behaviour Rating Inventory of Executive Function, Global Executive Composite, Behaviour Regulation Index, Metacognition Index and Strengths and Difficulties Questionnaire
Lannin, Natasha, Carr, Belinda, Allaous, Jeanine, Mackenzie, Bronwyn, Falcon, Alex, Tate, Robyn, A randomized controlled trial of the effectiveness of handheld computers for improving everyday memory functioning in patients with memory impairments after acquired brain injury, Clinical Rehabilitation, 28, 470-81, 2014	Comparison not in PICO: Electronic vs non-electronic memory aid after discharge
Lathbury, K., The road ahead--managing a spinal cord injury, The Case manager, 11, 55-7, 2000	Narrative review
Latz, David, Bergermann, Anja, Jungnitsch, Jeannie, Grassmann, Jan Peter, Schiffner, Erik, Gahr, Britta, Tank, Anne, Windolf, Joachim, Ritz-Timme, Stefanie, Gras, Lilly, Jungbluth, Pascal, Characterisation of Victims Of Violence in the A & E Department and Analysis of the Acceptance of a Medico-Legal Expertise Centre After its Implementation vs. Multi-Year Consolidation, Charakterisierung unfallchirurgischer Gewaltopfer und Erfassung der Inanspruchnahme nach Implementierung und mehrjahriger Etablierung einer rechtsmedizinischen Gewaltopferambulanz., 157, 426-433, 2019	Population not in PICO: People presenting to A&E without admission
Lau, T. W., Leung, F., Siu, D., Wong, G., Luk, K. D. K., Geriatric hip fracture clinical pathway: The Hong Kong experience, Osteoporosis International, 21, S627-S636, 2010	No information presented on historical comparison cohort, including number of participants
Laver, Kate, Lannin, Natasha A., Bragge, Peter, Hunter, Peter, Holland, Anne E., Tavender, Emma, O'Connor, Denise, Khan, Fary, Teasell, Robert, Gruen, Russell, Organising health care services for people with an acquired brain injury: an overview of systematic reviews and randomised controlled trials, BMC health services research, 14, 397, 2014	Systematic review: Included studies checked for relevance.
Leal, J., Gray, A. M., Hawley, S., Prieto-Alhambra, D., Delmestri, A., Arden, N. K., Cooper, C., Javaid, M. K., Judge, A., Cost-Effectiveness of Orthogeriatric and Fracture Liaison Service Models of Care for Hip Fracture Patients: A Population-Based Study, Journal of Bone and Mineral Research, 32, 203-211, 2017	Outcomes not in PICO: 30 day mortality, 1 year mortality, risk of 2nd fracture and assorted intervention cost measures
Leclercq, M. M., For the return at home: Mobil teams brain-injury, Annals of Physical and Rehabilitation Medicine, 57, e411, 2014	Published as abstract only
Lee, John C., Horst, Michael, Rogers, Amelia, Rogers, Frederick B., Wu, Daniel, Evans, Tracy, Edavettal, Mathew, Checklist-styled daily sign-out rounds improve hospital throughput in a major trauma center, The American surgeon, 80, 434-40, 2014	Intervention not in PICO: Checklist designed to coordinate medical care of trauma patients rather than coordination or delivery of rehabilitation or social care
Lee, S. Y., Amatya, B., Judson, R., Truesdale, M., Reinhardt, J. D., Uddin, T., Xiong, X. H., Khan, F., Clinical practice guidelines for rehabilitation in traumatic brain injury: a critical appraisal,	Review of guidelines. References checked for possible included studies - none

Study	Reason for Exclusion
Brain Injury, 33, 1263-1271, 2019	were identified.
Lems, W. F., Dreinhofer, K. E., Bischoff-Ferrari, H., Blauth, M., Czerwinski, E., Da Silva, J., Herrera, A., Hoffmeyer, P., Kvien, T., Maalouf, G., Marsh, D., Puget, J., Puhl, W., Poor, G., Rasch, L., Roux, C., Schuler, S., Seriolo, B., Tarantino, U., Van Geel, T., Woolf, A., Wyers, C., Geusens, P., EULAR/EFORT recommendations for management of patients older than 50 years with a fragility fracture and prevention of subsequent fractures, Annals of the Rheumatic Diseases, 76, 802-810, 2017	Systematic review: Included studies checked for relevance.
Leung, Andraay Hon-Chi, Lam, Tsz-Ping, Cheung, Wing-Hoi, Chan, Tan, Sze, Pan-Ching, Lau, Thomas, Leung, Kwok-Sui, An orthogeriatric collaborative intervention program for fragility fractures: a retrospective cohort study, The Journal of trauma, 71, 1390-4, 2011	Intervention not in PICO: Orthogeriatric Collaborative Programme consisting of geriatric reviews. Aim was to optimise patient condition for surgery and to address previously undiagnosed medical problems.
Li, L., Dai, J. X., Xu, L., Huang, Z. X., Pan, Q., Zhang, X., Jiang, M. Y., Chen, Z. H., The effect of a rehabilitation nursing intervention model on improving the comprehensive health status of patients with hand burns, Burns, 43, 877-885, 2017	Intervention not in PICO: Nursing intervention involving elements of occupational therapy and psychological treatment rather than interventions comparing the coordination and/or delivery of rehabilitation or social care
Lin, Francis O. Y., Luk, James K. H., Chan, T. C., Mok, Winnie W. Y., Chan, Felix H. W., Effectiveness of a discharge planning and community support programme in preventing readmission of high-risk older patients, Hong Kong medical journal = Xianggang yi xue za zhi, 21, 208-16, 2015	Population not in PICO: Home-dwelling older patients aged >60 years admitted to the general medical wards. Only 10% admitted through falls, results not presented separately for target population.
Lin, L., Wade, C., Comprehensive prevention and management of pressure ulcers in an acute inpatient rehabilitation facility: An evidence ebased assessment, PM and R, 8, S182-S183, 2016	Published as abstract only
Lin, P. C., Wang, C. H., Chen, C. S., Liao, L. P., Kao, S. F., Wu, H. F., To evaluate the effectiveness of a discharge-planning programme for hip fracture patients, Journal of Clinical Nursing, 18, 1632-1639, 2009	Intervention not in PICO: Not concerned with the coordination of rehabilitation services for trauma patients while they are inpatients. Included in the review for coordination when transferring from inpatient to outpatient.
Linden, M., Hawley, C., Blackwood, B., Evans, J., Anderson, V., O'Rourke, C., Technological aids for the rehabilitation of memory and executive functioning in children and adolescents with acquired brain injury, Cochrane Database of Systematic Reviews, 2016	Systematic review: Included studies checked for relevance.
Ling, Shi-Neng James, Kleimeyer, Christopher, Lynch, Genni, Burmeister, Elizabeth, Kennedy, Diana, Bell, Kate, Watkins, Leith, Cooke, Cameron, Can geriatric hip fractures be managed effectively within a level 1 trauma center?, Journal of Orthopaedic Trauma, 29, 160-4, 2015	Intervention not in PICO: Coordination of acute management of hip fracture, rather than rehabilitation.
Lisk, R., Krasuski, M., Watters, H., Parsons, C., Yeong, K., 12 months impact of an orthopaedic early supportive discharge (OSD) team in our hip fracture service, European Geriatric Medicine, 6, S150, 2015	Published as abstract only

Study	Reason for Exclusion
Liu, Vincent X., Rosas, Efren, Hwang, Judith, Cain, Eric, Foss-Durant, Anne, Clopp, Molly, Huang, Mengfei, Lee, Derrick C., Mustille, Alex, Kipnis, Patricia, Parodi, Stephen, Enhanced Recovery After Surgery Program Implementation in 2 Surgical Populations in an Integrated Health Care Delivery System, JAMA Surgery, 152, e171032, 2017	Intervention not in PICO: Enhanced recovery after surgery programme designed to impact peri-operative management and does not include rehabilitation or social care
Lloyd-James, Lucy, Facing reality: discharge challenges after neuro-rehabilitation, Paediatric nursing, 18, 28, 2006	Narrative review
Lohse, Grant R., Leopold, Seth S., Theiler, Susan, Sayre, Cindy, Cizik, Amy, Lee, Michael J., Systems-based safety intervention: reducing falls with injury and total falls on an orthopaedic ward, The Journal of bone and joint surgery. American volume, 94, 1217-22, 2012	Population not in PICO: Mixture of traumatic and non-traumatic with results not reported separately for target population
Losh, Joseph, Duncan, Thomas K., Diaz, Graal, Lee, HyeSun, Romero, Javier, Multidisciplinary Patient Management Improves Mortality in Geriatric Trauma Patients, The American surgeon, 85, 230-233, 2019	Intervention not in PICO: Multidisciplinary medical trauma care, not rehabilitation
Lumba-Brown, A., Yeates, K. O., Sarmiento, K., Breiding, M. J., Haegerich, T. M., Gioia, G. A., Turner, M., Benzel, E. C., Suskauer, S. J., Giza, C. C., Joseph, M., Broomand, C., Weissman, B., Gordon, W., Wright, D. W., Moser, R. S., McAvoy, K., Ewing-Cobbs, L., Duhaime, A. C., Putukian, M., Holshouser, B., Paulk, D., Wade, S. L., Herring, S. A., Halstead, M., Keenan, H. T., Choe, M., Christian, C. W., Guskiewicz, K., Raksin, P. B., Gregory, A., Mucha, A., Taylor, H. G., Callahan, J. M., Dewitt, J., Collins, M. W., Kirkwood, M. W., Ragheb, J., Ellenbogen, R. G., Spinks, T. J., Ganiats, T. G., Sabelhaus, L. J., Altenhofen, K., Hoffman, R., Getchius, T., Gronseth, G., Donnell, Z., O'Connor, R. E., Timmons, S. D., Diagnosis and Management of Mild Traumatic Brain Injury in Children: A Systematic Review, JAMA Pediatrics, 172, 2018	Systematic review: Included studies checked for relevance.
Mackey, Patricia A., Rosenthal, Laura D., Mi, Lanyu, Whitaker, Michael D., Subsequent Fracture Prevention in Patients 50 Years and Older With Fragility Fractures: A Quality Improvement Initiative, Journal for healthcare quality : official publication of the National Association for Healthcare Quality, 41, 17-22, 2019	Intervention not in PICO: Osteoporosis education, screening and treatment.
Malec, J. F., Eicher, V., Murphy, M. P., Murphy, T. F., Progress assessed with the mayo-portland adaptability inventory through the client outcome system for 604 participants in four types of postacute brain injury rehabilitation programs, Brain Impairment, 12, 68, 2011	Published as abstract only
Malec, J., Eicher, V., Murphy, M. P., Murphy, T., Progress in four postacute brain rehabilitation program types compared through the MPAI-4 outcome info system, Archives of Physical Medicine and Rehabilitation, 92, 1698, 2011	Published as abstract only
Mallick, Emad, Gulihar, Abhinav, Taylor, Grahame, Furlong, Andrew, Pandey, Radhakant, Impact of organisational changes on fracture neck of femur management, Annals of the Royal College of Surgeons of England, 93, 61-6, 2011	Intervention not in PICO: Project group aimed at changing surgical and medical management of hip fracture. No mention of rehabilitation.
Man, D. W., Soong, W. Y., Tam, S. F., Hui-Chan, C. W., Self-efficacy outcomes of people with brain injury in cognitive skill training using different types of trainer-trainee interaction, Brain Injury, 20, 959-970, 2006	Population not in PICO: Only 16/103 patients within PICO with results not reported separately for the target population.
Mangram, Alicia J., Shifflette, Vanessa K., Mitchell, Christopher D., Johnson, Van A., Lorenzo, Manuel, Truitt, Micheal S., Goel,	Study design not in PICO: Non-randomised study with less than

Study	Reason for Exclusion
Anuj, Lyons, Mark, Dunn, Ernest L., The creation of a geriatric trauma unit "G-60", The American surgeon, 77, 1144-6, 2011	N=100 in 1 arm (n=150 in intervention group, n=78 in control group)
Massey, T., Smith, S., Bezzina, C., Ball, A., Specialist rehabilitation in a major trauma centre: It's not just about saving lives, Brain Injury, 28, 655, 2014	Published as abstract only
Mayo-Wilson, Evan, Grant, Sean, Burton, Jennifer, Parsons, Amanda, Underhill, Kristen, Montgomery, Paul, Preventive home visits for mortality, morbidity, and institutionalization in older adults: a systematic review and meta-analysis, PLoS ONE, 9, e89257, 2014	Systematic review: Included studies checked for relevance.
McMartin, K., Discharge planning in chronic conditions: An evidence-based analysis, Ontario Health Technology Assessment Series, 13, 1-72, 2013	Systematic review: Included studies checked for relevance.
Meaney, Mark, Divided loyalties in a brain injury case, The Case manager, 14, 30-72, 2003	Case report
Miller, Megan W., Emeny, Rebecca T., Freed, Gary L., Reduction of Hospital-acquired Pressure Injuries Using a Multidisciplinary Team Approach: A Descriptive Study, Wounds : a compendium of clinical research and practice, 31, 108-113, 2019	Population not in PICO: Hospital-wide implementation, with no separation of trauma and non-trauma patients
Mittal, Chikul, Lee, Hsien Chieh Daniel, Goh, Kiat Sern, Lau, Cheng Kiang Adrian, Tay, Leeanna, Siau, Chuin, Loh, Yik Hin, Goh, Teck Kheng Edward, Sandi, Chit Lwin, Lee, Chien Earn, ValuedCare program: a population health model for the delivery of evidence-based care across care continuum for hip fracture patients in Eastern Singapore, Journal of orthopaedic surgery and research, 13, 129, 2018	Intervention not in PICO: ValuedCare involved delivery of pre- and post-operative hip fracture care. No mention of delivery or coordination of rehabilitation or social care
Morris, D. S., Reilly, P., Rohrbach, J., Telford, G., Kim, P., Sims, C. A., The influence of unit-based nurse practitioners on hospital outcomes and readmission rates for patients with trauma, Journal of Trauma and Acute Care Surgery, 73, 474-478, 2012	Intervention not in PICO: Unit-based nurse practitioners are involved in delivering acute trauma care, not delivery and coordination of rehabilitation or social care
Murphy, R. P., Reddin, C., Murphy, E. P., Waters, R., Murphy, C. G., Canavan, M., Key Service Improvements After the Introduction of an Integrated Orthogeriatric Service, Geriatric Orthopaedic Surgery and Rehabilitation, 10, 2019	Intervention not in PICO: Integrated orthogeriatric service designed to streamline pre- and post-operative care for hip fracture. No mention of delivery or coordination of rehabilitation or social care
Naeem, F., Rodriguez, S., MacRae, A., Implementation of an analgesia and bowels protocol to improve patient care after hip fracture, Age and Ageing, 48, 2019	Published as abstract only
Naglie, Gary, Tansey, Catherine, Kirkland, James L., Ogilvie-Harris, Darryl J., Detsky, Allan S., Etchells, Edward, Tomlinson, George, O'Rourke, Keith, Goldlist, Barry, Interdisciplinary inpatient care for elderly people with hip fracture: a randomized controlled trial, CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne, 167, 25-32, 2002	Study years not in PICO: 1993-1997
Nakase-Richardson, Risa, Stevens, Lillian Flores, Tang, Xinyu, Lamberty, Greg J., Sherer, Mark, Walker, William C., Pugh, Mary Jo, Eapen, Blessen C., Finn, Jacob A., Saylors, Mimi, Dillahunt-Aspillaga, Christina, Adams, Rachel Sayko, Garofano, Jeffrey S., Comparison of the VA and NIDILRR TBI Model System Cohorts, The Journal of Head Trauma Rehabilitation,	Comparison not in PICO: Comparison between population characteristics of 2 databases contributing to Traumatic Brain Injury Model System

Study	Reason for Exclusion
32, 221-233, 2017	
Niemeijer, Gerard C., Flikweert, Elvira, Trip, Albert, Does, Ronald J. M. M., Ahaus, Kees T. B., Boot, Anja F., Wendt, Klaus W., The usefulness of lean six sigma to the development of a clinical pathway for hip fractures, Journal of Evaluation in Clinical Practice, 19, 909-14, 2013	Intervention not in PICO: Lean Six Sigma aimed at decreasing the length of stay in hospital rather than coordinating or delivering rehabilitation
Nizamoglu, Metin, O'Connor, Edmund Fitzgerald, Bache, Sarah, Theodorakopoulou, Evgenia, Sen, Sankhya, Sherren, Peter, Barnes, David, Dziewulski, Peter, The impact of major trauma network triage systems on patients with major burns, Burns : journal of the International Society for Burn Injuries, 42, 1662-1670, 2016	Study design not in PICO: Non-RCT with less than 100 per arm
Noticewala, M. S., Swart, E., Shah, R. P., Macaulay, W., Geller, J. A., First Place Award Multidisciplinary care of the hip fracture patient: A case control analysis of differing treatment protocols, Current Orthopaedic Practice, 27, 346-350, 2016	Intervention not in PICO: Multi-disciplinary team delivering acute inpatient hip fracture care, with no mention of delivery or coordination of rehabilitation or social care
O'Keefe, Sophie, Stanley, Mandy, Adam, Kerry, Lannin, Natasha A., A Systematic Scoping Review of Work Interventions for Hospitalised Adults with an Acquired Neurological Impairment, Journal of Occupational Rehabilitation, 29, 569-584, 2019	Systematic review: Included studies checked for relevance.
Olenginski, T. P., Maloney-Saxon, G., Matzko, C. K., Mackiewicz, K., Kirchner, H. L., Bengier, A., Newman, E. D., High-risk osteoporosis clinic (HiROC): improving osteoporosis and postfracture care with an organized, programmatic approach, Osteoporosis international : a journal established as result of cooperation between the European Foundation for Osteoporosis and the National Osteoporosis Foundation of the USA, 26, 801-10, 2015	Population not in PICO: Patients with hip fracture due to osteoporosis
O'Malley, Natasha T., Blauth, Michael, Suhm, Norbert, Kates, Stephen L., Hip fracture management, before and beyond surgery and medication: a synthesis of the evidence, Archives of orthopaedic and trauma surgery, 131, 1519-27, 2011	Systematic review: Included studies checked for relevance.
O'Mara, Michael Shaymus, Ramaniuk, Aliaksandr, Graymire, Vickie, Rozzell, Monica, Martin, Stacey, Lean methodology for performance improvement in the trauma discharge process, The journal of trauma and acute care surgery, 77, 137-142, 2014	Comparison not in PICO: Trauma vs non-trauma wards
O'Neil, Jennifer, van Ierssel, Jacquie, Sveistrup, Heidi, Remote supervision of rehabilitation interventions for survivors of moderate or severe traumatic brain injury: A scoping review, Journal of telemedicine and telecare, 1357633X19845466, 2019	Systematic review: Included studies checked for relevance.
Parsons, M., Parsons, J., Pillai, A., Rouse, P., Mathieson, S., Bregmen, R., Smith, C., Kenealy, T., Post-Acute Care for Older People Following Injury: A Randomized Controlled Trial, Journal of the American Medical Directors Association, 2019	Intervention not in PICO: Not concerned with the coordination of rehabilitation services for trauma patients while they are inpatients.
Parsons, Matthew, Parsons, John, Pillai, Avinesh, Rouse, Paul, Mathieson, Sean, Bregmen, Rochelle, Smith, Christine, Kenealy, Tim, Post-Acute Care for Older People Following Injury: A Randomized Controlled Trial, Journal of the American Medical Directors Association, 21, 404-409.e1, 2020	Duplicate
Patrick, P. D., Allaire, J. H., Hostler, S. L., A pediatric brain injury program: Families are catalysts for change, SAGGI - Child Development and Disabilities, 29, 31-39, 2003	Article not available
Perez Santamaria, M., Dominguez Arevalo, M. J., Manso Perez	Published as abstract only

Study	Reason for Exclusion
Cossio, J., Peraza Sanchez, M., Outcomes of a multidisciplinary approach for the management of hip fractures in older patients. Experience in a regional hospital, Osteoporosis International, 27, S419, 2016	
Pfeifer, M., Dionyssiotis, Y., Musculoskeletal Rehabilitation after Hip Fracture: A Review, Osteologie, 28, 183-191, 2019	Systematic review: Included studies checked for relevance.
Pfeifer, M., Minne, H. W., Musculoskeletal rehabilitation after hip fracture: A review, Archives of Osteoporosis, 5, 49-59, 2010	Systematic review: Included studies checked for relevance.
Phillips, V. L., Vesmarovich, S., Hauber, R., Wiggers, E., Egner, A., Telehealth: reaching out to newly injured spinal cord patients, Public health reports (Washington, D.C. : 1974), 116 Suppl 1, 94-102, 2001	Study dates not in PICO: 1998-August/September 2000. Results not presented separately for the period in PICO (January-August/September 2000)
Pils, K., Vavrovsky, G., Meisner, W., Schreiber, W., Bohmer, F., Improvement of rehabilitation outcomes of hip fractures: discharge assessment by patient care team, case management and wound healing]. [German, Wiener klinische wochenschrift, 112, 413-419, 2000	Article in German
Pioli, G., Pellicciotti, F., Davoli, M. L., Pignedoli, P., Sabetta, E., Ferrari, A., Hip fracture management and outcomes in Italy, European Geriatric Medicine, 1, 104-107, 2010	Narrative description of hip fracture care model. No presentation of data
Pope, Sue, Vickerstaff, A. L., Wareham, A. P., Lessons learned from early rehabilitation of complex trauma at the Royal Centre for Defence Medicine, Journal of the Royal Army Medical Corps, 163, 124-131, 2017	Narrative description of Royal Centre for Defence Medicine rehabilitation model. No presentation of study data.
Powell, J., Heslin, J., Greenwood, R., Community based rehabilitation after severe traumatic brain injury: a randomised controlled trial, Journal of neurology, neurosurgery, and psychiatry, 72, 193-202, 2002	Study dates not in PICO: Pre-2000
Powell, Janet M., Fraser, Robert, Brockway, Jo Ann, Temkin, Nancy, Bell, Kathleen R., A Telehealth Approach to Caregiver Self-Management Following Traumatic Brain Injury: A Randomized Controlled Trial, The Journal of head trauma rehabilitation, 31, 180-90, 2016	Intervention not in PICO: Education for caregivers of people with traumatic brain injury
Prestmo, A., Sletvold, O., Thingstad, P., Taraldsen, K., Johnsen, L. G., Helbostad, J., Saltvedt, I., Outcomes of activities of daily living, cognition and mobility in the Trondheim Hip Fracture Trial. A randomized controlled trial, European Geriatric Medicine, 3, S56, 2012	Published as abstract only
Proudfoot, Suzanne, Bennett, Brandon, Duff, Simon, Palmer, Julie, Implementation and effects of Enhanced Recovery After Surgery for hip and knee replacements and fractured neck of femur in New Zealand orthopaedic services, The New Zealand medical journal, 130, 77-90, 2017	Comparison not in PICO: Groups received different treatment rather than same rehabilitation delivered or coordinated in different ways. Multi-component intervention with only 1 of 5 sections focused on discharge planning. Other areas targeted by the intervention was within the ambulance, pre-operative care, peri-operative care and post-operative care.
Prvu Bettger, Janet A., Stineman, Margaret G., Effectiveness of multidisciplinary rehabilitation services in postacute care: state-of-the-science. A review, Archives of physical medicine and	Systematic review: Included studies checked for relevance.

Study	Reason for Exclusion
rehabilitation, 88, 1526-34, 2007	
Rae-Grant, Alex D., Turner, Aaron P., Sloan, Alicia, Miller, Deborah, Hunziker, James, Haselkorn, Jodie K., Self-management in neurological disorders: systematic review of the literature and potential interventions in multiple sclerosis care, Journal of rehabilitation research and development, 48, 1087-100, 2011	Systematic review: Included studies checked for relevance.
Rapidi, C. A., Tederko, P., Moslavac, S., Popa, D., Branco, C. A., Kiekens, C., Varela Donoso, E., Christodoulou, N., Evidence-based position paper on Physical and Rehabilitation Medicine (PRM) professional practice for persons with spinal cord injury. The European PRM position (UEMS PRM Section), European Journal of Physical and Rehabilitation Medicine, 54, 797-807, 2018	Systematic review: Included studies checked for relevance.
Reguant, F., Arnau, A., Lorente, J. V., Maestro, L., Bosch, J., Efficacy of a multidisciplinary approach on postoperative morbidity and mortality of elderly patients with hip fracture, Journal of Clinical Anesthesia, 53, 11-19, 2019	Intervention not in PICO: Multi-disciplinary team intervention designed to optimise patient health before hip fracture surgery, rather than rehabilitation.
Reinhardt, J., Chen, S., Gosney, J., Hu, X., Li, J., Liu, S., Zhang, X., Effectiveness of a comprehensive rehabilitation services program on long-term physical functioning in injured survivors of the 2008 sichuan earthquake, PM and R, 4, S300, 2012	Published as abstract only
Rezaei, Mojtaba, Sharifi, Amirsina, Vaccaro, Alexander Richard, Rahimi-Movaghar, Vafa, Home-Based Rehabilitation Programs: Promising Field to Maximize Function of Patients with Traumatic Spinal Cord Injury, Asian journal of neurosurgery, 14, 634-640, 2019	Systematic review: Included studies checked for relevance.
Robalino, S., Nyakang'o, S. B., Beyer, F., Fox, C., Allan, L. M., Effectiveness of interventions aimed at improving physical and psychological outcomes of fall-related injuries in people with dementia a systematic review, Age and Ageing, 47, 2018	Published as abstract only
Robles, L., Slogoff, M., Ladwig-Scott, E., Zank, D., Larson, M. K., Aranha, G., Shoup, M., The addition of a nurse practitioner to an inpatient surgical team results in improved use of resources, Surgery, 150, 711-717, 2011	Population not in PICO: Surgical and colorectal patients with no distinction between trauma and non-trauma surgical patients.
Roels, E. H., Aertgeerts, B., Ramaekers, D., Peers, K., Hospital- and community-based interventions enhancing (re)employment for people with spinal cord injury: a systematic review, Spinal cord, 54, 2-7, 2016	Systematic review: Included studies checked for relevance.
Rosario, Emily R., Espinoza, Laura, Kaplan, Stephanie, Khonsari, Sepehr, Thurndyke, Earl, Bustos, Melissa, Vickers, Kayla, Navarro, Brittney, Scudder, Bonnie, Patient navigation for traumatic brain injury promotes community re-integration and reduces re-hospitalizations, Brain Injury, 31, 1340-1347, 2017	Study design not in PICO: Non-RCT with less than 100 per arm.
Rothman, E. F., Cohort study: Violent reinjury and mortality highlights the need for a comprehensive care approach to youth presenting for assault-related injury, Evidence-Based Medicine, 20, 112, 2015	Setting not in PICO: Emergency department
Ruggiero, C., Zampi, E., Baroni, M., Mecocci, P., Rinonapoli, G., Caraffa, A., Conti, F., Brandi, M. L., The fracture unit to bridge the osteoporosis care gap in Italy, Osteoporosis International, 25, S365, 2014	Published as abstract only
Ryan, T., Enderby, P., Rigby, A. S., A randomized controlled trial to evaluate intensity of community-based rehabilitation provision	Intervention not in PICO: Not concerned with the coordination

Study	Reason for Exclusion
following stroke or hip fracture in old age, Clinical Rehabilitation, 20, 123-131, 2006	of rehabilitation services for trauma patients while they are inpatients. Included in the review for coordination when transferring from inpatient to outpatient.
Ryan, T., Enderby, P., Rigby, A. S., A randomized controlled trial to evaluate intensity of community-based rehabilitation provision following stroke or hip fracture in old age: results at 12-month followup, International journal on disability and human development, 5, 83-89, 2006	Intervention not in PICO: Not concerned with the coordination of rehabilitation services for trauma patients while they are inpatients. Included in the review for coordination when transferring from inpatient to outpatient.
Rypkema, G., Adang, E., Dicke, H., Naber, T., De Swart, B., Disselhorst, L., Goluke-Willemse, G., Rikkert, M. O., Cost-effectiveness of an interdisciplinary intervention in geriatric inpatients to prevent malnutrition, Journal of Nutrition, Health and Aging, 8, 122-127, 2004	Unclear population: All non-terminally ill geriatric patients admitted for more than 2 days. Study does not report reason for admission.
Rytter, H. M., Westenbaek, K., Henriksen, H., Christiansen, P., Humle, F., Specialized interdisciplinary rehabilitation reduces persistent post-concussive symptoms: a randomized clinical trial, Brain Injury, 33, 266-281, 2019	Population not in PICO: People in the general population with post-concussive syndrome. Attended A&E but not admitted.
Saha, Sumit, DiRusso, Stephen M., Welle, Scott, Lieberman, Benjamin, Sender, Joel, Shabsigh, Ridwan, Baltazar, Gerard A., Integration of Geriatrician Consultation for Trauma Admissions May Benefit Patient Outcomes, Gerontology & geriatric medicine, 5, 2333721419858735, 2019	Intervention not in PICO: Geriatrician consultation for trauma patients upon admission to trauma centre if above 65 years old. No mention of coordination or delivery of rehabilitation.
Saltvedt, Ingvild, Prestmo, Anders, Einarsen, Elin, Johnsen, Lars Gunnar, Helbostad, Jorunn L., Sletvold, Olav, Development and delivery of patient treatment in the Trondheim Hip Fracture Trial. A new geriatric in-hospital pathway for elderly patients with hip fracture, BMC research notes, 5, 355, 2012	No study results presented in paper
Sander, Beate, Elliot-Gibson, Victoria, Beaton, Dorcas E., Bogoch, Earl R., Maetzel, Andreas, A coordinator program in post-fracture osteoporosis management improves outcomes and saves costs, The Journal of bone and joint surgery. American volume, 90, 1197-205, 2008	Intervention not in PICO: Coordination of osteoporosis treatment after fragility fracture
Savage, R., Camejo, M., Kramer, S., Jeanne Lozada, A., McAllister, T., Mensah, N., Romanelli, L., Sanchez, L., Schneider, L., Donohue, P., Does multidisciplinary and intense rehabilitation in a post-acute brain injury school produce positive outcomes?, Journal of Head Trauma Rehabilitation, 32, E87, 2017	Published as abstract only
Sayer, J., Quality improvement-fracture liaison service development, Osteoporosis International, 27, S557, 2016	Published as abstract only
Schneider, Kathryn J., Leddy, John J., Guskiewicz, Kevin M., Seifert, Tad, McCrea, Michael, Silverberg, Noah D., Feddermann-Demont, Nina, Iverson, Grant L., Hayden, Alix, Makdissi, Michael, Rest and treatment/rehabilitation following sport-related concussion: a systematic review, British journal of sports medicine, 51, 930-934, 2017	Systematic review: Included studies checked for relevance.
Semerano, Luca, Guillot, Xavier, Rossini, Maurizio, Avice, Evelyne, Begue, Thierry, Wargon, Mathias, Boissier, Marie-Christophe, Saidenberg-Kermanac'h, Nathalie, What predicts	Intervention not in PICO: Patient osteoporosis education and organisation of osteoporosis

Study	Reason for Exclusion
initiation of osteoporosis treatment after fractures: education organisation or patients' characteristics?, Clinical and Experimental Rheumatology, 29, 89-92, 2011	care
Sen, A., Xiao, Y., Lee, S. A., Dutton, R., Scalea, T., Multidisciplinary discharge rounds may reduce ED overcrowding by facilitating hospital throughput, Academic Emergency Medicine, 17, S98-S99, 2010	Published as abstract only
Serghiou, Michael A., Holmes, Christina L., McCauley, Robert L., A survey of current rehabilitation trends for burn injuries to the head and neck, The Journal of burn care & rehabilitation, 25, 514-8, 2004	Study design not in PICO: Survey of burn rehabilitation providers (N=100)
Shahrokhi, Akram, Azimian, Jalil, Amouzegar, Atousa, Oveisi, Sonia, Effect of Telenursing on Outcomes of Provided Care by Caregivers of Patients With Head Trauma After Discharge, Journal of trauma nursing : the official journal of the Society of Trauma Nurses, 25, 21-25, 2018	Intervention not in PICO: Weekly telephone calls to caregivers of people with head injury to discuss health status and possible issues. No mention of rehabilitation.
Shahrokhi, Akram, Azimian, Jalil, Amouzegar, Atousa, Oveisi, Sonia, The Effect of Telenursing on Referral Rates of Patients With Head Trauma and Their Family's Satisfaction After Discharge, Journal of trauma nursing : the official journal of the Society of Trauma Nurses, 25, 248-253, 2018	Intervention not in PICO: Checklist teleheath intervention with no questions about rehabilitation
Shaw, W., Hong, Q. N., Pransky, G., Loisel, P., A literature review describing the role of return-to-work coordinators in trial programs and interventions designed to prevent workplace disability, Journal of Occupational Rehabilitation, 18, 2-15, 2008	Systematic review: Included studies checked for relevance.
Shepperd, S., Lannin, N. A., Clemson, L. M., McCluskey, A., Cameron, I. D., Barras, S. L., Discharge planning from hospital to home, Cochrane Database of Systematic Reviews, 2013, CD000313, 2013	Systematic review: Included studies checked for relevance.
Shingleton, S. K., Salinas, R. D., Aden, J. K., Berry, P. A., Palmer, C. R., Russe, C. S., Trichel, R. M., Melvin, J. J., King, B. T., Wound care team effectiveness on patient care efficiency and quality, Journal of Burn Care and Research, 37, S74, 2016	Published as abstract only
Shyu, Y. I. L., Liang, J., Wu, C. C., Su, J. Y., Cheng, H. S., Chou, S. W., Chen, M. C., Yang, C. T., Interdisciplinary intervention for hip fracture in older Taiwanese: Benefits last for 1 year, Journals of Gerontology - Series A Biological Sciences and Medical Sciences, 63, 92-97, 2008	Follow-up data from Shyu 2005 study, which is excluded
Shyu, Y. I., Liang, J., Wu, C. C., Su, J. Y., Cheng, H. S., Chou, S. W., Yang, C. T., A pilot investigation of the short-term effects of an interdisciplinary intervention program on elderly patients with hip fracture in Taiwan, Journal of the American Geriatrics Society, 53, 811-818, 2005	Intervention/comparison not in PICO: Multidisciplinary rehabilitation program consisting of systemic interdisciplinary involvement, geriatric assessment, in-patient and in-home rehabilitation and discharge planning versus standard care that differed on most of these components, not just the coordination/delivery components
Siefferman, J., Ambrose, A. F., Lin, E., Improving patient handoff for acute rehabilitation admission, PM and R, 3, S320, 2011	Published as abstract only
Singh, Nalin A., Quine, Susan, Clemson, Lindy M., Williams, Elodie J., Williamson, Dominique A., Stavrinos, Theodora M., Grady, Jodie N., Perry, Tania J., Lloyd, Bradley D., Smith, Emma U. R., Singh, Maria A. Fiatarone, Effects of high-intensity	Intervention not in PICO: High intensity progressive resistance training

Study	Reason for Exclusion
progressive resistance training and targeted multidisciplinary treatment of frailty on mortality and nursing home admissions after hip fracture: a randomized controlled trial, Journal of the American Medical Directors Association, 13, 24-30, 2012	
Singler, K., Biber, R., Wicklein, S., Heppner, H. J., Sieber, C. C., Bail, H. J., "N-active": A new comanaged, orthogeriatric ward: Observations and prospects, Zeitschrift fur Gerontologie und Geriatrie, 44, 2011	Narrative description of implementation of orthogeriatric ward. Only data presented is non-comparative.
Spiliotopoulou, Georgia, Atwal, Anita, Is occupational therapy practice for older adults with lower limb amputations evidence-based? A systematic review, Prosthetics and orthotics international, 36, 7-14, 2012	Systematic review: Included studies checked for relevance.
Stubbs, Kendra E., Sikes, Lindsay, Interdisciplinary Approach to Fall Prevention in a High-Risk Inpatient Pediatric Population: Quality Improvement Project, Physical therapy, 97, 97-104, 2017	Outcome not in PICO - Fall rates
Talevski, Jason, Sanders, Kerrie M., Duque, Gustavo, Connaughton, Catherine, Beauchamp, Alison, Green, Darci, Millar, Lynne, Brennan-Olsen, Sharon L., Effect of Clinical Care Pathways on Quality of Life and Physical Function After Fragility Fracture: A Meta-analysis, Journal of the American Medical Directors Association, 20, 926.e1-926.e11, 2019	Systematic review. Included studies checked for relevance. Stenvall 2007 and Ziden 2008 were identified as relevant studies and have been included.
Tan, T., Molina, J. D., Lim, Y., Dharmawan, A., Teo, A., Soon, M., Frailty ready inpatient care-interim findings from an integrated, comprehensive geriatric programme, Journal of the American Geriatrics Society, 67, S92-S93, 2019	Published as abstract only
Taraldsen, K., Sletvold, O., Thingstad, P., Saltvedt, I., Granat, M. H., Lydersen, S., Helbostad, J. L., Physical behavior and function early after hip fracture surgery in patients receiving comprehensive geriatric care or orthopedic care--a randomized controlled trial, Journals of gerontology. Series A, Biological sciences and medical sciences, 69, 338-345, 2014	Intervention not in PICO: Comprehensive geriatric care has an element of discharge planning and early mobilisation but focus appears to be on short-term post-operative outcomes with treatment of co-morbidities and acute care rather than delivery or coordination of rehabilitation or social care
Torres, Audrey, Kunishige, Nalani, Morimoto, Denise, Hanzawa, Tracie, Ebesu, Mike, Fernandez, John, Nohara, Lynne, SanAgustin, Eliseo, Borg, Stephanie, Shared governance: a way to improve the care in an inpatient rehabilitation facility, Rehabilitation nursing : the official journal of the Association of Rehabilitation Nurses, 40, 69-73, 2015	Outcomes not in PICO: Mentions improved patient outcomes but no presentation of data
Tran, V., Lam, M. K., Amon, K. L., Brunner, M., Hines, M., Penman, M., Lowe, R., Togher, L., Interdisciplinary eHealth for the care of people living with traumatic brain injury: A systematic review, Brain Injury, 31, 1701-1710, 2017	Systematic review: Included studies checked for relevance.
Tricco, Andrea C., Thomas, Sonia M., Veroniki, Areti Angeliki, Hamid, Jemila S., Cogo, Elise, Strifler, Lisa, Khan, Paul A., Robson, Reid, Sibley, Kathryn M., MacDonald, Heather, Riva, John J., Thavorn, Kednapa, Wilson, Charlotte, Holroyd-Leduc, Jayna, Kerr, Gillian D., Feldman, Fabio, Majumdar, Sumit R., Jaglal, Susan B., Hui, Wing, Straus, Sharon E., Comparisons of Interventions for Preventing Falls in Older Adults: A Systematic Review and Meta-analysis, JAMA, 318, 1687-1699, 2017	Systematic review: Included studies checked for relevance.
Truchon, C., Moore, L., Belcaid, A., Clement, J., Trudelle, N., Ulysse, M. A., Grolleau, B., Clusiau, J., Levesque, D., De Guise, M., Shaping quality through vision, structure, and monitoring of	Narrative description of Quebec Trauma Network and its set-up. No data presented apart from

Study	Reason for Exclusion
performance and quality indicators: Impact story from the Quebec trauma network, International Journal of Technology Assessment in Health Care, 33, 415-419, 2017	brief mention of mortality data.
Tseng, M. Y., Liang, J., Wang, J. S., Yang, C. T., Wu, C. C., Cheng, H. S., Chen, C. Y., Lin, Y. E., Wang, W. S., Shyu, Y. I. L., Effects of a diabetes-specific care model for hip fractured older patients with diabetes: A randomized controlled trial, Experimental Gerontology, 126, 110689, 2019	Unclear population: Older patients with hip fracture but no information presented on traumatic or non-traumatic causes.
Tung, James Y., Stead, Brent, Mann, William, Ba'Pham,, Popovic, Milos R., Assistive technologies for self-managed pressure ulcer prevention in spinal cord injury: a scoping review, Journal of Rehabilitation Research and Development, 52, 131-46, 2015	Scoping review: Included studies checked for relevance.
Turner, Benjamin J., Fleming, Jennifer M., Ownsworth, Tamara L., Cornwell, Petrea L., The transition from hospital to home for individuals with acquired brain injury: A literature review and research recommendations, Disability and rehabilitation, 30, 1153-1176, 2008	Systematic review: Included studies checked for relevance.
Turner-Stokes, L., Disler, P. B., Nair, A., Wade, D. T., Multi-disciplinary rehabilitation for acquired brain injury in adults of working age, The Cochrane database of systematic reviews, CD004170, 2005	Systematic review: Included studies checked for relevance.
Turner-Stokes, Lynne, Evidence for the effectiveness of multi-disciplinary rehabilitation following acquired brain injury: a synthesis of two systematic approaches, Journal of rehabilitation medicine, 40, 691-701, 2008	Systematic review: Included studies checked for relevance.
Turner-Stokes, Lynne, Pick, Anton, Nair, Ajoy, Disler, Peter B., Wade, Derick T., Multi-disciplinary rehabilitation for acquired brain injury in adults of working age, The Cochrane database of systematic reviews, CD004170, 2015	Systematic review: Included studies checked for relevance.
Vaughn, S. L., King, A., A survey of state programs to finance rehabilitation and community services for individuals with brain injury, The Journal of head trauma rehabilitation, 16, 20-33, 2001	Study design not in PICO: Survey of state-funded programs for persons with traumatic brain injury.
Vidan, Maite, Serra, Jose A., Moreno, Concepcion, Riquelme, Gerardo, Ortiz, Javier, Efficacy of a comprehensive geriatric intervention in older patients hospitalized for hip fracture: a randomized, controlled trial, Journal of the American Geriatrics Society, 53, 1476-82, 2005	Study dates not in PICO: 1997
Vikane, E., Hellstrom, T., Roe, C., Bautz-Holter, E., Assmus, J., Skouen, J. S., Efficacy of a multidisciplinary outpatient treatment for patients with mild traumatic brain injury: A randomized controlled intervention trial, Brain Injury, 30, 617, 2016	Published as abstract only
Vikane, E., Hellstrom, T., Roe, C., Bautz-Holter, E., Assmus, J., Skouen, J. S., Multidisciplinary outpatient treatment in patients with mild traumatic brain injury: A randomised controlled intervention study, Brain Injury, 31, 475-484, 2017	Intervention not in PICO: Not concerned with the coordination of rehabilitation services for trauma patients while they are inpatients. Included in the review for coordination when transferring from inpatient to outpatient.
Ward, D., Drahota, A., Gal, D., Severs, M., Dean, T. P., Care home versus hospital and own home environments for rehabilitation of older people, Cochrane Database of Systematic Reviews, 2008	Systematic review: Included studies checked for relevance.

Study	Reason for Exclusion
Webster, J., Kim, J. H., Hawley, C., Barbir, L., Barton, S., Young, C., Development, implementation, and outcomes of a residential vocational rehabilitation program for injured Service members and Veterans, Journal of Vocational Rehabilitation, 48, 111-126, 2018	Study design not in PICO: No comparison group
Wegener, Stephen T., Mackenzie, Ellen J., Ephraim, Patti, Ehde, Dawn, Williams, Rhonda, Self-management improves outcomes in persons with limb loss, Archives of Physical Medicine and Rehabilitation, 90, 373-80, 2009	Population not in PICO: Mixed population with <40% in PICO and results not reported separately for target population
Wiechman, Shelley A., Carrougher, Gretchen J., Esselman, Peter C., Klein, Matthew B., Martinez, Erin M., Engrav, Loren H., Gibran, Nicole S., An expanded delivery model for outpatient burn rehabilitation, Journal of burn care & research : official publication of the American Burn Association, 36, 14-22, 2015	Intervention not in PICO: Not concerned with the coordination of rehabilitation services for trauma patients while they are inpatients. Included in the review for coordination when transferring from inpatient to outpatient.
Westgard, T., Ottenvall Hammar, I., Holmgren, E., Ehrenberg, A., Wisten, A., Ekdahl, A. W., Dahlin-Ivanoff, S., Wilhelmson, K., Comprehensive geriatric assessment pilot of a randomized control study in a Swedish acute hospital: A feasibility study, Pilot and Feasibility Studies, 4, 41, 2018	Unclear population: Frail adults over 75 years who required an acute hospital admission. No information presented on traumatic or non-trauma causes.
Wiechman, S. A., Carrougher, G. J., Esselman, P. C., Angere, D., Klein, M. B., Gibran, N. S., A randomized controlled trial to test an expanded delivery model for patients with burn injuries, Journal of burn care & research, 35, S79-, 2014	Published as abstract only
Winograd, A., Squirrell, T., Winters, B., The promise of progress: Co-ordinating interdisciplinary neuro-restorative care transitions, Brain Injury, 28, 775-776, 2014	Published as abstract only
Wu, Jane, Faux, Steven G., Harris, Ian, Poulos, Christopher J., Integration of trauma and rehabilitation services is the answer to more cost-effective care, ANZ journal of surgery, 86, 900-904, 2016	Comparison not in PICO: Delivery of rehabilitation in the trauma admission hospital versus rehabilitation in an external rehabilitation service. No details reported about what rehabilitation the patients received in either facility (and no data on any coordination or delivery aspects of the rehabilitation).
Young, T., Andreas, N., Howard-Brown, C., Enhancing early engagement for transitions to community, Brain Impairment, 20, 374-375, 2019	Published as abstract only
Zatzick, D. F., Roy-Byrne, P., Russo, J. E., Rivara, F. P., Koike, A., Jurkovich, G. J., Katon, W., Collaborative interventions for physically injured trauma survivors: a pilot randomized effectiveness trial, General Hospital Psychiatry, 23, 114-23, 2001	Intervention and comparison not in PICO: Collaborative care intervention consisting of counselling, consultation with surgical and primary care providers and attempted post-discharge coordination versus standard care that differed on all these components, not just the coordination/delivery components. Unclear if study period (years) within PICO
Zatzick, D., Russo, J., Thomas, P., Darnell, D., Teter, H., Ingraham, L., Whiteside, L. K., Wang, J., Guiney, R., Parker, L.,	Population not in PICO: Patients had to be admitted to an

Study	Reason for Exclusion
Sandgren, K., Hedrick, M. K., Van Eaton, E. G., Jurkovich, G., Patient-Centered Care Transitions After Injury Hospitalization: A Comparative Effectiveness Trial, Psychiatry (New York), 81, 141-157, 2018	inpatient surgical ward or emergency department for at least 24 hours i.e. not all admitted to hospital. Results are not presented separately.
Zhang, Ming, Effect of HBM Rehabilitation Exercises on Depression, Anxiety and Health Belief in Elderly Patients with Osteoporotic Fracture, Psychiatria Danubina, 29, 466-472, 2017	Outcomes not in PICO : Anxiety, depression, osteoporosis knowledge, and osteoporosis health belief
Zhang, Xia, Reinhardt, Jan D., Gosney, James E., Li, Jianan, The NHV rehabilitation services program improves long-term physical functioning in survivors of the 2008 Sichuan earthquake: a longitudinal quasi experiment, PLoS ONE, 8, e53995, 2013	Intervention and comparison not in PICO: NHV is a complete rehabilitation programme (consisting of NGOs, health department and volunteers) implemented after the Sichuan earthquake. Comparisons are early-NHV, late-NHV, no NHV.
Zhao, Y. R., Liang, X., Yang, T. Y., Liu, Y., Prospective case-control study on comprehensive treatment for elderly hip fractures, Zhongguo gu shang [China journal of orthopaedics and traumatology], 27, 570-574, 2014	Article in Chinese
Zidén, L., Frändin, K., Kreuter, M., Home rehabilitation after hip fracture. A randomized controlled study on balance confidence, physical function and everyday activities, Clinical Rehabilitation, 22, 1019-1033, 2008	Intervention and comparison not in PICO: Multidisciplinary geriatric rehabilitation home program focused on supported discharge, independence in daily activities, and enhancing physical activity versus standard care with no structured rehabilitation after discharge. Interventions differed on most of these components, not just the coordination/delivery components
Ziden, Lena, Frandin, Kerstin, Kreuter, Margareta, Home rehabilitation after hip fracture. A randomized controlled study on balance confidence, physical function and everyday activities, Clinical Rehabilitation, 22, 1019-1033, 2008	Duplicate

Qualitative clinical studies

Table 24: Excluded qualitative studies and reasons for their exclusion

Study	Reason for Exclusion
Abrahamson, Vanessa, Jensen, Jan, Springett, Kate, Sakel, Mohamed, Experiences of patients with traumatic brain injury and their carers during transition from in-patient rehabilitation to the community: a qualitative study, Disability and rehabilitation, 39, 1683-1694, 2017	No qualitative data on phenomena of interest.
Adams, Deana, Dahdah, Marie, Coping and adaptive strategies of traumatic brain injury survivors and primary caregivers, NeuroRehabilitation, 39, 223-37, 2016	Study not conducted in one of the countries included in the review protocol.
Aitken, Leanne M., Chaboyer, Wendy, Jeffrey, Carol, Martin, Bronte, Whitty, Jennifer A., Schuetz, Michael, Richmond, Therese S., Indicators of injury recovery identified by patients, family members and clinicians, Injury, 47, 2655-2663, 2016	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.

Study	Reason for Exclusion
Albrecht, Jennifer S., O'Hara, Lyndsay M., Moser, Kara A., Mullins, C. Daniel, Rao, Vani, Perception of Barriers to the Diagnosis and Receipt of Treatment for Neuropsychiatric Disturbances After Traumatic Brain Injury, Archives of Physical Medicine and Rehabilitation, 98, 2548-2552, 2017	Study not conducted in one of the countries included in the review protocol.
Alston, Margaret, Jones, Jennifer, Curtin, Michael, Alston, Bartky Blais Bourdieu Bourdieu Brookshire Butler Callaway Connell Cunningham Curtin Degeneffe Fine Foucault Graham Gwyn Howes Jones Kirkness Lupton Mukherjee O'Rance Ponsford Rees Reichard Reidpath Shildrick Slewa-Younan, Women and traumatic brain injury: "It's not visible damage", Australian Social Work, 65, 39-53, 2012	No qualitative data on phenomena of interest.
Ammons, L. L., Harraghy, R. L., Medlin, H. J., Faku, C. T., Shupp, J. W., Flanagan, K. E., Jeng, J. C., Fidler, P., Sava, J. A., Jordan, M. H., Assessing the utility of nurse-driven post-discharge telephone calls, Journal of Burn Care and Research, 32, S153, 2011	Conference abstract
Andersson, Kerstin, Bellon, Michelle, Walker, Ruth, Parents' experiences of their child's return to school following acquired brain injury (ABI): A systematic review of qualitative studies, Brain Injury, 30, 829-38, 2016	No findings or themes related to phenomena of interest. Included studies were checked for relevance.
Angel, Sanne, Kirkevold, Marit, Pedersen, Birthe D., Rehabilitation after spinal cord injury and the influence of the professional's support (or lack thereof), Journal of Clinical Nursing, 20, 1713-22, 2011	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehab following discharge.
Arbour-Nicitopoulos, K. P., Lamontagne, M. E., Tomasone, J., Pila, E., Cumming, I., Latimer-Cheung, A. E., Routhier, F., Why do I stick to the program? a qualitative analysis of the determinants of adherence to community-based physical activity support programs by persons with SCI and contrast with general population with disabilities, Journal of Spinal Cord Medicine, 37, 626, 2014	Conference abstract.
Armstrong, E., Missing voices: Aboriginal stories of stroke and traumatic brain injury, International Journal of Stroke, 12, 14, 2017	Conference abstract.
Armstrong, Elizabeth, Coffin, Juli, Hersh, Deborah, Katzenellenbogen, Judith M., Thompson, Sandra C., Ciccone, Natalie, Flicker, Leon, Woods, Deborah, Hayward, Colleen, Dowell, Catelyn, McAllister, Meaghan, "You felt like a prisoner in your own self, trapped": the experiences of Aboriginal people with acquired communication disorders, Disability and Rehabilitation, 1-14, 2019	The majority of participants had not experienced traumatic injury and the results not reported separately for the target population.
Armstrong, Elizabeth, Coffin, Juli, McAllister, Meaghan, Hersh, Deborah, Katzenellenbogen, Judith M., Thompson, Sandra C., Ciccone, Natalie, Flicker, Leon, Cross, Natasha, Arabi, Linda, Woods, Deborah, Hayward, Colleen, Alway, Armstrong Armstrong Baxter Blackmer Bohanna Bronfenbrenner Chase Coffin Creswell Elder Feigin Foster Gauld Gauthier Hines Jamieson Katzenellenbogen Katzenellenbogen Katzenellenbogen Keightley Kelly Kelly Lakhani Lewis Linton McDonald McKenna O'Reilly Olver Ponsford Rutland-Brown Salas Sandelowski Taylor Togher, 'I've got to row the boat on my own, more or less': Aboriginal Australian experiences of traumatic brain injury, Brain Impairment, 20, 120-136, 2019	No qualitative data on phenomena of interest.
Arshad, Sira N., Gaskell, Sarah L., Baker, Charlotte, Ellis, Nicola, Potts, Jennie, Coucill, Theresa, Ryan, Lynn, Smith, Jan,	No qualitative data on phenomena of interest.

Study	Reason for Exclusion
Nixon, Anna, Greaves, Kate, Monk, Rebecca, Shelmerdine, Teresa, Leach, Alison, Shah, Mamta, Measuring the impact of a burns school reintegration programme on the time taken to return to school: A multi-disciplinary team intervention for children returning to school after a significant burn injury, Burns : journal of the International Society for Burn Injuries, 41, 727-34, 2015	
Ayer, Lynsay, Farris, Coreen, Farmer, Carrie M., Geyer, Lily, Barnes-Proby, Dionne, Ryan, Gery W., Skrabala, Lauren, Scharf, Deborah M., Care Transitions to and from the National Intrepid Center of Excellence (NICoE) for Service Members with Traumatic Brain Injury, Rand health quarterly, 5, 12, 2015	Study not conducted in one of the countries included in the review protocol.
Badger, Karen, Royse, David, Adult burn survivors' views of peer support: a qualitative study, Social Work in Health Care, 49, 299-313, 2010	Study not conducted in one of the countries included in the review protocol.
Balcazar, Fabricio E., Kelly, Erin Hayes, Keys, Christopher B., Balfanz-Vertiz, Kristin, Albrecht, Alston Balcazar Balcazar Block Boschen Burnett Cressy Devlieger Devlieger Dijkers Dijkers Engstrom Gill Groce Haskell Hayes Hernandez Hernandez Hibbard Jackson Kroll Ljungberg McDonald McKinley Ostrander Richards Rovinsky Sable Servan Sherman Veith Waters Waters Waters Whiteneck Wilson Wilson, Using peer mentoring to support the rehabilitation of individuals with violently acquired spinal cord injuries, Journal of Applied Rehabilitation Counseling, 42, 3-11, 2011	Study not conducted in one of the countries included in the review protocol.
Barclay, Linda, Lalor, Aislinn, Migliorini, Christine, Robins, Lauren, A comparative examination of models of service delivery intended to support community integration in the immediate period following inpatient rehabilitation for spinal cord injury, Spinal Cord, 2019	No qualitative data on phenomena of interest.
Barclay, Linda, McDonald, Rachael, Lentin, Primrose, Social and community participation following spinal cord injury: a critical review, International journal of rehabilitation research. Internationale Zeitschrift fur Rehabilitationsforschung. Revue internationale de recherches de readaptation, 38, 1-19, 2015	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Barclay, Linda, McDonald, Rachael, Lentin, Primrose, Bourke-Taylor, Helen, Facilitators and barriers to social and community participation following spinal cord injury, Australian occupational therapy journal, 63, 19-28, 2016	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Beaton, Angela, O'Leary, Katrina, Thorburn, Julie, Campbell, Alaina, Christey, Grant, Improving patient experience and outcomes following serious injury, The New Zealand medical journal, 132, 15-25, 2019	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Beckett, K., Earthy, S., Sleney, J., Barnes, J., Kellezi, B., Barker, M., Clarkson, J., Coffey, F., Elder, G., Kendrick, D., Providing effective trauma care: The potential for service provider views to enhance the quality of care (qualitative study nested within a multicentre longitudinal quantitative study), BMJ Open, 4, e005668, 2014	No qualitative data on phenomena of interest.
Bergmark, Lisa, Westgren, Ninni, Asaba, Eric, Returning to work after spinal cord injury: exploring young adults' early expectations and experience, Disability and Rehabilitation, 33, 2553-8, 2011	Study did not examine rehabilitation while an inpatient, when transferring to community, or seeking to access rehabilitation following discharge.

Study	Reason for Exclusion
Bernet, Madeleine, Sommerhalder, Kathrin, Mischke, Claudia, Hahn, Sabine, Wyss, Adrian, "Theory Does Not Get You From Bed to Wheelchair": A Qualitative Study on Patients' Views of an Education Program in Spinal Cord Injury Rehabilitation, Rehabilitation nursing : the official journal of the Association of Rehabilitation Nurses, 44, 247-253, 2019	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Bernhoff, K., Bjorck, M., Larsson, J., Jangland, E., Patient Experiences of Life Years After Severe Civilian Lower Extremity Trauma With Vascular Injury, European journal of vascular and endovascular surgery : the official journal of the European Society for Vascular Surgery, 52, 690-695, 2016	No qualitative data on phenomena of interest.
Biester, Rosette C., Krych, Dave, Schmidt, M. J., Parrott, Devan, Katz, Douglas I., Abate, Melissa, Hirshson, Chari I., Individuals With Traumatic Brain Injury and Their Significant Others' Perceptions of Information Given About the Nature and Possible Consequences of Brain Injury: Analysis of a National Survey, Professional case management, 21, 22-4, 2016	Study not conducted in one of the countries included in the review protocol.
Body, Richard, Muskett, Tom, Perkins, Mick, Parker, Mark, Your injury, my accident: talking at cross-purposes in rehabilitation after traumatic brain injury, Brain Injury, 27, 1356-63, 2013	No qualitative data on phenomena of interest.
Boschen, K., Gerber, G., Gargaro, J., Comparison of outcomes and costs of 2 publicly-funded community-based models of acquired brain injury services, Archives of Physical Medicine and Rehabilitation, 91, e59, 2010	Conference abstract.
Bourge, C., Body Image (BI) of acquired spinal cord injury (SCI) persons. Which patient care in an internal unit of physical and neurological rehabilitation. Experience of the patient care in an internal and neurological unit of PMR of the University Hospital of Liege, Annals of Physical and Rehabilitation Medicine, 59 (Supplement), e128, 2016	No qualitative data on phenomena of interest.
Bourke, John A., Nunnerley, Joanne L., Sullivan, Martin, Derrett, Sarah, Relationships and the transition from spinal units to community for people with a first spinal cord injury: A New Zealand qualitative study, Disability and health journal, 12, 257-262, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not reported separately for the target population.
Braaf, Sandra, Ameratunga, Shanthi, Nunn, Andrew, Christie, Nicola, Teague, Warwick, Judson, Rodney, Gabbe, Belinda J., Patient-identified information and communication needs in the context of major trauma, BMC health services research, 18, 163, 2018	No qualitative data on phenomena of interest.
Braaf, Sandra C., Lennox, Alyse, Nunn, Andrew, Gabbe, Belinda J., Experiences of hospital readmission and receiving formal carer services following spinal cord injury: a qualitative study to identify needs, Disability and Rehabilitation, 40, 1893-1899, 2018	Study did not examine phenomena of interest.
Brauer, Jennifer, Hay, Catherine Cooper, Francisco, Gerard, A retrospective investigation of occupational therapy services received following a traumatic brain injury, Occupational Therapy in Health Care, 25, 119-30, 2011	Study not conducted in one of the countries included in the review protocol.
Brimicombe, L., Ling, J., De Sousa De Abreu, I., Hoffman, K., Salisbury, C., Jefferson, R., Makela, P., Early integration of a self-management support package into usual care following traumatic brain injury (TBI): A feasibility study, British Journal of Neurosurgery, 31, 501, 2017	Conference abstract.
Brito, Sara, White, Jennifer, Thomacos, Nikos, Hill, Bridget, The	Study did not examine

Study	Reason for Exclusion
lived experience following free functioning muscle transfer for management of pan-brachial plexus injury: reflections from a long-term follow-up study, Disability and Rehabilitation, 1-9, 2019	rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Brockway, J. A., St De Lore, J., Fann, J. R., Hart, T., Hurst, S., Fey-Hinckley, S., Savage, J., Warren, M., Bell, K. R., Telephone-delivered problem-solving training after mild traumatic brain injury: qualitative analysis of service members' perceptions, Rehabilitation Psychology, 61, 221â€• 230, 2016	Study not conducted in one of the countries included in the review protocol.
Brown, Jessica, Hux, Karen, Hey, Morgan, Murphy, Madeline, Ackerman, Aldrich Anderson Arciniegas Bach Beigel Bogdan Brandt Brown Brown Catroppa Cicerone Cicerone Creswell Creswell Cushman de Joode de Joode DePompei Donders Dowds Doyle Edwards Ewing-Cobbs Fortuny Gillette Gillette Gioia Glang Gordon Gordon Grajzel Harper Hart Hawley Helm-Estabrooks Hendricks Hux Kelley Kennedy Kennedy Kertesz Krause Leopold Lincoln Martella Martinez McAllister McCrory Merriam Moustakas Ownsworth Patel Perna Reitan Rumrill Scherer Scherer Scherer Scherer Scherer Scherer Shanahan Sherer Sherer Sohlberg Spreen Starks Tate Todis Togher Vu Wallace Ylvisaker Ylvisaker, Exploring cognitive support use and preference by college students with TBI: A mixed-methods study, NeuroRehabilitation, 41, 483-499, 2017	Study not conducted in one of the countries included in the review protocol.
Brown, F., Sofronoff, K., Whittingham, K., Boyd, R., McKinlay, L., Parenting a child with a traumatic brain injury: A focus group study, Developmental Medicine and Child Neurology, 54, 24-25, 2012	No qualitative data on phenomena of interest.
Browne, C., Living with traumatic brain injury: Views of survivors and family members, Brain Injury, 26, 400, 2012	Conference abstract.
Bruner-Canhoto, Laney, Savageau, Judith, Croucher, Deborah, Bradley, Kathryn, Lessons From a Care Management Pilot Program for People With Acquired Brain Injury, Journal for healthcare quality : official publication of the National Association for Healthcare Quality, 38, 255-263, 2016	Study not conducted in one of the countries included in the review protocol.
Buck, P., Kirzner, R., Sagrati, J., Laster, R., The challenge of mTBI work: An exploratory study of rehabilitation professionals, Brain Injury, 26, 583-584, 2012	Conference abstract.
Buck, Page Walker, Sagrati, Jocelyn Spencer, Kirzner, Rachel Shapiro, Belson, Bloom Brenner Briggs Brody Buck Chrisman Gaboda Klein Marchione Padgett Patton Schwartz Strauss Thompson, Mild traumatic brain injury: A place for social work, Social Work in Health Care, 52, 741-751, 2013	Study not conducted in one of the countries included in the review protocol.
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Buscemi, Valentina, Cassidy, Elizabeth, Kilbride, Cherry, Reynolds, Frances Ann, A qualitative exploration of living with chronic neuropathic pain after spinal cord injury: an Italian perspective, Disability and Rehabilitation, 40, 577-586, 2018	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Bushnik, T., Smith, M., Long, C., Supporting factors for follow-up care in TBI patients post-inpatient discharge, Brain Injury, 31 (6-7), 974, 2017	Conference abstract.

Study	Reason for Exclusion
Cahow, C., Gassaway, J., Rider, C., Joyce, J. P., Bogenshutz, A., Edens, K., Kreider, S. E. D., Whiteneck, G., Relationship of therapeutic recreation inpatient rehabilitation interventions and patient characteristics to outcomes following spinal cord injury: The SCIRehab project, Journal of Spinal Cord Medicine, 35, 547-564, 2012	Study not conducted in one of the countries included in the review protocol.
Calder, Allyson, Nunnerley, Jo, Mulligan, Hilda, Ahmad Ali, Nordawama, Kensington, Gemma, McVicar, Tim, van Schaik, Olivia, Experiences of persons with spinal cord injury undertaking a physical activity programme as part of the SCIPA 'Full-On' randomized controlled trial, Disability and Health Journal, 11, 267-273, 2018	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Calleja, Pauline, Aitken, Leanne, Cooke, Marie, Staff perceptions of best practice for information transfer about multitrauma patients on discharge from the emergency department: a focus group study, Journal of Clinical Nursing, 25, 2863-73, 2016	Setting not in PICO: Emergency department.
Canto, Angela I., Chesire, David J., Buckley, Valerie A., Andrews, Terrie W., Roehrig, Alysia D., Arroyos-Jurado, Ball Bradley-Klug Brantlinger Braun Chesire Conoley Cook Davies Elliot Ewing-Cobbs Farmer Gioia Glang Glang Glang Gopinath Guba Guskiewicz Havey Hooper Hux Jantz Johnson Lewandowski Meehan Mellard Rosenthal Rutland-Brown Savage Sharp Shaw Shaw Shih Yeates Yeates Ylvisaker, Barriers to meeting the needs of students with traumatic brain injury, Educational Psychology in Practice, 30, 88-103, 2014	Study not conducted in one of the countries included in the review protocol.
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Chapple, Lee-Anne, Chapman, Marianne, Shalit, Natalie, Udy, Andrew, Deane, Adam, Williams, Lauren, Barriers to Nutrition Intervention for Patients With a Traumatic Brain Injury, JPEN. Journal of parenteral and enteral nutrition, 148607116687498, 2017	Duplicate.
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Christensen, Jan, Langberg, Henning, Doherty, Patrick, Egerod, Ingrid, Ambivalence in rehabilitation: thematic analysis of the experiences of lower limb amputated veterans, Disability and Rehabilitation, 40, 2553-2560, 2018	No qualitative data on phenomena of interest.
Christiaens, Wendy, Van de Walle, Elke, Devresse, Sophie, Van Halewyck, Dries, Benahmed, Nadia, Paulus, Dominique, Van den Heede, Koen, The view of severely burned patients and	No qualitative data on phenomena of interest.

Study	Reason for Exclusion
healthcare professionals on the blind spots in the aftercare process: a qualitative study, BMC health services research, 15, 302, 2015	
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Christie, Nicola, Braaf, Sandra, Ameratunga, Shanthi, Nunn, Andrew, Jowett, Helen, Gabbe, Belinda, Barclay, Barnes Berkman Boniface Braun Cameron Carpenter Cass Charlson Christie Christie Cox Gabbe Gabbe Kellezi Larsen Levasseur Lyons Marottoli McInnes Pointer Prang Smith Syed Urry Wilson, The role of social networks in supporting the travel needs of people after serious traumatic injury: A nested qualitative study, Journal of Transport & Health, 6, 84-92, 2017	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Cichon, S., Danford, E. K., Schladen, M. M., Bruner, D., Libin, A., Scholten, J., Integrating opportunities for family involvement into a manualized goal self-management intervention for veterans with mTBI, Archives of Physical Medicine and Rehabilitation, 96, e77, 2015	Conference abstract.
Cocks, Errol, Bulsara, Caroline, O'Callaghan, Annalise, Netto, Julie, Boaden, Ross, Exploring the experiences of people with the dual diagnosis of acquired brain injury and mental illness, Brain Injury, 28, 414-21, 2014	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Coffey, Nathan T., Weinstein, Ali A., Cai, Cindy, Cassese, Jimmy, Jones, Rebecca, Shaewitz, Dahlia, Garfinkel, Steven, Identifying and Understanding the Health Information Experiences and Preferences of Individuals With TBI, SCI, and Burn Injuries, Journal of patient experience, 3, 88-95, 2016	Study not conducted in one of the countries included in the review protocol.
Cogan, A., Treatment model of occupational therapy intervention for service members with chronic symptoms following MTBI, Archives of Physical Medicine and Rehabilitation, 98, e132, 2017	Conference abstract.
Conneeley, A. L., Transitions and brain injury: A qualitative study exploring the journey of people with traumatic brain injury, Brain Impairment, 13, 72-84, 2012	No qualitative data on phenomena of interest.
Conneeley, Anne Louise, Exploring vocation following brain injury: a qualitative enquiry, Social Care and Neurodisability, 4, 6-16, 2013	No qualitative data on phenomena of interest.
Copley, Anna, McAllister, Lindy, Wilson, Linda, Attitride-Stirling, Barnes Brooks Carr-Hill Fagen Foster Frattali Grbich Harradine Harris Honey Humphreys Johnstone Kelly LeFebvre Marsh Minichiello Morse Murphy Muus Nabors Newberry O'Callaghan O'Callaghan O'Callaghan O'Callaghan O'Callaghan Patton Sample Sample Schofield Schwandt Turner-Stokes Whitehead Ylvisaker Youse, We finally learnt to demand: Consumers' access to rehabilitation following traumatic brain injury, Brain Impairment, 14, 436-449, 2013	No qualitative data on phenomena of interest.
Curtis, Kate, Foster, Kim, Mitchell, Rebecca, Van, Connie, How is care provided for patients with paediatric trauma and their families in Australia? A mixed-method study, Journal of Paediatrics and Child Health, 52, 832-6, 2016	Study did not examine the phenomena of interest.
Cuthbert, J., Anderson, J., Mason, C., Block, S., Dettmer, J., Weintraub, A., Harrison-Felix, C., Case management of	Conference abstract.

Study	Reason for Exclusion
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Daggett, Virginia S., Bakas, Tamilyn, Buelow, Janice, Habermann, Barbara, Murray, Laura L., Needs and concerns of male combat Veterans with mild traumatic brain injury, Journal of Rehabilitation Research and Development, 50, 327-40, 2013	Study not conducted in one of the countries included in the review protocol.
Dahl, O., Wickman, M., Wengstrom, Y., Adapting to life after burn injury-reflections on care, Journal of Burn Care and Research, 33, 595-605, 2012	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
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Dams-O'Connor, K., Landau, A., De Lore, J. S., Hoffman, J., Access, barriers, and health care quality after brain injury: Insiders' perspectives, Archives of Physical Medicine and Rehabilitation, 97, e129, 2016	Conference abstract.
Dams-O'Connor, Kristen, Landau, Alexandra, Hoffman, Jeanne, St De Lore, Jef, Patient perspectives on quality and access to healthcare after brain injury, Brain Injury, 32, 431-441, 2018	Study not conducted in one of the countries included in the review protocol.
Darnell, Doyanne A., Parker, Lea E., Wagner, Amy W., Dunn, Christopher W., Atkins, David C., Dorsey, Shannon, Zatzick, Douglas F., Task-shifting to improve the reach of mental health interventions for trauma patients: findings from a pilot study of trauma nurse training in patient-centered activity scheduling for PTSD and depression, Cognitive behaviour therapy, 48, 482-496, 2019	Study not conducted in one of the countries included in the review protocol.
D'Cruz, K., Howie, L., Lentin, P., Client-centred practice: Perspectives of persons with a traumatic brain injury, Scandinavian Journal of Occupational Therapy, 23, 30-38, 2016	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Dickson, Adele, Ward, Richard, O'Brien, Grainne, Allan, David, O'Carroll, Ronan, Difficulties adjusting to post-discharge life following a spinal cord injury: an interpretative phenomenological analysis, Psychology, health & medicine, 16, 463-74, 2011	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
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Dillahunt-Aspillaga, C., Bradley, S., Ramaiah, P., Radwan, C., Ottomanelli, L., Coalition Building: A Tool To Implement Evidenced-Based Resource Facilitation in The VHA: Pilot Results, Archives of Physical Medicine and Rehabilitation, 100, e164, 2019	Conference abstract.
Dismann, Patrick D., Maignan, Maxime, Cloves, Paul D., Gutierrez Parres, Blanca, Dickerson, Sara, Eberhardt, Alice, A Review of the Burden of Trauma Pain in Emergency Settings in Europe, Pain and therapy, 7, 179-192, 2018	Setting not in PICO: Emergency settings.
Divanoglou, A., Georgiou, M., Perceived effectiveness and mechanisms of community peer-based programmes for Spinal Cord Injuries-a systematic review of qualitative findings, Spinal	Study did not report any findings related to the phenomena of interest.

Study	Reason for Exclusion
cord, 55, 225-234, 2017	
Doig, E., Fleming, J., Kuipers, P., Cornwell, P., The relationship between goal attainment and the development of self-awareness in traumatic brain injury (TBI) rehabilitation: Descriptive and qualitative case analyses, Brain Impairment, 14, 159-160, 2013	Conference abstract.
Doig, Emmah, Fleming, Jennifer, Cornwell, Petrea, Kuipers, Pim, Comparing the experience of outpatient therapy in home and day hospital settings after traumatic brain injury: patient, significant other and therapist perspectives, Disability and Rehabilitation, 33, 1203-14, 2011	No qualitative data on phenomena of interest.
Donnell, Zoe, Hoffman, Roseanne, Myers, Gaya, Sarmiento, Kelly, Seeking to improve care for young patients: Development of tools to support the implementation of the CDC Pediatric mTBI Guideline, Journal of Safety Research, 67, 203-209, 2018	Study not conducted in one of the countries included in the review protocol.
Donnelly, Kyla Z., Goldberg, Shari, Fournier, Debra, A qualitative study of LoveYourBrain Yoga: a group-based yoga with psychoeducation intervention to facilitate community integration for people with traumatic brain injury and their caregivers, Disability and Rehabilitation, 1-10, 2019	Study not conducted in one of the countries included in the review protocol.
Douglas, J., 'Nobody wants to know you'. Understanding the experience of friendship following severe traumatic brain injury, Brain Injury, 30, 515, 2016	Conference abstract.
Drew, S., Judge, A., Cooper, C., Javaid, M. K., Farmer, A., Gooberman-Hill, R., Secondary prevention of fractures after hip fracture: a qualitative study of effective service delivery, Osteoporosis international : a journal established as result of cooperation between the European Foundation for Osteoporosis and the National Osteoporosis Foundation of the USA, 27, 1719-27, 2016	Study did not examine rehabilitation.
Drew, S., Judge, A., Javaid, M. K., Cooper, C., Farmer, A., Goobermen-Hill, R., Secondary prevention of fractures after hip fracture: A qualitative study of effective service delive, Osteoporosis International, 25, S308, 2014	Conference abstract.
Dwyer, Aoife, Heary, Caroline, Ward, Marcia, MacNeela, Padraig, Adding insult to brain injury: young adults' experiences of residing in nursing homes following acquired brain injury, Disability and Rehabilitation, 41, 33-43, 2019	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Dyke, J., Krupa, J., Vova, J., Medical symptoms, service gaps and barriers to care using the medical home model in adolescents with acquired brain injury, Journal of Head Trauma Rehabilitation, 27 (5), E18-E19, 2012	Conference abstract.
Edworthy Ann, Donne Hannah, The availability and intelligibility of information for carers of children with a brain injury, Social Care and Neurodisability, 1, 32-40, 2010	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Eliacin, Johanne, Fortney, Sarah, Rattray, Nicholas A., Kean, Jacob, Access to health services for moderate to severe TBI in Indiana: patient and caregiver perspectives, Brain Injury, 32, 1510-1517, 2018	Study not conducted in one of the countries included in the review protocol.
Fitts, M., Fleming, J., Bird, K., Condon, T., Gilroy, J., Clough, A., Maruff, P., Esterman, A., Bohanna, I., Sentinel events during hospital admission for indigenous people following traumatic brain injury, Brain Impairment, 19, 336, 2018	Conference abstract.

Study	Reason for Exclusion
Fitts, Michelle S., Bird, Katrina, Gilroy, John, Fleming, Jennifer, Clough, Alan R., Esterman, Adrian, Maruff, Paul, Fatima, Yaqoot, Bohanna, India, Abrahamson, Alfandre Amery Bell Blackmer Bohanna Bohanna Bohanna Braun Burnett Choi Claiborne Coronado D'Cruz Dillon Dudley Durey Durey Einsiedel Englander Feigin Foley Franks Gentilello Gilroy Gilroy Harrison Hunt Hyder Jamieson Jayaraj Juillard Katzenellenbogen Katzenellenbogen Lakhani Lee Levack Levack Liossi Marrone Martin Moreton-Robinson Nakata Nalder Nalder Nalder Niemeier Ownsworth Paradies Rutland-Brown Shahid Tuhiwai-Smith Turner Turner Willis Zeiler, A qualitative study on the transition support needs of indigenous Australians following traumatic brain injury, Brain Impairment, 20, 137-159, 2019	No qualitative data on phenomena of interest.
Ford, James H., 2nd, Wise, Meg, Krahn, Dean, Oliver, Karen Anderson, Hall, Carmen, Sayer, Nina, Family care map: Sustaining family-centered care in Polytrauma Rehabilitation Centers, Journal of Rehabilitation Research and Development, 51, 1311-24, 2014	Study not conducted in one of the countries included in the review protocol.
Foster, Kim, Mitchell, Rebecca, Young, Alexandra, Van, Connie, Curtis, Kate, Parent experiences and psychosocial support needs 6 months following paediatric critical injury: A qualitative study, Injury, 50, 1082-1088, 2019	No qualitative data on phenomena of interest.
Foster, Kim, Mitchell, Rebecca, Van, Connie, Young, Alexandra, McCloughen, Andrea, Curtis, Kate, Resilient, recovering, distressed: A longitudinal qualitative study of parent psychosocial trajectories following child critical injury, Injury, 50, 1605-1611, 2019	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Foster, Kim, Young, Alexandra, Mitchell, Rebecca, Van, Connie, Curtis, Kate, Experiences and needs of parents of critically injured children during the acute hospital phase: A qualitative investigation, Injury, 48, 114-120, 2017	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Fournier, D., Goldberg, S., Figucia, C., Kennedy, P., Krauss, K., Smith, C., Springmann, J., An interdisciplinary traumatic brain injury clinic: Understanding the patient experience, Journal of Head Trauma Rehabilitation, 32, E97-E98, 2017	Conference abstract.
Francis, A., Ziviani, J., Fleming, J., Rae, M., McKinlay, L., Transitioning to adulthood: Needs of young people with an acquired brain injury and those of their families, Neurorehabilitation and Neural Repair, 26, 780-781, 2012	Conference abstract.
Franz, Shiney, Muser, Jurgen, Thielhorn, Ulrike, Wallesch, Claus W., Behrens, Johann, Inter-professional communication and interaction in the neurological rehabilitation team: a literature review, Disability and Rehabilitation, 1-9, 2018	The focus was not specific to participants who had experienced traumatic injury and results not presented separately for target population.
Fraser, M. A., Lind, J. D., Powell-Cope, G., Gavin-Dreschnack, D., Addressing non-direct care, psychosocial concerns of veterans with spinal cord injuries, Journal of Spinal Cord Medicine, 36, 546-547, 2013	Conference abstract.
Freeman, Claire, Cassidy, Bernadette, Hay-Smith, E. Jean C., Beauregard, Beisecker Chan Craig DeSanto-Madeya Dickson Dixon Ell Esmail Esmail Fisher Fronek Gilad Kendall Kennedy Kidd Kreuter Leino-Kilpi Lemonidou New Parrott Racher Rembis Schuster Sinnott Smith Smith Steinglass Taylor Vocaturo, Couple's experiences of relationship maintenance and intimacy in acute spinal cord injury rehabilitation: An interpretative	Study did not examine phenomena of interest.

Study	Reason for Exclusion
phenomenological analysis, Sexuality and Disability, 35, 433-444, 2017	
Fry, J. C., Price, P., Meeting the re-integration needs of individuals with spinal cord injury: Effectiveness of community-based occupational therapy, Archives of Physical Medicine and Rehabilitation, 94, e8, 2013	Conference abstract.
Gabbe, Belinda J., Sleney, Jude S., Gosling, Cameron M., Wilson, Krystle, Hart, Melissa J., Sutherland, Ann M., Christie, Nicola, Patient perspectives of care in a regionalised trauma system: lessons from the Victorian State Trauma System, The Medical journal of Australia, 198, 149-52, 2013	No qualitative data on phenomena of interest.
Gagliardi, Anna R., Nathens, Avery B., Exploring the characteristics of high-performing hospitals that influence trauma triage and transfer, The journal of trauma and acute care surgery, 78, 300-5, 2015	Study did not examine rehabilitation.
Gagnon, I., Friedman, D., Management of mild traumatic brain injury or concussion in children: Is there a role for the physical therapist?, Physiotherapy (United Kingdom), 1), eS1487-eS1488, 2011	Conference abstract.
Garrino, Lorenza, Curto, Natascia, Decorte, Rita, Felisi, Nadia, Matta, Ebe, Gregorino, Silvano, Actis, M. Vittoria, Marchisio, Cecilia, Carone, Roberto, Towards personalized care for persons with spinal cord injury: a study on patients' perceptions, The journal of spinal cord medicine, 34, 67-75, 2011	Study did not examine phenomena of interest.
Gawel, Marcie, Emerson, Beth, Giuliano, John S., Jr., Rosenberg, Alana, Minges, Karl E., Feder, Shelli, Violano, Pina, Morrell, Patricia, Petersen, Judy, Christison-Lagay, Emily, Auerbach, Marc, A Qualitative Study of Multidisciplinary Providers' Experiences With the Transfer Process for Injured Children and Ideas for Improvement, Pediatric Emergency Care, 34, 125-131, 2018	Study not conducted in one of the countries included in the review protocol.
Gemmel, Paul, van Steenis, Thomas, Meijboom, Bert, Bensabat, Bohmer Broekhuis Burke Chase Chase Chase Eisenhardt Fredendall Frei Gronroos Hanne Johnston Lamontagne Lamontagne Larsson Meredith Metters Metters Miles Ouwens Patricio Swanborn Vander Laane Voss Westert Yin Young Zomerdijk, Front-office/back-office configurations and operational performance in complex health services, Brain Injury, 28, 347-356, 2014	Not specific to rehabilitation, or to traumatic injury and results not presented separately for target population.
Gill, Carol J., Sander, Angelle M., Robins, Nina, Mazzei, Diana, Struchen, Margaret A., Allen, Aloni Aloni Anderson Anderson-Parente Bergland Brooks Ergh Garden Gillen Gosling Harrick Hibbard Hoofien Jeon Kersel Kravetz Kravetz Kreuter Kreutzer Kreutzer Kreutzer Lippert Marsh Oddy Olver Panting Patton Perlesz Peters Ponsford Porter Resnick Rosenbaum Sandel Siebert Snow Tate Tate Thomsen Vanderploeg Wallace Webster Wells Wood Wood, Exploring experiences of intimacy from the viewpoint of individuals with traumatic brain injury and their partners, The Journal of Head Trauma Rehabilitation, 26, 56-68, 2011	Study not conducted in one of the countries included in the review protocol.
Gill, Ian J., Wall, Gemma, Simpson, Jane, Clients' perspectives of rehabilitation in one acquired brain injury residential rehabilitation unit: a thematic analysis, Brain Injury, 26, 909-20, 2012	The majority of participants had not experienced traumatic injury and results not presented separately for target population.
Glenny, Christine, Stolee, Paul, Sheiban, Linda, Jaglal, Susan, Communicating during care transitions for older hip fracture patients: family caregiver and health care provider's	No qualitative data on phenomena of interest.

Study	Reason for Exclusion
perspectives, International journal of integrated care, 13, e044, 2013	
Glintborg, C., Hansen, T., De La Mata Benites, M., Supporting transitions in neurorehabilitation. A pathway to improved psychosocial outcomes, Brain Injury, 30, 565-566, 2016	Conference abstract.
Glintborg, Chalotte, Hansen, Tia G. B., Bech, Bech Braun Brenner Creswell Ellervik Engel Ghaziani Glintborg Glintborg Glintborg Glintborg Hackett Haggerty Hald Hall Holm Jorge Jorge Keith Kennedy Miles Morton Norholm Pallant Rivera Schlossberg Teasdale Teasdale Turner, Bio-psycho-social effects of a coordinated neurorehabilitation programme: A naturalistic mixed methods study, NeuroRehabilitation, 38, 99-113, 2016	The majority of participants had not experienced traumatic injury and results not presented separately for target population.
Goel, R., Fruth, S., Geigle, P., Santurri, L., Abzug, J., Telerehabilitation for Individuals With Spinal Cord Injury: Is it Feasible?, Archives of Physical Medicine and Rehabilitation, 100, e203-e204, 2019	Conference abstract.
Goldsmith, Helen, McCloughen, Andrea, Curtis, Kate, Using the trauma patient experience and evaluation of hospital discharge practices to inform practice change: A mixed methods study, Journal of Clinical Nursing, 27, 1589-1598, 2018	Study did not examine rehabilitation.
Goldsmith, Helen, McCloughen, Andrea, Curtis, Kate, The experience and understanding of pain management in recently discharged adult trauma patients: A qualitative study, Injury, 49, 110-116, 2018	No qualitative data on phenomena of interest.
Goodridge, Donna, Rogers, Marla, Klassen, Laura, Jeffery, Bonnie, Knox, Katherine, Rohatinsky, Noelle, Linassi, Gary, Access to health and support services: perspectives of people living with a long-term traumatic spinal cord injury in rural and urban areas, Disability and Rehabilitation, 37, 1401-10, 2015	No qualitative data on phenomena of interest.
Gourdeau, Jenna, Fingold, Alissa, Colantonio, Angela, Mansfield, Elizabeth, Stergiou-Kita, Mary, Workplace accommodations following work-related mild traumatic brain injury: what works?, Disability and Rehabilitation, 1-10, 2018	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Graff, Heidi J., Christensen, Ulla, Poulsen, Ingrid, Egerod, Ingrid, Patient perspectives on navigating the field of traumatic brain injury rehabilitation: a qualitative thematic analysis, Disability and Rehabilitation, 40, 926-934, 2018	No qualitative data on phenomena of interest.
Gravell, R., Brumfit, S., Body, R., Hope and engagement following acquired brain injury: A qualitative study, Brain Injury, 31, 721-722, 2017	Conference abstract.
Guilcher, S., Everall, A., Wodchis, W., Joanna, deGraaf-Dunlop, Bar-Ziv, S., Kuluski, K., Understanding Transitions of Care in Older Adults With Hip Fractures: A Multiple-Case Study in Ontario, Archives of Physical Medicine and Rehabilitation, 100, e138, 2019	Conference abstract.
Gullick, Janice G., Taggart, Susan B., Johnston, Rae A., Ko, Natalie, The trauma bubble: patient and family experience of serious burn injury, Journal of burn care & research : official publication of the American Burn Association, 35, e413-27, 2014	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Guptill, C. A., The lived experience of professional musicians with playing-related injuries: A phenomenological inquiry, Medical Problems of Performing Artists, 26, 84-95, 2011	No qualitative data on phenomena of interest.
Haarbauer-Krupa, J., Vova, J., Follow-up of preschool children	Conference abstract.

Study	Reason for Exclusion
with acquired brain injury, Brain Injury, 26, 424-425, 2012	
Haas, B. M., Price, L., Freeman, J. A., Qualitative evaluation of a community peer support service for people with spinal cord injury, Spinal Cord, 51, 295-9, 2013	The majority of participants had not experienced traumatic injury and results not presented separately for target population.
Harrington, Rosamund, Foster, Michele, Fleming, Jennifer, Experiences of pathways, outcomes and choice after severe traumatic brain injury under no-fault versus fault-based motor accident insurance, Brain Injury, 29, 1561-71, 2015	No qualitative data on phenomena of interest.
Harris, M. B., Rafeedie, S., McArthur, D., Babikian, T., Snyder, A., Polster, D., Giza, C. C., Addition of Occupational Therapy to an Interdisciplinary Concussion Clinic Improves Identification of Functional Impairments, Journal of Head Trauma Rehabilitation, 34, 425-432, 2019	Study not conducted in one of the countries included in the review protocol.
Harrison, Anne L., Hunter, Elizabeth G., Thomas, Heather, Bordy, Paige, Stokes, Erin, Kitzman, Patrick, Living with traumatic brain injury in a rural setting: supports and barriers across the continuum of care, Disability and Rehabilitation, 39, 2071-2080, 2017	Study not conducted in one of the countries included in the review protocol.
Hartley, Naomi A., Spinal cord injury (SCI) rehabilitation: systematic analysis of communication from the biopsychosocial perspective, Disability and rehabilitation, 1-10, 2015	Study not conducted in one of the countries included in the review protocol.
Hawkins, Brent L., Crowe, Brandi M., Contextual Facilitators and Barriers of Community Reintegration Among Injured Female Military Veterans: A Qualitative Study, Archives of Physical Medicine and Rehabilitation, 99, S65-S71, 2018	Study not conducted in one of the countries included in the review protocol.
Haywood, C., Perceptions of recovery among adolescents and young adults with acquired spinal cord injuries, Archives of Physical Medicine and Rehabilitation, 97, e76, 2016	Conference abstract.
Haywood, Carol, Pyatak, Elizabeth, Leland, Natalie, Henwood, Benjamin, Lawlor, Mary C., A Qualitative Study of Caregiving for Adolescents and Young Adults With Spinal Cord Injuries: Lessons From Lived Experiences, Topics in Spinal Cord Injury Rehabilitation, 25, 281-289, 2019	Study not conducted in one of the countries included in the review protocol.
Hellem, I., Forland, G., Eide, K., Ytrehus, S., Addressing uncertainty and stigma in social relations related to hidden dysfunctions following acquired brain injury, Scandinavian Journal of Disability Research, 20, 152-161, 2018	It was not clear how many participants had experienced a traumatic injury; results not presented separately for target population.
Herrera-Escobar, J. P., Columbus, A., Castillo-Angeles, M., Rios-Diaz, A. J., Weed, C. N., Kasotakis, G., Velmahos, G. C., Salim, A., Haider, A. H., Kaafara, H. M., Discontinuity of patient-provider communication throughout the phases of care: Time to be more patient-centered in trauma?, Journal of the American College of Surgeons, 225 (4 Supplement 2), e176, 2017	Conference abstract.
Hill, Jennifer N., Smith, Bridget M., Weaver, Frances M., Nazi, Kim M., Thomas, Florian P., Goldstein, Barry, Hogan, Timothy P., Potential of personal health record portals in the care of individuals with spinal cord injuries and disorders: Provider perspectives, The journal of spinal cord medicine, 41, 298-308, 2018	Study not conducted in one of the countries included in the review protocol.
Hines, M., Brunner, M., Poon, S., Lam, M., Tran, V., Yu, D., Togher, L., Shaw, T., Power, E., Exploring ehealth 'tribes and tribulations' in interdisciplinary rehabilitation for people with a traumatic brain injury (TBI), Brain Impairment, 19, 292-293, 2018	Conference abstract.

Study	Reason for Exclusion
Hirsch, M. A., Grafton, L., Guerrier, T. P., Niemeier, J. P., Newman, M., Runyon, M. S., Unmet concussion care needs from the perspective of individuals with mild traumatic brain injury, Archives of Physical Medicine and Rehabilitation, 96, e33, 2015	Conference abstract.
Hitzig, S., Bain, P., Haycock, S., Hebert, D. A., Evaluation of a spinal cord injury community reintegration outpatient program (CROP) service, Archives of Physical Medicine and Rehabilitation, 95, e83, 2014	Conference abstract.
Hollick, R., Reid, D., Black, A., McKee, L., What matters to patients: Working together to improve the quality of osteoporosis services, Osteoporosis International, 27, S678, 2016	Conference abstract.
Holloway, Mark, Motivational interviewing and acquired brain injury, Social Care and Neurodisability, 3, 122-130, 2012	Narrative review.
Hoogerdijk, Barbara, Runge, Ulla, Haugboelle, Jette, The adaptation process after traumatic brain injury an individual and ongoing occupational struggle to gain a new identity, Scandinavian Journal of Occupational Therapy, 18, 122-32, 2011	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Hoonakker, Peter Leonard Titus, Wooldridge, Abigail Rayburn, Hose, Bat-Zion, Carayon, Pascale, Eithun, Ben, Brazelton, Thomas Berry, 3rd, Kohler, Jonathan Emerson, Ross, Joshua Chud, Rusy, Deborah Ann, Dean, Shannon Mason, Kelly, Michelle Merwood, Gurses, Ayse Pinar, Information flow during pediatric trauma care transitions: things falling through the cracks, Internal and emergency medicine, 14, 797-805, 2019	Study not conducted in one of the countries included in the review protocol.
Hosking, J. E., Ameratunga, S. N., Bramley, D. M., Crengle, S. M., Reducing ethnic disparities in the quality of trauma care: An important research gap, Annals of Surgery, 253, 233-237, 2011	Study did not examine rehabilitation.
Hull, K., Ribariach, J., Panton, V., De Jonge, J., Bulsara, C., Developing independence and empowerment through medications self management amongst persons with acquired brain injury, Neurorehabilitation and Neural Repair, 26, 775-776, 2012	Conference abstract.
Hunt, Anne W., Laupacis, Dylan, Kawaguchi, Emily, Greenspoon, Dayna, Reed, Nick, Key ingredients to an active rehabilitation programme post-concussion: perspectives of youth and parents, Brain Injury, 32, 1534-1540, 2018	It was not clear that the participants had been hospitalised (study states that the intervention/ interviews were undertaken in a hospital but many of the participants were drawn from the community).
Hyatt, Kyong, Davis, Linda L., Barroso, Julie, Chasing the care: soldiers experience following combat-related mild traumatic brain injury, Military Medicine, 179, 849-55, 2014	Study not conducted in one of the countries included in the review protocol.
Irgens, Eirik Lind, Henriksen, Nils, Moe, Siri, Communicating information and professional knowledge in acquired brain injury rehabilitation trajectories - a qualitative study of physiotherapy practice, Disability and Rehabilitation, 1-8, 2018	The focus was not specific to participants who had experienced traumatic injury and results not presented separately for target population.
Jacoby, Sara F., Rich, John A., Webster, Jessica L., Richmond, Therese S., 'Sharing things with people that I don't even know': help-seeking for psychological symptoms in injured Black men in Philadelphia, Ethnicity & health, 1-19, 2018	Study not conducted in one of the countries included in the review protocol.
Jannings, Wendy, Pryor, Julie, The experiences and needs of persons with spinal cord injury who can walk, Disability and Rehabilitation, 34, 1820-6, 2012	Population not in PICO: Study did not mention that the patients were transferred to outpatient or

Study	Reason for Exclusion
	community services following discharge.
Janssen, Renske M. J., Satink, Ton, Ijspeert, Jos, van Alfen, Nens, Groothuis, Jan T., Packer, Tanya L., Cup, Edith H. C., Reflections of patients and therapists on a multidisciplinary rehabilitation programme for persons with brachial plexus injuries, Disability and Rehabilitation, 41, 1427-1434, 2019	Population not in PICO: Participants had not experienced traumatic injury.
Jellema, Sandra, van Erp, Sabine, Nijhuis-van der Sanden, Maria W. G., van der Sande, Rob, Steultjens, Esther M. J., Activity resumption after acquired brain injury: the influence of the social network as described by social workers, Disability and Rehabilitation, 1-8, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Jeyaraj, J. A., Clendenning, A., Bellemare-Lapierre, V., Iqbal, S., Lemoine, M. C., Edwards, D., Korner-Bitensky, N., Clinicians' perceptions of factors contributing to complexity and intensity of care of outpatients with traumatic brain injury, Brain Injury, 27, 1338-1347, 2013	No qualitative data on phenomena of interest.
Jeyathevan, Gaya, Cameron, Jill I., Craven, B. Catharine, Jaglal, Susan B., Identifying Required Skills to Enhance Family Caregiver Competency in Caring for Individuals With Spinal Cord Injury Living in the Community, Topics in Spinal Cord Injury Rehabilitation, 25, 290-302, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Jeyathevan, Gaya, Catharine Craven, B., Cameron, Jill I., Jaglal, Susan B., Facilitators and barriers to supporting individuals with spinal cord injury in the community: experiences of family caregivers and care recipients, Disability and Rehabilitation, 1-11, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Jiang, T., Webster, J. L., Robinson, A., Kassam-Adams, N., Richmond, T. S., Emotional responses to unintentional and intentional traumatic injuries among urban black men: A qualitative study, Injury, 49, 983-989, 2018	Study not conducted in one of the countries included in the review protocol.
Johnson, Rae A., Taggart, Susan B., Gullick, Janice G., Emerging from the trauma bubble: Redefining 'normal' after burn injury, Burns : journal of the International Society for Burn Injuries, 42, 1223-32, 2016	No qualitative data on phenomena of interest.
Jourdan, C., Azouvi, P., Pradat-Diehl, P., Ruet, A., Tenovuo, O., Traumatic Brain Injury (TBI) care pathways in Finland and in France: Organization and issues, Annals of Physical and Rehabilitation Medicine, 57, e397, 2014	Conference abstract.
Jurrius, K., After care for people with acquired brain injury in the chronic phase-New equilibrium in the aftercare of people with acquired brain injury and their next of kin, Brain Injury, 30, 567, 2016	Conference abstract.
Keck, Casey S., Creaghead, Nancy A., Turkstra, Lyn S., Vaughn, Lisa M., Kelchner, Lisa N., Pragmatic skills after childhood traumatic brain injury: Parents' perspectives, Journal of communication disorders, 69, 106-118, 2017	Study not conducted in one of the countries included in the review protocol.
Keenan, Alanna, Joseph, Lynn, The needs of family members of severe traumatic brain injured patients during critical and acute care: a qualitative study, Canadian journal of neuroscience nursing, 32, 25-35, 2010	Mixed setting and population, results not presented separately for the target settings and population.
Keightley, Michelle, Kendall, Victoria, Jang, Shu-Hyun, Parker, Cindy, Agnihotri, Sabrina, Colantonio, Angela, Minore, Bruce, Katt, Mae, Cameron, Anita, White, Randy, Longboat-White, Claudine, Bellavance, Alice, From health care to home community: an Aboriginal community-based ABI transition	No qualitative data on phenomena of interest.

Study	Reason for Exclusion
strategy, Brain Injury, 25, 142-52, 2011	
Kellezi, Blerina, Beckett, Kate, Earthy, Sarah, Barnes, Jo, Sleney, Jude, Clarkson, Julie, Regel, Stephen, Jones, Trevor, Kendrick, Denise, Understanding and meeting information needs following unintentional injury: comparing the accounts of patients, carers and service providers, Injury, 46, 564-71, 2015	It was not clear how many participants had experienced a traumatic injury; results not presented separately for target population.
Kennedy, Nicole, Barnes, Jessica, Rose, Anna, Veitch, Craig, Bowling, Cott Dahlberg Degeneffe Gage Higgins Keightley Majdan McCabe McColl O'Callaghan Patterson Patton Patton Schlossberg Sheppard Sinnakaruppan Smith Turner Turner Turner Turner Turner Voss, Clinicians' expectations and early experiences of a new comprehensive rehabilitation case management model in a specialist brain injury rehabilitation unit, Brain Impairment, 13, 62-71, 2012	No qualitative data on phenomena of interest.
Kennedy, P., Sherlock, O., McClelland, M., Short, D., Royle, J., Wilson, C., A multi-centre study of the community needs of people with spinal cord injuries: the first 18 months, Spinal Cord, 48, 15-20, 2010	No qualitative data on phenomena of interest.
Kersten, Paula, Cummins, Christine, Kayes, Nicola, Babbage, Duncan, Elder, Hinemoa, Foster, Allison, Weatherall, Mark, Siegert, Richard John, Smith, Greta, McPherson, Kathryn, Making sense of recovery after traumatic brain injury through a peer mentoring intervention: a qualitative exploration, BMJ Open, 8, e020672, 2018	No qualitative data on phenomena of interest.
Kiekens, C., Christiaens, W., Van Den Heede, K., Organization of aftercare for patients with severe burn injuries in Belgium, Annals of Physical and Rehabilitation Medicine, 57, e212-e213, 2014	Conference abstract.
Kimmel, Lara A., Holland, Anne E., Hart, Melissa J., Edwards, Elton R., Page, Richard S., Hau, Raphael, Bucknill, Andrew, Gabbe, Belinda J., Discharge from the acute hospital: trauma patients' perceptions of care, Australian health review : a publication of the Australian Hospital Association, 40, 625-632, 2016	No qualitative data on phenomena of interest.
Kingston, Gail A., Judd, Dr Jenni, Gray, Marion A., The experience of living with a traumatic hand injury in a rural and remote location: an interpretive phenomenological study, Rural and remote health, 14, 2764, 2014	No qualitative data on phenomena of interest.
Kingston, Gail A., Judd, Jenni, Gray, Marion A., The experience of medical and rehabilitation intervention for traumatic hand injuries in rural and remote North Queensland: a qualitative study, Disability and Rehabilitation, 37, 423-9, 2015	No qualitative data on phenomena of interest.
Kirk, S., Fallon, D., Fraser, C., Robinson, G., Vassallo, G., Supporting parents following childhood traumatic brain injury: a qualitative study to examine information and emotional support needs across key care transitions, Child: care, health and development, 41, 303-313, 2015	No qualitative data on phenomena of interest.
Kivunja, Stephen, River, Jo, Gullick, Janice, Experiences of giving and receiving care in traumatic brain injury: An integrative review, Journal of clinical nursing, 27, 1304-1328, 2018	Systematic review, included studies checked for relevance.
Kjaersgaard, A., Kristensen, H. K., Brain injury and severe eating difficulties at admission-patient perspective nine to fifteen months after discharge: A pilot study, Brain Sciences, 7, 96, 2017	Unclear how many participants had experienced traumatic injury, the results not presented separately for target population.
Knox, L., Douglas, J., Bigby, C., Exploring tensions associated with supported decision making in adults with severe traumatic	Conference abstract.

Study	Reason for Exclusion
brain injury, Brain Injury, 26, 477, 2012	
Koehmstedt, Christine, Lydick, Susan E., Patel, Drasti, Cai, Xinsheng, Garfinkel, Steven, Weinstein, Ali A., Health status, difficulties, and desired health information and services for veterans with traumatic brain injuries and their caregivers: A qualitative investigation, PLoS ONE, 13, e0203804, 2018	Study not conducted in one of the countries included in the review protocol.
Koizia, L., Kings, R., Koizia, A., Peck, G., Wilson, M., Hettiaratchy, S., Fertleman, M. B., Major trauma in the elderly: Frailty decline and patient experience after injury, Trauma (United Kingdom), 21, 21-26, 2019	Not a qualitative study.
Koller, Kathryn, Woods, Lindsay, Engel, Lisa, Bottari, Carolina, Dawson, Deirdre R., Nalder, Emily, Bandura, Bottari Braun Chen Colantonio Creswell Dreer Engel Fleming Fox Gaudette Hall Hoskin Kelley Kershaw Kim Knight Kreutzer Langlois Levack Malee Marson Martin McCabe McHugh Patton Poncer Weiner, Loss of financial management independence after brain injury: Survivors' experiences, American Journal of Occupational Therapy, 70, No-Specified, 2016	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Kontos, P., Miller, K. L., Colantonio, A., Cott, C., Therapeutic landscape theory: Identifying health detracting and health enhancing aspects of neurorehabilitation, Brain Injury, 28, 535, 2014	Conference abstract.
Kornhaber, R., Wilson, A., Abu-Qamar, M., McLean, L., Vandervord, J., Inpatient peer support for adult burn survivors-a valuable resource: a phenomenological analysis of the Australian experience, Burns : journal of the International Society for Burn Injuries, 41, 110-7, 2015	Study did not examine phenomena of interest.
Kozlowski-Moreau, O., Danze, F., Pollez, B., Brooks, N., Johnson, C., Line, M. C., Rousseaux, M., Croisiaux, C., Lanthier, A., Long-term management of severe TBI in Europe-The value of a network, Brain Injury, 30, 650, 2016	Conference abstract.
Kuipers, Pim, Kendall, Melissa B., Amsters, Delena, Pershouse, Kiley, Schuurs, Sarita, Descriptions of community by people with spinal cord injuries: concepts to inform community integration and community rehabilitation, International journal of rehabilitation research. Internationale Zeitschrift fur Rehabilitationsforschung. Revue internationale de recherches de readaptation, 34, 167-74, 2011	No qualitative data on phenomena of interest.
Lafebvre, H., Levert, M. J., Gelinas, I., Croteau, C., Le Dorze, G., Bottari, C., McKerrall, M., Personalized accompaniment for community integration for people with a traumatic brain injury in postrehabilitation, Archives of Physical Medicine and Rehabilitation, 91, e7, 2010	Conference abstract.
Lange, R., French, L., Bailie, J., Lippa, S., Gartner, R., Driscoll, A., Wright, M., Smith, J., Dilay, A., Pizzano, B., Johnson, L., Nora, D., Mahatan, H., Sullivan, J., Thompson, D., Snelling, A., Brickell, T., Caring for U.S. military service members following mild-moderate traumatic brain injury: Examination of access to services, service needs, and barriers to care, Journal of Head Trauma Rehabilitation, 32, E71, 2017	Conference abstract.
Lannin, N., Roberts, K., D'Cruz, K., Morarty, J., Unsworth, C., Who holds the 'Power' during goal-setting? A qualitative study exploring patient perceptions, International Journal of Stroke, 10, 68, 2015	Conference abstract.
Lapierre, Alexandra, Lefebvre, Helene, Gauvin-Lepage, Jerome, Factors Affecting Interprofessional Teamwork in Emergency Department Care of Polytrauma Patients: Results of an	Setting not in PICO: Emergency department.

Study	Reason for Exclusion
Exploratory Study, Journal of trauma nursing : the official journal of the Society of Trauma Nurses, 26, 312-322, 2019	
Lee, Tracy, Norton, Andrea, Hayes, Sue, Adamson, Keith, Schwellnus, Heidi, Evans, Cathy, Exploring Parents' Perceptions and How Physiotherapy Supports Transition from Rehabilitation to School for Youth with an ABI, Physical & occupational therapy in pediatrics, 37, 444-455, 2017	No qualitative data on phenomena of interest.
Letts, L., Martin Ginis, K. A., Faulkner, G., Colquhoun, H., Levac, D., Gorczynski, P., Preferred Methods and Messengers for Delivering Physical Activity Information to People With Spinal Cord Injury: A Focus Group Study, Rehabilitation Psychology, 56, 128-137, 2011	It was unclear if the focus was specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Lexell, E. M., Alkhed, A. K., Olsson, K., The group rehabilitation helped me adjust to a new life: Experiences shared by persons with an acquired brain injury, Brain Injury, 27, 529-537, 2013	No qualitative data on phenomena of interest.
Lind, J. D., Fraser, M. A., Powell-Cope, G., Gavin-Dreschnack, D., Enhancing patient dignity in va spinal cord injury units, Journal of Spinal Cord Medicine, 36, 555, 2013	Study not conducted in one of the countries included in the review protocol.
Lindahl, Marianne, Hvalsoe, Berit, Poulsen, Jeppe Rosengaard, Langberg, Henning, Quality in rehabilitation after a working age person has sustained a fracture: partnership contributes to continuity, Work (Reading, Mass.), 44, 177-89, 2013	No qualitative data on phenomena of interest.
Lindahl, Marianne, Teljigovic, Sanel, Heegaard Jensen, Lars, Hvalsoe, Berit, Juneja, Hemant, Barth, Clay Cooper Cott Del Bano-Aledo Donabedian Donabedian Fitinghoff Griffiths Harris Hours Hush Jensen Kidd Lempp Lindahl Martins McLean Mead Mussener Partridge Pinto Polinder Rindflesch Sanders Strauss Walton Willamson, Importance of a patient-centred approach in ensuring quality of post-fracture rehabilitation for working aged people: A qualitative study of therapists' and patients' perspectives, Work: Journal of Prevention, Assessment & Rehabilitation, 55, 831-839, 2016	Mixed population, cannot separate or confirm which patients were hospitalised and match the population of interest.
Lindberg, J., Kreuter, M., Taft, C., Person, L. O., Patient participation in care and rehabilitation from the perspective of patients with spinal cord injury, Spinal Cord, 51, 834-7, 2013	Study did not examine phenomena of interest.
Linnarsson, J. R., Bubini, J., Perseius, K. I., A meta-synthesis of qualitative research into needs and experiences of significant others to critically ill or injured patients, Journal of Clinical Nursing, 19, 3102-11, 2010	Systematic review, included studies outside of date limits (1997-2007).
Littooij, E., Leget, C. J. W., Stolwijk-Swuste, J. M., Doodeman, S., Widdershoven, G. A. M., Dekker, J., The importance of 'global meaning' for people rehabilitating from spinal cord injury, Spinal Cord, 54, 1047-1052, 2016	Study did not examine phenomena of interest.
Lundine, J. P., Utz, M., Jacob, V., Ciccia, A. H., Putting the person in person-centered care: Stakeholder experiences in pediatric traumatic brain injury, Journal of Pediatric Rehabilitation Medicine, 12, 21-35, 2019	Study not conducted in one of the countries included in the review protocol.
Maddick, Rosie, Norton, Ali Amir Andrews Baker Batavia Batt-Rawden Bernstein Braun Bright Bright Bruscia De Carvalho Deegan Dijkers Dorsett Dorsett Dorsett Fook Fook Galvin Golden Humphries James Larsson Lee Lefevre Lethborg Manns Montague Nielson North O'Callaghan O'Callaghan O'Neil Riessman Riessman Scheiby Slivka Stover Tamplin Whittemore Zedjlik, 'Naming the unnameable and communicating the unknowable': Reflections on a combined music therapy/social work program, The Arts in Psychotherapy, 38, 130-137, 2011	Study did not examine phenomena of interest.

Study	Reason for Exclusion
Makela, P., Jones, F., de Sousa de Abreu, M. I., Hollinshead, L., Ling, J., Supporting self-management after traumatic brain injury: Codesign and evaluation of a new intervention across a trauma pathway, Health expectations : an international journal of public participation in health care and health policy, 22, 632-642, 2019	Study did not examine phenomena of interest.
Manning, Joseph C., Hemingway, Pippa, Redsell, Sarah A., Survived so what? Identifying priorities for research with children and families post-paediatric intensive care unit, Nursing in critical care, 23, 68-74, 2018	Study did not examine rehabilitation.
Martin, Laurie T., Farris, Coreen, Parker, Andrew M., Epley, Caroline, The Defense and Veterans Brain Injury Center Care Coordination Program: Assessment of Program Structure, Activities, and Implementation, Rand health quarterly, 3, 4, 2013	Study not conducted in one of the countries included in the review protocol.
Martin, Suzanne, Armstrong, Elaine, Thomson, Eileen, Vargiu, Eloisa, Sola, Marc, Dauwalder, Stefan, Miralles, Felip, Daly Lynn, Jean, A qualitative study adopting a user-centered approach to design and validate a brain computer interface for cognitive rehabilitation for people with brain injury, Assistive technology : the official journal of RESNA, 30, 233-241, 2018	Study did not examine phenomena of interest.
Materne, M., Lundqvist, L. O., Strandberg, T., Opportunities and barriers for successful return to work after acquired brain injury: A patient perspective, Work (Reading, Mass.), 56, 125-134, 2017	The majority of participants had not experienced traumatic injury and the results not presented separately for target population.
McBain, Sacha A., Sexton, Kevin W., Palmer, Brooke E., Landes, Sara J., Barriers to and facilitators of a screening procedure for PTSD risk in a level I trauma center, Trauma surgery & acute care open, 4, e000345, 2019	Study not conducted in one of the countries included in the review protocol.
McDermott, Garret L., McDonnell, Anne Marie, Acquired brain injury services in the Republic of Ireland: experiences and perceptions of families and professionals, Brain Injury, 28, 81-91, 2014	The focus was not specific to care of people who have experienced traumatic injury and the results not presented separately for target population.
McGarry, Sarah, Elliott, Catherine, McDonald, Ann, Valentine, Jane, Wood, Fiona, Girdler, Sonya, "This is not just a little accident": a qualitative understanding of paediatric burns from the perspective of parents, Disability and Rehabilitation, 37, 41-50, 2015	Study did not examine phenomena of interest.
McIntyre, Michelle, Ehrlich, Carolyn, Kendall, Elizabeth, Informal care management after traumatic brain injury: perspectives on informal carer workload and capacity, Disability and Rehabilitation, 1-9, 2018	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
McKelvey, M., Bush, E., Screening and identification of individuals with brain injury (BI) seeking services through the area agency on ageing in rural Nebraska, Brain Injury, 28, 712, 2014	Conference abstract.
McPherson, K., Fadyl, J., Theadom, A., Channon, A., Levack, W., Starkey, N., Wilkinson-Meyers, L., Kayes, N., Feigin, V., Barker-Collo, S., Harwood, M., Mudge, S., Christie, G., Jenkins, S., Living Life after Traumatic Brain Injury: Phase 1 of a Longitudinal Qualitative Study, Journal of Head Trauma Rehabilitation, 33, E44-E52, 2018	No qualitative data on phenomena of interest.
McPherson, K., Theadom, A., Wilkinson-Meyers, L., The experience of recovery-a qualitative study, Brain Injury, 26, 493-494, 2012	Conference abstract.

Study	Reason for Exclusion
McRae, Philippa, Hallab, Lisa, Simpson, Grahame, Anstey, Braun Brooks Ellingsen Frost Gilworth Gilworth Gracey Harradine Kreutzer Macaden Medin Menon Nightingale Olver Oppermann Petrella Ponsford Rubenson Sabatello Simpson Tate Teasdale van Velzen van Velzen, Navigating employment pathways and supports following brain injury in Australia: Client perspectives, Australian Journal of Rehabilitation Counselling, 22, 76-92, 2016	No qualitative data on phenomena of interest.
Meade, M., Carr, L., Ellenbogen, P., Barrett, K., Perceptions of provider education and attitude by individuals with spinal cord injury: Implications for health care disparities, Topics in Spinal Cord Injury Rehabilitation, 17, 25-37, 2011	Study not conducted in one of the countries included in the review protocol.
Medina-Mirapeix, F., Del Bano-Aledo, M. E., Oliveira-Sousa, S. L., Escolar-Reina, P., Collins, S. M., How the rehabilitation environment influences patient perception of service quality: A qualitative study, Archives of Physical Medicine and Rehabilitation, 94, 1112-1117, 2013	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Mehta, Swati, Hadjistavropoulos, Heather D., Earis, Danielle, Titov, Nick, Dear, Blake F., Patient perspectives of Internet-delivered cognitive behavior therapy for psychosocial issues post spinal cord injury, Rehabilitation Psychology, 2019	No qualitative data on phenomena of interest.
Meixner, Cara, O'Donoghue, Cynthia R., Witt, Michelle, Accessing crisis intervention services after brain injury: a mixed methods study, Rehabilitation psychology, 58, 377-85, 2013	Study not conducted in one of the countries included in the review protocol.
Messinger, Seth, Bozorghadad, Sayeh, Pasquina, Paul, Social relationships in rehabilitation and their impact on positive outcomes among amputees with lower limb loss at Walter Reed National Military Medical Center, Journal of rehabilitation medicine, 50, 86-93, 2018	Study not conducted in one of the countries included in the review protocol.
Milte, R., Ratcliffe, J., Miller, M., Whitehead, C., Cameron, I. D., Crotty, M., What are frail older people prepared to endure to achieve improved mobility following hip fracture? A Discrete Choice Experiment, Journal of rehabilitation medicine : official journal of the UEMS European Board of Physical and Rehabilitation Medicine, 45, 81-86, 2013	Not a qualitative study.
Minney, M. J., Roberts, R. M., Mathias, J. L., Raftos, J., Kochar, A., Service and support needs following pediatric brain injury: perspectives of children with mild traumatic brain injury and their parents, Brain Injury, 33, 168-182, 2019	Study did not examine rehabilitation.
Mitchell, Rebecca, Fajardo Pulido, Diana, Ryder, Tayhla, Norton, Grace, Brodaty, Henry, Draper, Brian, Close, Jacqueline, Rapport, Frances, Lystad, Reidar, Harris, Ian, Harvey, Lara, Sherrington, Cathie, Cameron, Ian D., Braithwaite, Jeffrey, Access to rehabilitation services for older adults living with dementia or in a residential aged care facility following a hip fracture: healthcare professionals' views, Disability and Rehabilitation, 1-12, 2019	Study did not examine phenomena of interest.
Mitsch, Virginia, Curtin, Michael, Badge, Helen, The provision of brain injury rehabilitation services for people living in rural and remote New South Wales, Australia, Brain Injury, 28, 1504-13, 2014	The majority of participants had not experienced traumatic injury and the results not presented separately for target population .
Moore, M., Robinson, G., Mink, R., Hudson, K., Dotolo, D., Gooding, T., Ramirez, A., Zatzick, D., Vavilala, M., Acute care after pediatric traumatic brain injury: A qualitative study of the family perspective, Journal of Neurotrauma, 31, A59, 2014	Conference abstract.
Moore, Megan, Robinson, Gabrielle, Mink, Richard, Hudson,	Study not conducted in one of

Study	Reason for Exclusion
Kimberly, Dotolo, Danae, Gooding, Tracy, Ramirez, Alma, Zatzick, Douglas, Giordano, Jessica, Crawley, Deborah, Vavilala, Monica S., Developing a Family-Centered Care Model for Critical Care After Pediatric Traumatic Brain Injury, Pediatric critical care medicine : a journal of the Society of Critical Care Medicine and the World Federation of Pediatric Intensive and Critical Care Societies, 16, 758-65, 2015	the countries included in the review protocol.
Morriss, Elissa, Wright, Suzanne, Smith, Sharon, Roser, Judy, Kendall, Melissa, Ackerson, Ackerson Bassett Bassett Baulderstone Baxter Bisogni Butera-Prinzi Charles Cicerone Clark Cowling Craig Degeneffe Devany-Serio Evenson Flanagan Fletcher Gan Jacob Jones Kaatz Kirshbaum Kosciulek Lancaster Leinonen Lezak Llewellyn Maitz Nicholson Olson Pessar Qu Sander Smith Stake Strauss Urbach Uysal Visser-Meily Wade, Parenting challenges and needs for fathers following acquired brain injury (ABI) in Queensland, Australia: A preliminary model, Special Issue: Family support and adjustment following acquired brain injury: An international perspective., 19, 119-134, 2013	The majority of participants had not experienced traumatic injury and the results not presented separately for target population.
Mumbower, R., Heaton, K., Dreer, L., Novack, T., Childs, G., Vance, D., Sleep experiences following traumatic brain injury: A qualitative descriptive study, Archives of Physical Medicine and Rehabilitation, 98, e155, 2017	Conference abstract.
Munce, Sarah E. P., Webster, Fiona, Fehlings, Michael G., Straus, Sharon E., Jang, Eunice, Jaglal, Susan B., Meaning of self-management from the perspective of individuals with traumatic spinal cord injury, their caregivers, and acute care and rehabilitation managers: an opportunity for improved care delivery, BMC Neurology, 16, 11, 2016	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Munce, Sarah E. P., Webster, Fiona, Fehlings, Michael G., Straus, Sharon E., Jang, Eunice, Jaglal, Susan B., Perceived facilitators and barriers to self-management in individuals with traumatic spinal cord injury: a qualitative descriptive study, BMC Neurology, 14, 48, 2014	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Murphy, Margaret, McCloughen, Andrea, Curtis, Kate, Using theories of behaviour change to transition multidisciplinary trauma team training from the training environment to clinical practice, Implementation science : IS, 14, 43, 2019	Study did not examine rehabilitation.
Murphy, Margaret, McCloughen, Andrea, Curtis, Kate, The impact of simulated multidisciplinary Trauma Team Training on team performance: A qualitative study, Australasian emergency care, 22, 1-7, 2019	Study did not examine rehabilitation.
Murray, A., Watter, K., Nielsen, M., Kennedy, A., A scoping study examining vocational rehabilitation in early acquired brain injury rehabilitation, Brain Impairment, 19, 306-307, 2018	Conference abstract.
Nalder, E., Fleming, J., Cornwell, P., Foster, M., Identity and the life course: Lived experiences of individuals with traumatic brain injury during the period of transition from hospital to home, Brain Impairment, 14, 159, 2013	Conference abstract.
Nalder, E., Fleming, J., Cornwell, P., Foster, M., Worrall, L., Ownsworth, T., Haines, T., Kendall, M., Chenoweth, L., What constitutes transition success? An investigation into factors influencing the perceptions of individuals with a TBI regarding the transition from hospital to home, Brain Injury, 24 (3), 189-190, 2010	Conference abstract.
Nalder, Emily J., Zabjek, Karl, Dawson, Deirdre R., Bottari, Carolina L., Gagnon, Isabelle, McFadyen, Bradford J., Hunt,	Data was not collected using an appropriate qualitative

Study	Reason for Exclusion
Anne W., McKenna, Suzanne, Ouellet, Marie-Christine, Giroux, Sylvain, Cullen, Nora, Niechwiej-Szwedo, Ewa, Onf-Repar Abi Team, Research Priorities for Optimizing Long-term Community Integration after Brain Injury, The Canadian journal of neurological sciences. Le journal canadien des sciences neurologiques, 45, 643-651, 2018	methodology (the authors have analysed their own field notes taken at a 2-day conference for practitioners)
Nalder, Emily, Fleming, Jennifer, Cornwell, Petrea, Shields, Cassandra, Foster, Michele, Reflections on life: experiences of individuals with brain injury during the transition from hospital to home, Brain Injury, 27, 1294-303, 2013	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Nasrabadi, A. N., Mohammadi, N., Davatgaran, K., Yekaninejad, M., Javidan, A. N., Shabany, M., Designing a client and family empowerment model to promote constructive life recovery among persons with spinal cord injury: A qualitative study, Archives of Neuroscience, 6, e87867, 2019	Study not conducted in one of the countries included in the review protocol.
Nilsson, Charlotte, Bartfai, Aniko, Lofgren, Monika, Bartfai, Ben-Yishai Brooks Carlsson Charmaz Christensen Cicerone Cicerone Cicerone Comper Creswell Cullen Dahlgren Ferguson Fleming Gard Ho Kielhofner Lincoln Miller Ohman Phipps Ponsford Prigatano Rice-Oxley Roding Roxendahl Rudolfsson Ruff Stalnacke Svendsen Tiersky Wilson, Holistic group rehabilitation-A short cut to adaptation to the new life after mild acquired brain injury, Disability and Rehabilitation: An International, Multidisciplinary Journal, 33, 969-978, 2011	The majority of participants had not experienced traumatic injury and the results not presented separately for target population.
Nunnerley, J. L., Hay-Smith, E. J., Dean, S. G., Leaving a spinal unit and returning to the wider community: an interpretative phenomenological analysis, Disability and Rehabilitation, 35, 1164-1173, 2013	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
O'Callaghan, A., McNamara, B., Cocks, E., 'What am I supposed to do? Cartwheels down the passageway?' Perspectives on the rehabilitation journey from people with ABI, Brain Injury, 28, 577-578, 2014	Conference abstract.
O'Callaghan, Anna, McAllister, Lindy, Wilson, Linda, Insight vs readiness: factors affecting engagement in therapy from the perspectives of adults with TBI and their significant others, Brain Injury, 26, 1599-610, 2012	No qualitative data on phenomena of interest.
O'Callaghan, Anna, McAllister, Lindy, Wilson, Linda, Blight, Brookshire Brown Cicerone Denzin Fleming Foster Gentleman Goranson Grbich Hickson Hughes Humphreys Humphreys Josselson Katz Keleher LeFebvre Mackay MacPhail Malec McNaughton Minichiello Morse Morton Muus O'Callaghan O'Callaghan O'Callaghan O'Callaghan Penchansky Rankin Sandelowski Schmidt Schwandt Seale Sherer Stringer Tuel Turner-Stokes Youse, Healthcare consumers' need for brain-injury services: The critical importance of timing in planning future services, Brain Impairment, 13, 316-332, 2012	Analysis methods not appropriate (data reduced into case vignettes)
Ogilvie, Rebekah, Foster, Kim, McCloughen, Andrea, Curtis, Kate, The injury trajectory for young people 16-24 years in the six months following injury: A mixed methods study, Injury, 47, 1966-74, 2016	Study did not examine phenomena of interest.
Oster, Caisa, Kildal, Morten, Ekselius, Lisa, Return to work after burn injury: burn-injured individuals' perception of barriers and facilitators, Journal of burn care & research : official publication of the American Burn Association, 31, 540-50, 2010	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.

Study	Reason for Exclusion
Oyesanya, Tolu O., Bowers, Barbara J., Royer, Heather R., Turkstra, Lyn S., Nurses' concerns about caring for patients with acute and chronic traumatic brain injury, Journal of Clinical Nursing, 27, 1408-1419, 2018	Study not conducted in one of the countries included in the review protocol.
Palimaru, Alina, Cunningham, William E., Dillistone, Marcus, Vargas-Bustamante, Arturo, Liu, Honghu, Hays, Ron D., A comparison of perceptions of quality of life among adults with spinal cord injury in the United States versus the United Kingdom, Quality of life research : an international journal of quality of life aspects of treatment, care and rehabilitation, 26, 3143-3155, 2017	Study did not examine phenomena of interest.
Pallesen, H., Buhl, I., Interdisciplinary facilitation of the minimal participation of patients with severe brain injury in early rehabilitation, European Journal of Physiotherapy, 19, 13-23, 2017	Study includes 5 participants with acquired brain injury but only 2 (40%) are from trauma
Patterson, F., Fleming, J., Doig, E., Patient experiences of occupational therapy groups in traumatic brain injury rehabilitation, Brain Impairment, 19, 281, 2018	Conference abstract.
Patton, Desmond, Sodhi, Aparna, Affinati, Steven, Lee, Jooyoung, Crandall, Marie, Post-Discharge Needs of Victims of Gun Violence in Chicago: A Qualitative Study, Journal of interpersonal violence, 34, 135-155, 2019	Study not conducted in one of the countries included in the review protocol.
Pekmezaris, Renee, Kozikowski, Andrzej, Pascarelli, Briana, Handrakis, John P., Chory, Ashley, Griffin, Doug, Bloom, Ona, Participant-reported priorities and preferences for developing a home-based physical activity telemonitoring program for persons with tetraplegia: a qualitative analysis, Spinal cord series and cases, 5, 48, 2019	Study not conducted in one of the countries included in the review protocol.
Phillips, J., Holmes, J., Auton, M., Radford, K., What are the most important outcomes of traumatic brain injury vocational rehabilitation? People with TBI, service provider and employer perspectives, Brain Injury, 30, 494-495, 2016	Conference abstract.
Piccenna, Loretta, Lannin, Natasha A., Gruen, Russell, Pattuwage, Loyal, Bragge, Peter, The experience of discharge for patients with an acquired brain injury from the inpatient to the community setting: A qualitative review, Brain Injury, 30, 241-51, 2016	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Plant, Sarah E., Tyson, Sarah F., Kirk, Susan, Parsons, John, What are the barriers and facilitators to goal-setting during rehabilitation for stroke and other acquired brain injuries? A systematic review and meta-synthesis, Clinical rehabilitation, 30, 921-30, 2016	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Pol, M., Peek, S., Van Nes, F., Van Hartingsveldt, M., Buurman, B., Krose, B., Everyday life after a hip fracture: What community-living older adults perceive as most beneficial for their recovery, Age and Ageing, 48, 440-447, 2019	No qualitative data on phenomena of interest.
Poncet, F., Pradat-Diehl, P., Lamontagne, M. E., Alifax, A., Barette, M., Fradelizi, P., Swaine, B., A mixed-methods approach to evaluate participants' and service providers' perceptions of an outpatient rehabilitation programme for persons with acquired brain injury, Brain Injury, 31, 816, 2017	Conference abstract.
Poncet, F., Pradat-Diehl, P., Lamontagne, M. E., Alifax, A., Fradelizi, P., Barette, M., Swaine, B., Participant and service provider perceptions of an outpatient rehabilitation program for people with acquired brain injury, Annals of Physical and Rehabilitation Medicine, 60, 334-340, 2017	The majority of participants had not experienced traumatic injury and the results not presented separately for target population.

Study	Reason for Exclusion
Popejoy, Lori L., Dorman Marek, Karen, Scott-Cawiezell, Jill, Patterns and problems associated with transitions after hip fracture in older adults, Journal of gerontological nursing, 39, 43-52, 2013	Study not conducted in one of the countries included in the review protocol.
Porto, A., Anderson, L., Vogel, L., Zebracki, K., Barriers in accessing adult healthcare for transitioning youth with spinal cord injury, Developmental Medicine and Child Neurology, 60, 116, 2018	Conference abstract.
Poulin, V., Lamontagne, M. E., Ouellet, M. C., Pellerin, M. A., Jean, A., Implementing best practices in cognitive rehabilitation: What are rehabilitation teams' priorities and why?, Archives of Physical Medicine and Rehabilitation, 98, e157, 2017	Conference abstract.
Prescott, Sarah, Fleming, Jennifer, Doig, Emmah, Refining a clinical practice framework to engage clients with brain injury in goal setting, Australian Occupational Therapy Journal, 66, 313-325, 2019	Study did not examine phenomena of interest.
Ramakrishnan, Kumaran, Johnston, Deborah, Garth, Belinda, Murphy, Gregory, Middleton, James, Cameron, Ian, Early Access to Vocational Rehabilitation for Inpatients with Spinal Cord Injury: A Qualitative Study of Patients' Perceptions, Topics in Spinal Cord Injury Rehabilitation, 22, 183-191, 2016	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Roberts, J. L., Pritchard, A. W., Williams, M., Totton, N., Morrison, V., D. In N.U, Williams, N. H., Mixed methods process evaluation of an enhanced community-based rehabilitation intervention for elderly patients with hip fracture, BMJ Open, 8 (8) (no pagination), 2018	No qualitative data on phenomena of interest.
Roberts, Jessica Louise, Din, Nafees Ud, Williams, Michelle, Hawkes, Claire A., Charles, Joanna M., Hoare, Zoe, Morrison, Val, Alexander, Swapna, Lemmey, Andrew, Sackley, Catherine, Logan, Phillipa, Wilkinson, Clare, Rycroft-Malone, Jo, Williams, Nefyn H., Development of an evidence-based complex intervention for community rehabilitation of patients with hip fracture using realist review, survey and focus groups, BMJ Open, 7, e014362, 2017	No qualitative data on phenomena of interest.
Rongen, A., Bakx, W., Nijhuis, F., Follow-up study of patients with an acquired Brain Injury after early focus on return to work during post-acute rehabilitation, Brain Injury, 24, 450-451, 2010	Conference abstract.
Roscigno, Cecelia I., Parent Perceptions of How Nurse Encounters Can Provide Caring Support for the Family in Early Acute Care After Children's Severe Traumatic Brain Injury, Journal of Neuroscience Nursing, 48, E2-E15, 2016	Study not conducted in one of the countries included in the review protocol.
Roth, Karin, Mueller, Gabi, Wyss, Adrian, Experiences of peer counselling during inpatient rehabilitation of patients with spinal cord injuries, Spinal cord series and cases, 5, 1, 2019	The majority of participants had not experienced traumatic injury and the results not presented separately for target population.
Rothlisberger, Fabian, Boes, Stefan, Rubinelli, Sara, Schmitt, Klaus, Scheel-Sailer, Anke, Challenges and potential improvements in the admission process of patients with spinal cord injury in a specialized rehabilitation clinic - an interview based qualitative study of an interdisciplinary team, BMC health services research, 17, 443, 2017	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Ryerson Espino, S., Kelly, E., Riordan, A., Zebracki, K., Vogel, L., Personal and family experiences of caregivers of children with SCI, Developmental Medicine and Child Neurology, 58, 107-108, 2016	Conference abstract.
Ryerson Espino, Susan L., Kelly, Erin H., Rivelli, Anne,	Study not conducted in one of

Study	Reason for Exclusion
Zebracki, Kathy, Vogel, Lawrence C., It is a marathon rather than a sprint: an initial exploration of unmet needs and support preferences of caregivers of children with SCI, Spinal Cord, 56, 284-294, 2018	the countries included in the review protocol.
Sale, J. E. M., Bogoch, E., Hawker, G., Gignac, M., Beaton, D., Jaglal, S., Frankel, L., Patient perceptions of provider barriers to post-fracture secondary prevention, Osteoporosis international : a journal established as result of cooperation between the European Foundation for Osteoporosis and the National Osteoporosis Foundation of the USA, 25, 2581-9, 2014	No qualitative data on phenomena of interest.
Salsbury, Stacie A., Vining, Robert D., Gosselin, Donna, Goertz, Christine M., Be good, communicate, and collaborate: a qualitative analysis of stakeholder perspectives on adding a chiropractor to the multidisciplinary rehabilitation team, Chiropractic & manual therapies, 26, 29, 2018	Study not conducted in one of the countries included in the review protocol.
Samoborec, Stella, Ayton, Darshini, Ruseckaite, Rasa, Winbolt, Gary, Evans, Sue M., System complexities affecting recovery after a minor transport-related injury: The need for a person-centred approach, Journal of Rehabilitation Medicine, 51, 120-126, 2019	Population described as people that sustained predominantly minor injuries; study does not report any results separately for target population.
Sandstrom, Linda, Engstrom, Asa, Nilsson, Carina, Juuso, Paivi, Experiences of suffering multiple trauma: A qualitative study, Intensive & critical care nursing, 2019	Setting not in PICO: Intensive care unit
Sashika, Hironobu, Takada, Kaoruko, Kikuchi, Naohisa, Rehabilitation needs and participation restriction in patients with cognitive disorder in the chronic phase of traumatic brain injury, Medicine, 96, e5968, 2017	Study not conducted in one of the countries included in the review protocol.
Schiller, Claire, Franke, Thea, Belle, Jessica, Sims-Gould, Joanie, Sale, Joanna, Ashe, Maureen C., Words of wisdom - patient perspectives to guide recovery for older adults after hip fracture: a qualitative study, Patient preference and adherence, 9, 57-64, 2015	Study did not examine rehabilitation.
Segevall, Cecilia, Soderberg, Siv, Bjorkman Randstrom, Kerstin, The Journey Toward Taking the Day for Granted Again: The Experiences of Rural Older People's Recovery From Hip Fracture Surgery, Orthopedic nursing, 38, 359-366, 2019	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Self, Megan, Driver, Simon, Stevens, Laurel, Warren, Ann Marie, Physical activity experiences of individuals living with a traumatic brain injury: a qualitative research exploration, Adapted physical activity quarterly : APAQ, 30, 20-39, 2013	Study not conducted in one of the countries included in the review protocol.
Sharp, K., Richards, S., Client's perspectives of smartphone technology in acquired brain injury rehabilitation, Brain Impairment, 14, 167, 2013	Conference abstract.
Silver, Jeremy, Ljungberg, Inger, Libin, Alexander, Groah, Suzanne, Barriers for individuals with spinal cord injury returning to the community: a preliminary classification, Disability and Health Journal, 5, 190-6, 2012	Study not conducted in one of the countries included in the review protocol.
Silver, Samuel A., Saragosa, Marianne, Adhikari, Neill K., Bell, Chaim M., Harel, Ziv, Harvey, Andrea, Kitchlu, Abhijat, Neyra, Javier A., Wald, Ron, Jeffs, Lianne, What insights do patients and caregivers have on acute kidney injury and posthospitalisation care? A single-centre qualitative study from Toronto, Canada, BMJ Open, 8, e021418, 2018	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Sims-Gould, Joanie, Byrne, Kerry, Hicks, Elisabeth, Khan, Karim, Stolee, Paul, Examining "success" in post-hip fracture	No qualitative data on phenomena of interest.

Study	Reason for Exclusion
care transitions: a strengths-based approach, Journal of Interprofessional Care, 26, 205-11, 2012	
Singh, Gurkaran, MacGillivray, Megan, Mills, Patricia, Adams, Jared, Sawatzky, Bonita, Mortenson, W. Ben, Patients' Perspectives on the Usability of a Mobile App for Self-Management following Spinal Cord Injury, Journal of Medical Systems, 44, 26, 2019	No qualitative data on phenomena of interest.
Singh, Hardeep, Shah, Meeral, Flett, Heather M., Craven, B. Catherine, Verrier, Mary C., Musselman, Kristin E., Perspectives of individuals with sub-acute spinal cord injury after personalized adapted locomotor training, Disability and Rehabilitation, 40, 820-828, 2018	No qualitative data on phenomena of interest.
Slomic, M., Christiansen, B., Sveen, U., Soberg, H. L., Users' experiential knowledge as a base for evidence-based practice in inter-professional rehabilitation, Brain Injury, 30, 580-581, 2016	Conference abstract.
Slomic, M., Soberg, H. L., Sveen, U., Christiansen, B., Transitions of patients with traumatic brain injury and multiple trauma between specialized and municipal rehabilitation services-Professionals' perspectives, Cogent Medicine, 4, 1320849, 2017	No qualitative data on phenomena of interest.
Smith, Bridget M., Martinez, Rachael N., Evans, Charlesnika T., Saban, Karen L., Balbale, Salva, Proescher, Eric J., Stroupe, Kevin, Hogan, Timothy P., Barriers and strategies for coordinating care among veterans with traumatic brain injury: a mixed methods study of VA polytrauma care team members, Brain Injury, 32, 755-762, 2018	Study not conducted in one of the countries included in the review protocol.
Smith, E. M., Boucher, N., Miller, W. C., Caregiving services in spinal cord injury: A systematic review of the literature, Spinal Cord, 54, 562-569, 2016	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Smith, M., Hada, E., Long, C., Bushnik, T., Examining language preference and acculturation and implications for the continuum of care of patients with traumatic brain injury (TBI), Journal of Head Trauma Rehabilitation, 30, E107, 2015	Conference abstract.
Snell, Deborah L., Martin, Rachelle, Surgenor, Lois J., Siegert, Richard J., Hay-Smith, E. Jean C., What's wrong with me? seeking a coherent understanding of recovery after mild traumatic brain injury, Disability and Rehabilitation, 39, 1968-1975, 2017	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Soong, Christine, Kurabi, Bochra, Exconde, Kathleen, Tajammal, Faiqa, Bell, Chaim M., Design of an orthopaedic-specific discharge summary, BMC Health Services Research, 16, 545, 2016	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Sorli, H., Bach, B., Haarberg, D., Hjort-Larsen, G., Anette Hansen, S., Kristiansen, G., Hansen, H., Telerehabilitation in Norway, Brain Injury, 24, 284-285, 2010	Conference abstract.
Speck, Rebecca M., Jones, Gabrielle, Barg, Frances K., McCunn, Maureen, Team composition and perceived roles of team members in the trauma bay, Journal of trauma nursing : the official journal of the Society of Trauma Nurses, 19, 133-8, 2012	Study not conducted in one of the countries included in the review protocol.
Starnes, C. L., Bailey, E. A., Calvert, C. T., Gusler, J., Cairns, B. A., Development of a pediatric educational tool: Helping burns heal-an adventure for kids with burns, Journal of Burn Care and	Conference abstract.

Study	Reason for Exclusion
Research, 37, S172, 2016	
Stergiou-Kita, M., Bottari, C., Dawson, D., Hebert, D., Grigorovich, A., Inter-professional approaches to vocational evaluation following traumatic brain injury, Brain Injury, 28, 774-775, 2014	Conference abstract.
Stolee, Paul, Elliott, Jacobi, Byrne, Kerry, Sims-Gould, Joanie, Tong, Catherine, Chesworth, Bert, Egan, Mary, Ceci, Christine, Forbes, Dorothy, A Framework for Supporting Post-acute Care Transitions of Older Patients With Hip Fracture, Journal of the American Medical Directors Association, 20, 414-419.e1, 2019	No qualitative data on phenomena of interest.
Stott-Eveneshen, Sarah, Sims-Gould, Joanie, McAllister, Megan M., Fleig, Lena, Hanson, Heather M., Cook, Wendy L., Ashe, Maureen C., Reflections on Hip Fracture Recovery From Older Adults Enrolled in a Clinical Trial, Gerontology & geriatric medicine, 3, 2333721417697663, 2017	No qualitative data on phenomena of interest.
Strandberg, T., Materne, M., Returning to working life after acquired brain injury-The rehabilitation-process, possibilities and hindrance for participation, Brain Injury, 28, 754, 2014	Conference abstract.
Sullivan, Martin, Paul, Charlotte E., Herbison, G. Peter, Tamou, Peina, Derrett, Sarah, Crawford, Maureen, A longitudinal study of the life histories of people with spinal cord injury, Injury prevention : journal of the International Society for Child and Adolescent Injury Prevention, 16, e3, 2010	A study protocol only. No data presented.
Sveen, Unni, Ostensjo, Sigrid, Laxe, Sara, Soberg, Helene L., Problems in functioning after a mild traumatic brain injury within the ICF framework: the patient perspective using focus groups, Disability and Rehabilitation, 35, 749-57, 2013	No qualitative data on phenomena of interest.
Swaine, B., Cullen, N., Bayley, M., Lavoie, A., Marshall, S., Turgeon, A., Sirois, M. J., Messier, F., Trempe, C., Who goes where and why? An environmental scan of rehab referral, admission and discharge of persons with brain injury in two canadian provinces, Brain Injury, 24, 362, 2010	Conference abstract.
Takada, Kaoruko, Sashika, Hironobu, Wakabayashi, Hidetaka, Hirayasu, Yoshio, Social participation and quality-of-life of patients with traumatic brain injury living in the community: A mixed methods study, Brain Injury, 30, 1590-1598, 2016	Study not conducted in one of the countries included in the review protocol.
Thrussell, Helen, Coggrave, Maureen, Graham, Allison, Gall, Angela, Donald, Michelle, Kulshrestha, Richa, Geddis, Tracey, Women's experiences of sexuality after spinal cord injury: a UK perspective, Spinal Cord, 56, 1084-1094, 2018	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Todis, Bonnie, McCart, Melissa, Glang, Ann, Hospital to school transition following traumatic brain injury: A qualitative longitudinal study, NeuroRehabilitation, 42, 269-276, 2018	Study not conducted in one of the countries included in the review protocol.
Torjussen, I., In sickness and in health? The effect of ABI on couples' relationships, Brain Impairment, 13, 160-161, 2012	Conference abstract.
Toscan, Justine, Manderson, Brooke, Santi, Selena M., Stolee, Paul, "Just another fish in the pond": the transitional care experience of a hip fracture patient, International journal of integrated care, 13, e023, 2013	Case report.
Turner, B., Fleming, J., Ownsworth, T., Cornwell, P., From hospital to home: A new conceptual framework for transition-based service delivery following acquired brain injury, Neurorehabilitation and Neural Repair, 26, 686, 2012	Conference abstract.
Turner, Benjamin, Fleming, Jennifer, Ownsworth, Tamara, Cornwell, Petrea, Perceptions of recovery during the early	Population not in PICO: Study did not mention that the patients

Study	Reason for Exclusion
transition phase from hospital to home following acquired brain injury: a journey of discovery, Neuropsychological rehabilitation, 21, 64-91, 2011	were transferred to outpatient or community services following discharge.
Turner, Benjamin James, Fleming, Jennifer, Ownsworth, Tamara, Cornwell, Petrea, Perceived service and support needs during transition from hospital to home following acquired brain injury, Disability and Rehabilitation, 33, 818-29, 2011	No qualitative data on phenomena of interest.
Tverdal, Cathrine Buaas, Howe, Emilie Isager, Roe, Cecilie, Helseth, Eirik, Lu, Juan, Tenovuo, Olli, Andelic, Nada, Traumatic brain injury: Patient experience and satisfaction with discharge from trauma hospital, Journal of Rehabilitation Medicine, 50, 505-513, 2018	Not a qualitative study.
Tyerman, Emma, Eccles, Fiona J. R., Gray, Victoria, The experiences of parenting a child with an acquired brain injury: A meta-synthesis of the qualitative literature, Brain Injury, 31, 1553-1563, 2017	Study did not examine rehabilitation.
Tyerman, Emma, Eccles, Fiona J. R., Gray, Victoria, Murray, Craig D., Siblings' experiences of their relationship with a brother or sister with a pediatric acquired brain injury, Disability and Rehabilitation, 41, 2940-2948, 2019	The majority of participants' siblings had not experienced traumatic injury and results not presented separately for target population.
Umeasiegbu, Veronica I., Waletich, Brittany, Whitten, Laura A., Bishop, Malachy, Abreu, Bartlett Berg Bishop Corrigan Cott Creswell Degeneffe Degeneffe deGuise Elbogen Gontkovsky Heinemann Jennekens Kreutzer Lefebvre Lehan Man Murphy O'Callaghan O'Callaghan Pickelsimer Ponsford Rotondi Sinnakaruppan Spearman Turner Vaughn, Community-based rehabilitation needs: Perceptions of individuals with brain injury and their families in the Midwestern United States, Special Issue: Family support and adjustment following acquired brain injury: An international perspective., 19, 155-163, 2013	Study not conducted in one of the countries included in the review protocol.
Unger, Janelle, Singh, Hardeep, Mansfield, Avril, Hitzig, Sander L., Lenton, Erica, Musselman, Kristin E., The experiences of physical rehabilitation in individuals with spinal cord injuries: a qualitative thematic synthesis, Disability and Rehabilitation, 41, 1367-1383, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Valizadeh, Sousan, Dadkhah, Behrouz, Mohammadi, Eissa, Hassankhani, Hadi, The perception of trauma patients from social support in adjustment to lower-limb amputation: a qualitative study, Indian journal of palliative care, 20, 229-38, 2014	Study not conducted in one of the countries included in the review protocol.
Van de Velde, Dominique, Bracke, Piet, Van Hove, Geert, Josephsson, Staffan, Devisch, Ignaas, Vanderstraeten, Guy, The illusion and the paradox of being autonomous, experiences from persons with spinal cord injury in their transition period from hospital to home, Disability and Rehabilitation, 34, 491-502, 2012	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Van de Veldea, Dominique, Bracke, Piet, Van Hove, Geert, Josephsson, Staffan, Vanderstraeten, Guy, Perceived participation, experiences from persons with spinal cord injury in their transition period from hospital to home, International journal of rehabilitation research. Internationale Zeitschrift fur Rehabilitationsforschung. Revue internationale de recherches de readaptation, 33, 346-55, 2010	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Vassallo, G., Robinson, G., Fraser, C., Fallon, D., Kirk, S., A qualitative study to investigate families' information and support needs following severe traumatic brain injury in childhood,	Conference abstract.

Study	Reason for Exclusion
Developmental Medicine and Child Neurology, 1), 34, 2014	
Wade, S. L., Moscato, E. L., Raj, S. P., Narad, M. E., Clinician perspectives delivering telehealth interventions to children/families impacted by pediatric traumatic brain injury, Rehabilitation Psychology, 64, 298-306, 2019	Study not conducted in one of the countries included in the review protocol.
Waring, Justin, Marshall, Fiona, Bishop, Simon, Understanding the occupational and organizational boundaries to safe hospital discharge, Journal of health services research & policy, 20, 35-44, 2015	It was not clear how many participants had experienced a traumatic injury; results not presented separately for target population.
Weatherhead, S., Calvert, P., Newby, G., Three models of group therapy in community brain injury rehabilitation, Brain Injury, 26, 430-431, 2012	Conference abstract.
Weir, N., Prescott, S., Fleming, J., Doig, E., Exploration of structured communication during client-centred goal setting with people with acquired brain injury, Brain Impairment, 19, 347-348, 2018	Conference abstract.
Wharewera-Mika, Julie, Cooper, Erana, Kool, Bridget, Pereira, Susana, Kelly, Patrick, Caregivers' voices: The experiences of caregivers of children who sustained serious accidental and non-accidental head injury in early childhood, Clinical child psychology and psychiatry, 21, 268-86, 2016	No qualitative data on phenomena of interest.
Wheatley, Alison, Bamford, Claire, Shaw, Caroline, Flynn, Elizabeth, Smith, Amy, Beyer, Fiona, Fox, Chris, Barber, Robert, Parry, Steve W., Howel, Denise, Homer, Tara, Robinson, Louise, Allan, Louise M., Developing an Intervention for Fall-Related Injuries in Dementia (DIFRID): an integrated, mixed-methods approach, BMC Geriatrics, 19, 57, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Whiteneck, G., Gassaway, J., Dijkers, M., Balance of spinal cord injury rehabilitation services provided in inpatient and postdischarge settings, Archives of Physical Medicine and Rehabilitation, 91, e19, 2010	Conference abstract.
Whiteneck, G., Gassaway, J., Dijkers, M., Lammertse, D., Hammond, F., Heinemann, A., Backus, D., Charlifue, S., Ballard, P., Zanca, J., Inpatient and post-discharge rehabilitation services provided in the first year after spinal cord injury: Findings from the SCI rehab study, Topics in Spinal Cord Injury Rehabilitation, 16, 28-29, 2011	Conference abstract.
Whiteneck, Gale G., Gassaway, Julie, Dijkers, Marcel P., Lammertse, Daniel P., Hammond, Flora, Heinemann, Allen W., Backus, Deborah, Charlifue, Susan, Ballard, Pamela H., Zanca, Jeanne M., Inpatient and postdischarge rehabilitation services provided in the first year after spinal cord injury: findings from the SCIRehab Study, Archives of Physical Medicine and Rehabilitation, 92, 361-8, 2011	Study not conducted in one of the countries included in the review protocol.
Wilbanks, Susan R., Ivankova, Nataliya V., Exploring factors facilitating adults with spinal cord injury rejoining the workforce: a pilot study, Disability and Rehabilitation, 37, 739-49, 2015	Study not conducted in one of the countries included in the review protocol.
Williams, L. M., Douglas, J. M., It takes 2 to tango: The therapeutic alliance in community brain injury rehabilitation, Brain Impairment, 18, 362, 2017	Conference abstract.
Wong, A., Papadimitriou, C., Whiteneck, G., Deutsch, A., Heinemann, A., Goldsmith, A., Christopher, K., Focht, C., Lenze, E., Patient engagement in spinal cord injury rehabilitation: Patient and provider perspectives, Archives of Physical Medicine and Rehabilitation, 97, e71, 2016	Conference abstract.

Study	Reason for Exclusion
Yenikomshian, Haig A., Lerew, Tara L., Tam, Melvin, Mandell, Sam P., Honari, Shari E., Pham, Tam N., Evaluation of Burn Rounds Using Telemedicine: Perspectives from Patients, Families, and Burn Center Staff, Telemedicine journal and e-health : the official journal of the American Telemedicine Association, 25, 25-30, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Yoshida, Karen K., Self, Hazel M., Renwick, Rebecca M., Forma, Laura L., King, Audrey J., Fell, Leslie A., A value-based practice model of rehabilitation: consumers' recommendations in action, Disability and Rehabilitation, 37, 1825-33, 2015	No qualitative data on phenomena of interest.

Economic studies

Table 25: Excluded economic studies and reasons for their exclusion

Study	Reason for Exclusion
Bandyopadhyay, S., Wilkinson, I., Giokarinin-Royal, T., How incorporating 'lean' approach led to improved delivery of care and reduction in length of hospital stay, Age and Ageing, 48, 2019	Conference abstract.
Bhowaneedin, A., Smith, H., Deeley, H., Reyes Payeras, C., Keating, O., Smallbone, T., Wright, I., Sharples, P. M., What evidence is available to support the development of a regional specialist neurorehabilitation outreach service, Archives of Disease in Childhood, 104, A26-A27, 2019	Conference abstract.
Cheung, W. H., Shen, W. Y., Dai, D. L. K., Lee, K. B., Zhu, T. Y., Wong, R. M. Y., Leung, K. S., Evaluation of a multidisciplinary rehabilitation programme for elderly patients with hip fracture: A prospective cohort study, Journal of Rehabilitation Medicine, 50, 285-291, 2018	Intervention not in PICO: Intervention group included geriatrician care in an acute hospital and a multidisciplinary rehabilitation programme after discharge from the convalescence hospital (rehabilitation service coordination was not in an inpatient setting).
Closa, Conxita, Mas, Miquel A., Santaeugenia, Sebastia J., Inzitari, Marco, Ribera, Aida, Gallofre, Miquel, Hospital-at-home Integrated Care Program for Older Patients With Orthopedic Processes: An Efficient Alternative to Usual Hospital-Based Care, Journal of the American Medical Directors Association, 18, 780-784, 2017	Comparison not in PICO: Control group are in-patients and the experimental group are out-patients.
Collins, Nina, Miller, Richard, Kapu, April, Martin, Rita, Morton, Melissa, Forrester, Mary, Atkinson, Shelley, Evans, Bethany, Wilkinson, Linda, Outcomes of adding acute care nurse practitioners to a Level I trauma service with the goal of decreased length of stay and improved physician and nursing satisfaction, The journal of trauma and acute care surgery, 76, 353-7, 2014	Intervention not in PICO: Acute care nurse practitioner (ACPN) who coordinated acute/ clinical care; only mention of "rehabilitation" was "The ACNP attended the daily discharge huddle, a team meeting that encompasses T2 [step-down care from ICU] and T3 [trauma nurse practitioner satellite service] NPs [nurse practitioner], case managers, social worker, liaisons to rehabilitation and nursing home facilities, and home health agency staff to facilitate communication and the discharge process." Only

Study	Reason for Exclusion
	outcome reported is length of stay.
Cooper, M., Ganda, K., Palmer, A., Seibel, M. J., Cost effectiveness of a targeted intervention to reduce refracture rates: Analysis of a four year prospective controlled study, Journal of Bone and Mineral Research, 26, 2011	Conference abstract.
Farquhar, M., Lannin, N. A., Morarty, J., Functional outcomes from a specialised acquired brain injury community rehabilitation service - Evaluating a new model of care, Brain Impairment, 18, 344, 2017	Conference abstract.
Fukuda, Haruhisa, Shimizu, Sayuri, Ishizaki, Tatsuro, Has the Reform of the Japanese Healthcare Provision System Improved the Value in Healthcare? A Cost-Consequence Analysis of Organized Care for Hip Fracture Patients, PLoS ONE, 10, e0133694, 2015	Comparison not in PICO: Hip fracture care in hospitals autonomously providing integrated care across specialties versus in acute care hospitals and rehabilitative care hospitals providing organized care across separate facilities (the organisation of the care not further described).
Kapu, A., Jones, P., Financial impact of adding acute care nurse practitioners (ACNPs) to inpatient models of care, Critical Care Medicine, 40, 27, 2012	Conference abstract.
Leung, C. K., Mok, H. W., Shen, W. Y., Cheung, W. H., Leung, K. S., Evaluation of cost-effectiveness of a multidisciplinary hip fracture management program in Hong Kong, Osteoporosis International, 24, S597-S598, 2013	Conference abstract.
Ling, Shi-Neng James, Kleimeyer, Christopher, Lynch, Genni, Burmeister, Elizabeth, Kennedy, Diana, Bell, Kate, Watkins, Leith, Cooke, Cameron, Can geriatric hip fractures be managed effectively within a level 1 trauma center?, Journal of Orthopaedic Trauma, 29, 160-4, 2015	Intervention not in PICO: Acute hip fracture care and not coordination of rehabilitation.
Pogoda, Terri K., Levy, Charles E., Helmick, Katherine, Pugh, Mary Jo, Health services and rehabilitation for active duty service members and veterans with mild TBI, Brain Injury, 31, 1220-1234, 2017	Narrative overview including cost considerations; not an economic evaluation.

Excluded studies for review question: D.1b What are the best methods to coordinate rehabilitation services for children and young people with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

Quantitative clinical studies

Table 26: Excluded quantitative studies and reasons for their exclusion

Study	Reason for Exclusion
Adams, Annette L., Schiff, Melissa A., Koepsell, Thomas D., Rivara, Frederick P., Leroux, Brian G., Becker, Thomas M., Hedges, Jerris R., Physician consultation, multidisciplinary care, and 1-year mortality in Medicare recipients hospitalized with hip and lower extremity injuries, Journal of the American Geriatrics Society, 58, 1835-42, 2010	Outcome not in PICO: Mortality
Aitken, Mary E., Korehbandi, Patricia, Parnell, Donna, Parker, James G., Stefans, Vikki, Tompkins, Esther, Schulz, Eldon G., Experiences from the development of a comprehensive family	Study design not in PICO: Non-comparative study

Study	Reason for Exclusion
support program for pediatric trauma and rehabilitation patients, Archives of Physical Medicine and Rehabilitation, 86, 175-9, 2005	
Albert, Steven M., Im, Ashley, Brenner, Lynda, Smith, Michael, Waxman, Richard, Effect of a social work liaison program on family caregivers to people with brain injury, The Journal of Head Trauma Rehabilitation, 17, 175-89, 2002	Study design not in PICO: Non-randomised study with less than N=100 in each arm (n=27 in intervention, n=29 in control)
Anderson, J., Mason, C., Reverse culture - How intensive care coordination eases military transitions for returning soldiers with traumatic brain injuries, Brain Injury, Conference, 2010	Published as abstract only
Anderson, J., Mason, C., Reverse culture shock - Military transitions for returning soldiers with traumatic brain injury, Journal of Head Trauma Rehabilitation, Conference, 2008	Published as abstract only
Anderson, Mary E., McDevitt, Kelly, Cumbler, Ethan, Bennett, Heather, Robison, Zachary, Gomez, Bryan, Stoneback, Jason W., Geriatric Hip Fracture Care: Fixing a Fragmented System, The Permanente journal, 21, 16-104, 2017	Population not in PICO: Patients ≥ 18 years old
Andersson, E. E., Emanuelson, I., Björklund, R., StaËšlhammar, D., Mild traumatic brain injuries: the impact of early intervention on late sequelae. A randomized controlled trial, Brain Injury, 26, 520-521, 2012	Published as abstract only
Anonymous,, Trauma center boosts patient outcomes, Hospital case management : the monthly update on hospital-based care planning and critical paths, 9, 115-6, 2001	Narrative review
Asplin, G., Carlsson, G., Zidén, L., Kjellby-Wendt, G., Early coordinated rehabilitation in acute phase after hip fracture - a model for increased patient participation, BMC Geriatrics, 17, 240, 2017	Study design not in PICO: Non-randomised study with less than N=100 in each arm (n=63 in intervention, n=63 in control)
Atwal, Anita, Caldwell, Kay, Do multidisciplinary integrated care pathways improve interprofessional collaboration?, Scandinavian journal of caring sciences, 16, 360-7, 2002	Study design not in PICO: Qualitative study and audit performed before 2000
Avlund, K., Jepsen, E., Vass, M., Lundemark, H., Effects of comprehensive follow-up home visits after hospitalization on functional ability and readmissions among old patients. A randomized controlled study, Scandinavian Journal of Occupational Therapy, 9, 17-22, 2002	Study dates not in PICO: 1996-1997
Ayvazian, J., Lucente, J., Dudley-Brown, S., Clinical management of veterans with traumatic brain injury within the context of polytrauma, Journal of Head Trauma Rehabilitation, Conference, 2012	Published as abstract only
Bandyopadhyay, S., Wilkinson, I., Giokarinin-Royal, T., How incorporating 'lean' approach led to improved delivery of care and reduction in length of hospital stay, Age and Ageing, 48, 2019	Published as abstract only
Baron, Justine S., Sullivan, Katrina J., Swaine, Jillian M., Aspinall, Arlene, Jaglal, Susan, Presseau, Justin, White, Barry, Wolfe, Dalton, Grimshaw, Jeremy M., Self-management interventions for skin care in people with a spinal cord injury: part 1-a systematic review of intervention content and effectiveness, Spinal Cord, 56, 823-836, 2018	Systematic review: Included studies checked for relevance.
Baron, Justine S., Sullivan, Katrina J., Swaine, Jillian M., Aspinall, Arlene, Jaglal, Susan, Presseau, Justin, Wolfe, Dalton, Grimshaw, Jeremy M., Self-management interventions for skin care in people with a spinal cord injury: part 2-a systematic review of use of theory and quality of intervention reporting, Spinal Cord, 56, 837-846, 2018	Systematic review: Included studies checked for relevance.

Study	Reason for Exclusion
Baron, Justine, Swaine, Jillian, Presseau, J., Aspinall, Arlene, Jaglal, Susan, White, Barry, Wolfe, Dalton, Grimshaw, Jeremy, Self-management interventions to improve skin care for pressure ulcer prevention in people with spinal cord injuries: a systematic review protocol, Systematic reviews, 5, 150, 2016	Published protocol for a systematic review
Bayley, M. T., Lamontagne, M. E., Kua, A., Marshall, S., Marier-Deschenes, P., Allaire, A. S., Kagan, C., Truchon, C., Janzen, S., Teasell, R., Swaine, B., Unique features of the INESSS-Onf rehabilitation guidelines for moderate to severe traumatic brain injury: Responding to users' needs, Journal of Head Trauma Rehabilitation, 33, 296-305, 2018	Results not in PICO: Guideline recommendations for moderate/severe TBI. No raw data presented. Systematic review performed as part of methodology but results and references not presented to check.
Beadle, E., Watter, K., Murray, A., Kennedy, A., The integration of telehealth into a community-based interdisciplinary brain injury service, Brain Impairment, 20, 345, 2019	Published as abstract only
Berggren, M., Karlsson, Å, Lindelöf, N., Englund, U., Olofsson, B., Nordström, P., Gustafson, Y., Stenvall, M., Effects of geriatric interdisciplinary home rehabilitation on complications and readmissions after hip fracture: a randomized controlled trial, Clinical Rehabilitation, 33, 64-73, 2019	Study design not in PICO: Non-randomised study with less than N=100 in each arm (n=106 in intervention, n=93 in control)
Bhattacharyya, R., Agrawal, Y., Elphick, H., Blundell, C., The impact of a new model of hip fracture care at a teaching hospital, Osteoporosis International, 23, S566-S567, 2012	Published as abstract only
Bhattacharyya, Rahul, Agrawal, Yuvraj, Elphick, Heather, Blundell, Chris, A unique orthogeriatric model: a step forward in improving the quality of care for hip fracture patients, International journal of surgery (London, England), 11, 1083-6, 2013	Unclear comparator: Only described as "patients remain primarily under the care of the orthopaedic teams" (p. 1084)
Bloemen-Vrencken, J. H. A., de Witte, L. P., Engels, J. P. G. M., van den Heuvel, W. J. A., Post, M. W. M., Transmural care in the rehabilitation sector: implementation experiences with a transmural care model for people with spinal cord injury, International journal of integrated care, 5, e02, 2005	Study design not in PICO: No comparison group
Bloemen-Vrencken, J. H. A., de Witte, L. P., Post, M. W. M., Follow-up care for persons with spinal cord injury living in the community: a systematic review of interventions and their evaluation, Spinal cord, 43, 462-75, 2005	Systematic review: Included studies checked for relevance.
Bogie, Kath M., Ho, Chester H., Multidisciplinary approaches to the pressure ulcer problem, Ostomy/wound management, 53, 26-32, 2007	Narrative review
Bolster, M. B., Cevallos, S., Beyer, L., Kronenberg, H. M., Leder, B., A model for improved management of fragility fractures: Navigating the fracture liaison service, Arthritis and Rheumatology, 69, 2017	Published as abstract only
Braga, L. W., Da Paz, A. C., Ylvisaker, M., Direct clinician-delivered versus indirect family-supported rehabilitation of children with traumatic brain injury: a randomized controlled trial, Brain Injury, 19, 819- 831, 2005	Population not in PICO: Participants under 18 years old
Brasure, Michelle, Lamberty, Greg J., Sayer, Nina A., Nelson, Nathaniel W., Macdonald, Roderick, Ouellette, Jeannine, Wilt, Timothy J., Participation after multidisciplinary rehabilitation for moderate to severe traumatic brain injury in adults: a systematic review, Archives of physical medicine and rehabilitation, 94, 1398-420, 2013	Systematic review: Included studies checked for relevance.
Browne, Allyson L., Appleton, Sally, Fong, Kim, Wood, Fiona,	Intervention not in PICO: Not

Study	Reason for Exclusion
Coll, Fiona, de Munck, Sonja, Newnham, Elizabeth, Schug, Stephan A., A pilot randomized controlled trial of an early multidisciplinary model to prevent disability following traumatic injury, Disability and Rehabilitation, 35, 1149-63, 2013	concerned with the coordination of rehabilitation services for trauma patients while they are inpatients.
Buccellato, K. H., Nordstrom, M., Murphy, J. M., Burdea, G. C., Polistico, K., House, G., Kim, N., Grampurohit, N., Sorensen, J., Isaacson, B. M., et al.,, A Randomized Feasibility Trial of a Novel, Integrative, and Intensive Virtual Rehabilitation Program for Service Members Post-Acquired Brain Injury, Military Medicine, 2019	Comparison not in PICO: Immediate (weeks 0-6) versus delayed (weeks 3-9) outpatient cognitive rehabilitation program. However, immediate versus delayed does not appear to relate to the time of discharge for the patients; same study as Buccellato 2020
Buccellato, Kiara H., Nordstrom, Michelle, Murphy, Justin M., Burdea, Grigore C., Polistico, Kevin, House, Gregory, Kim, Nam, Grampurohit, Namrata, Sorensen, Jeff, Isaacson, Brad M., Pasquina, Paul F., A Randomized Feasibility Trial of a Novel, Integrative, and Intensive Virtual Rehabilitation Program for Service Members Post-Acquired Brain Injury, Military Medicine, 185, e203-e211, 2020	Comparison not in PICO: Immediate (weeks 0-6) versus delayed (weeks 3-9) outpatient cognitive rehabilitation program. However, immediate versus delayed does not appear to relate to the time of discharge for the patients; same study as Buccellato 2019
Burch, D., Bernert, S., Fraser, J. F., Increased physician and physical therapist communication is associated with earlier mobility and decreased length of stay in the cerebrovascular and trauma neuroscience population, NeuroRehabilitation, 43, 195-199, 2018	Study design not in PICO: Non-randomised study with mixed population and less than N=100 in each group of population
Burch, D., Bernert, S., Fraser, J. F., Increased physician and physical therapist communication is associated with earlier mobility and decreased length of stay in the cerebrovascular and trauma neuroscience population, Stroke, 47, 2016	Published as abstract only
Burgo-Black, L., Hunt, S. C., Implementing a system of integrated post deployment care for returning combat veterans, Journal of General Internal Medicine, Conference, 2012	Published as abstract only
Burns, A., Aarabi, B., Anderson, P., Arnold, P., Brodke, D., Chiba, K., Dettori, J., Furlan, J., Harrop, J., Holly, L., Howley, S., Jeji, T., Kalsi-Ryan, S., Kotter, M., Kurpad, S., Kwon, B., Marino, R., Martin, A., Massicotte, E., Merli, G., Middleton, J., Nakashima, H., Nagoshi, N., Palmieri, K., Shamji, M., Singh, A., Skelly, A., Tetreault, L., Wilson, J., Yee, A., Fehlings, M., A clinical practice guideline for the management of patients with acute spinal cord injury: Recommendations on the type and timing of rehabilitation, Global Spine Journal, 7, 358S-359S, 2017	Published as abstract only
Calleja, Pauline, Aitken, Leanne M., Cooke, Marie L., Information transfer for multi-trauma patients on discharge from the emergency department: mixed-method narrative review, Journal of Advanced Nursing, 67, 4-18, 2011	Semi-systematic review emphasising qualitative research/analysis methods. Additionally, it focuses on trauma care and does not mention rehabilitation.
Callender, Librada, Brown, Rachel, Driver, Simon, Dahdah, Marie, Collinsworth, Ashley, Shafi, Shahid, Process for developing rehabilitation practice recommendations for individuals with traumatic brain injury, BMC neurology, 17, 54, 2017	Technical paper about how to develop an evidence-based guideline; contains no primary or secondary data.
Cameron, I. D., Handoll, H. H. G., Finnegan, T. P., Langhorne, P., Multidisciplinary rehabilitation for older people with hip	Earlier version of Handoll 2009

Study	Reason for Exclusion
fractures, Cochrane Database of Systematic Reviews, CD007125, 2008	
Cameron, I. D., Handoll, H. H., Finnegan, T. P., Madhok, R., Langhorne, P., Co-ordinated multidisciplinary approaches for inpatient rehabilitation of older patients with proximal femoral fractures, The Cochrane database of systematic reviews, CD000106, 2001	Earlier version of Cameron 2009
Cameron, Ian D., Coordinated multidisciplinary rehabilitation after hip fracture, Disability and rehabilitation, 27, 1081-90, 2005	Narrative review
Cameron, Ian D., Handoll, Helen Hg, Finnegan, Terence P., Madhok, Rajan, Langhorne, Peter, WITHDRAWN: Co-ordinated multidisciplinary approaches for inpatient rehabilitation of older patients with proximal femoral fractures, The Cochrane database of systematic reviews, CD000106, 2009	Withdrawn from the Cochrane library as it has been incorporated into another review with an expended scope (Handoll 2009)
Campbell, C. V., Cooper, J., Shabir, F., Wills, E., Ong, T., An enhanced therapy service for patients with fractured neck of femur - Service evaluation of a pilot project, Age and Ageing, 46, 2017	Published as abstract only
Canadillas Rueda, R., Domingo Montesinos, N., Natividad Pedreno, M., Comprehensive treatment and secondary prevention of fragility fractures in the elderly in an orthogeriatric unit. Multidisciplinary management of osteoporotic patients pre and post surgery. Advantages and results, Osteoporosis International, 27, S539, 2016	Published as abstract only
Careau, Emmanuelle, Dussault, Julie, Vincent, Claude, Development of interprofessional care plans for spinal cord injury clients through videoconferencing, Journal of interprofessional care, 24, 115-8, 2010	Study design not in PICO: No comparison group
Carney, Nancy A., Petroni, Gustavo J., Lujan, Silvia B., Ballarini, Nicolas M., Faguaga, Gabriela A., du Coudray, Hugo E. M., Huddleston, Amy E., Baggio, Gloria M., Becerra, Juan M., Busso, Leonardo O., Dikmen, Sureyya S., Falcone, Roberto, Garcia, Mirta E., Gonzalez Carrillo, Osvaldo R., Medici, Paula L., Quaglino, Marta B., Randisi, Carina A., Saenz, Silvia S., Temkin, Nancy R., Vanella, Elida E., Postdischarge Care of Pediatric Traumatic Brain Injury in Argentina: A Multicenter Randomized Controlled Trial, Pediatric critical care medicine : a journal of the Society of Critical Care Medicine and the World Federation of Pediatric Intensive and Critical Care Societies, 17, 658-66, 2016	Intervention not in PICO: Discharge support related to medical care. Study does not report on patients receiving rehabilitation or social care
Carroll, V., The Adult Patient Assessment Tool and care plan, Australian nursing journal (July 1993), 14, 29-32, 2007	Outcomes and population not in PICO: Description of the development of an assessment tool by a multi-disciplinary working group
Castillo, Renan C., Wegener, Stephen T., Newell, Mary Zadnik, Carlini, Anthony R., Bradford, Anna N., Heins, Sara E., Wysocki, Elizabeth, Pollak, Andrew N., Teter, Harry, Mackenzie, Ellen J., Improving outcomes at Level I trauma centers: an early evaluation of the Trauma Survivors Network, The journal of trauma and acute care surgery, 74, 1534-40, 2013	Intervention and comparison not in PICO: Trauma survivor network program consisting of self-management course, peer support, information access and provider training standard care versus standard care
Chang, C. B., Yang, R. S., Huang, W. J., Chan, D. C., Fracture type on the outcome of patients managed within the fracture liaison and osteoporosis medication management services, Osteoporosis International, 30, S92, 2019	Published as abstract only
Chong, Tsung Wei, Chan, Gribson, Feng, Liang, Goh, Susie, Hew, Agnes, Ng, Tze Pin, Tan, Boon Yeow, Integrated care	Intervention not in PICO: Not concerned with the coordination

Study	Reason for Exclusion
pathway for hip fractures in a subacute rehabilitation setting, Annals of the Academy of Medicine, Singapore, 42, 579-84, 2013	of rehabilitation services for trauma patients while they are inpatients.
Chudyk, Anna M., Jutai, Jeffrey W., Petrella, Robert J., Speechley, Mark, Systematic review of hip fracture rehabilitation practices in the elderly, Archives of physical medicine and rehabilitation, 90, 246-62, 2009	Systematic review: Included studies checked for relevance.
Clark, J., Gill, C., Sprott, A., Joined up thinking: A model for long-term abi rehabilitation after return home, Brain Injury, 26, 432-433, 2012	Published as abstract only
Closa, Conxita, Mas, Miquel A., Santaeugenia, Sebastia J., Inzitari, Marco, Ribera, Aida, Gallofre, Miquel, Hospital-at-home Integrated Care Program for Older Patients With Orthopedic Processes: An Efficient Alternative to Usual Hospital-Based Care, Journal of the American Medical Directors Association, 18, 780-784, 2017	Study design not in PICO: Non-randomised study with less than N=100 in at least 1 intervention group
Coetzer, Rudi, Holistic neuro-rehabilitation in the community: is identity a key issue?, Neuropsychological rehabilitation, 18, 766-83, 2008	Narrative review
Collins, Nina, Miller, Richard, Kapu, April, Martin, Rita, Morton, Melissa, Forrester, Mary, Atkinson, Shelley, Evans, Bethany, Wilkinson, Linda, Outcomes of adding acute care nurse practitioners to a Level I trauma service with the goal of decreased length of stay and improved physician and nursing satisfaction, The journal of trauma and acute care surgery, 76, 353-7, 2014	Intervention not in PICO: Acute care nurse practitioner (ACNP) who coordinated acute/ clinical care with a very brief mention of rehabilitation was "The ACNP attended the daily "discharge huddle"™ a team meeting that encompasses T2 [step-down care from ICU] and T3 [trauma nurse practitioner satellite service] NPs [nurse practitioner], case managers, social worker, liaisons to rehabilitation and nursing home facilities, and home health agency staff to facilitate communication and the discharge process." (p. 354). Only outcome reported is length of stay.
Cooper, M., Ganda, K., Palmer, A., Seibel, M. J., Cost effectiveness of a targeted intervention to reduce refracture rates: Analysis of a four year prospective controlled study, Journal of Bone and Mineral Research, 26, 2011	Published as abstract only
Cooper, M., Palmer, A., Ganda, K., Seibel, M. J., Cost-effectiveness of a targeted intervention to reduce the rate of refracture: Results ofa 4-year prospective controlled study, Osteoporosis International, 22, S651-S652, 2011	Published as abstract only
Cordasco, K. M., Saifu, H., Rubenstein, L. V., Khafaf, M., Doyle, B., Hsiao, J., Orshansky, G., Ganz, D., The ED-PACT tool: Communicating veterans' care needs after emergency department visits via electronic messages, Journal of General Internal Medicine, 32, S800, 2017	Published as abstract only
Corser, William D., Postdischarge outcome rates influenced by comorbidity and interdisciplinary collaboration, Outcomes management, 8, 45-51, 2004	Study design and population not in PICO: Non-randomised study with less than N=100 in each arm (total N=189). Unclear exactly why population admitted, but n=67 were admitted from

Study	Reason for Exclusion
	medical cardiac services.
Crotty, M., Rowett, D., Spurling, L., Giles, L. C., Phillips, P. A., Does the addition of a pharmacist transition coordinator improve evidence-based medication management and health outcomes in older adults moving from the hospital to a long-term care facility? Results of a randomized, controlled trial, American Journal Geriatric Pharmacotherapy, 2, 257-264, 2004	Unclear population: Older people being transferred from hospital to long term care facility with no further details.
Crotty, M., Whitehead, C. H., Gray, S., Finucane, P. M., Early discharge and home rehabilitation after hip fracture achieves functional improvements: A randomized controlled trial, Clinical Rehabilitation, 16, 406-413, 2002	Study dates not in PICO: 1998-1999
Crouch, D., Taking spinal care into the community, Nursing times, 100, 24-25, 2004	Narrative review
Cuthbert, J., Anderson, J., Mason, C., Block, S., Martin, K., Dettmer, J., Weintraub, A., Harrison-Felix, C., Evaluating case management needs and impact for adults with chronic TBI, Brain Injury, 28, 706, 2014	Published as abstract only
Davies Urizar, B., Malanga Ferrari, A., Garcia Fernandez, J. A., Martin De Francisco Murga, E., Alonso Bouzon, C., Rodriguez-Manas, L., Benefits of an orthogeriatric unit, European Geriatric Medicine, 2, S138, 2011	Published as abstract only
De Goumoens, V., Rio, L. M., Jaques, C., Ramelet, A. S., Family-oriented interventions for adults with acquired brain injury and their families: A scoping review, JBI Database of Systematic Reviews and Implementation Reports, 16, 2330-2367, 2018	Systematic review: Included studies checked for relevance.
Dibardino, D., Cohen, E. R., Didwania, A., Meta-analysis: Multidisciplinary fall prevention strategies in the acute care inpatient population, Journal of Hospital Medicine, 7, 497-503, 2012	Systematic review: Included studies checked for relevance.
Doloresco, L., CARF: symbol of rehabilitation excellence, SCI nursing : a publication of the American Association of Spinal Cord Injury Nurses, 18, 165-172, 2001	Article not available
Donohue, Kathleen, Hoevenaars, Richelle, McEachern, Jocelyn, Zeman, Erica, Mehta, Saurabh, Home-Based Multidisciplinary Rehabilitation following Hip Fracture Surgery: What Is the Evidence?, Rehabilitation research and practice, 2013, 875968, 2013	Systematic review: Included studies checked for relevance.
Dorsey, Julie, Bradshaw, Michelle, Effectiveness of Occupational Therapy Interventions for Lower-Extremity Musculoskeletal Disorders: A Systematic Review, The American journal of occupational therapy : official publication of the American Occupational Therapy Association, 71, 7101180030p1-7101180030p11, 2017	Systematic review. Included studies checked for relevance. Stenvall 2007 was identified as a relevant study and has been included.
Drago, K., Bernstein, J., Graven, P., Dobbertin, K., Eckstrom, E., Higher quality, lower cost with a geriatrics consult service, Journal of the American Geriatrics Society, 65, S36, 2017	Published as abstract only
Driessen, Julia, Bellon, Johanna E., Stevans, Joel, Forsythe, Raquel M., Reynolds, Benjamin R., James, A. Everette, 3rd, Perceived performance and impact of a non-physician-led interprofessional team in a trauma clinic setting, Journal of interprofessional care, 31, 112-114, 2017	Outcomes not in PICO: Team survey responses, consults given and new therapy referrals initiated.
Dunn, A. M., Boylston, M., Establishing a consultation service through multidisciplinary rounds, PM and R, 7, S151-S152, 2015	Published as abstract only
Dutton, Richard P., Cooper, Carnell, Jones, Alan, Leone, Susan, Kramer, Mary E., Scalea, Thomas M., Daily multidisciplinary rounds shorten length of stay for trauma patients, The Journal of	Intervention not in PICO: Daily multidisciplinary rounds focused on medical care, not

Study	Reason for Exclusion
trauma, 55, 913-9, 2003	coordination or delivery of rehabilitation or social care
Eicher, Vicki, Murphy, Mary Pat, Murphy, Thomas F., Malec, James F., Progress assessed with the Mayo-Portland Adaptability Inventory in 604 participants in 4 types of post-inpatient rehabilitation brain injury programs, Archives of Physical Medicine and Rehabilitation, 93, 100-7, 2012	Interventions not in PICO: 4 different rehabilitation programmes with different content, not coordination or delivery of rehabilitation or social care
Espinoza, L., Scudder, B., Rosario, E., Patient navigation for traumatic brain injury, Journal of Head Trauma Rehabilitation, Conference, 2013	Published as abstract only
Farba, L., Cypin, I., Spesivtcev, I., The first assessment of the principles of "Co-managed care in elderly patients" in Moscow City hospital #13, Osteoporosis International, 27, S131, 2016	Published as abstract only
Faux, S., Wu, J., Harris, I., Poulos, C., Klein, L., Murray, G., Wilson, S., John, E., Early rehabilitation after hospital admission for road-trauma via an in-reach mobile team; a randomised controlled trial, Archives of Physical Medicine and Rehabilitation, 97, e15-e16, 2016	Published as abstract only
Featherall, J., Brigati, D. P., Faour, M., Messner, W., Higuera, C. A., Implementation of a Total Hip Arthroplasty Care Pathway at a High-Volume Health System: Effect on Length of Stay, Discharge Disposition, and 90-Day Complications, Journal of Arthroplasty, 33, 1675-1680, 2018	Intervention not in PICO: Hip arthroplasty care pathway, including pre-operative, peri-operative and post-operative interventions. Mention of clinical care coordinator in the post-operative section but not able to quantify what is due to care coordinator and what is attributable to other interventions.
Fernandez, M. A., Griffin, X. L., Costa, M. L., Management of hip fracture, British medical bulletin, 115, 165-72, 2015	Narrative review
Fernandez-Moyano, A., Fernandez-Ojeda, R., Ruiz-Romero, V., Garcia-Benitez, B., Palmero-Palmero, C., Aparicio-Santos, R., Comprehensive care program for elderly patients over 65 years with hip fracture, Revista clinica espanola, 214, 17-23, 2014	Length of stay and readmission data does not have enough details reported to compare results of pre-implementation cohort and post-implementation cohort (no mean of before, no standard deviation of before, no statistical analysis presented). Barthel Index is only compared between those who survived and those who died during the study period.
Fiona, N., Lucinda, M., Margot, P., Gabor, M., Suzanne, M., Bernard, W., Erica, E., Sanjay, G., Implementation of re-fracture prevention of >65 year old inpatient fractured neck of femur prior to discharge, Internal Medicine Journal, 46, 10, 2016	Published as abstract only
Fitzsimmons, R. D., Brain injury case management: The potential and limitations of late-stage intervention - A pilot study, Brain Injury, 17, 947-971, 2003	Study design not in PICO: Non-randomised study with less than N=100 in each arm (total N=22)
Flikweert, E. R., Izaks, G. J., Knobben, B. A., Stevens, M., Wendt, K., The development of a comprehensive multidisciplinary care pathway for patients with a hip fracture: design and results of a clinical trial, BMC Musculoskeletal Disorders, 15, 188, 2014	Intervention not in PICO: Not concerned with the coordination of rehabilitation services for trauma patients while they are inpatients.

Study	Reason for Exclusion
Flinn, N. A., Kelley, T., Foo, S., Medical home for persons with disabilities: A target for the triple aim, Archives of Physical Medicine and Rehabilitation, 94, e55-e56, 2013	Published as abstract only
Fojas Ma, C. M., Ing, S. W., Phieffer, L., Stephens, J., Southerland, L., Evolution of a fracture prevention program : A review of our experience at the Ohio state university, Endocrine Reviews, 37, 2016	Published as abstract only
Forni, Silvia, Pieralli, Francesca, Sergi, Alessandro, Lorini, Chiara, Bonaccorsi, Guglielmo, Vannucci, Andrea, Mortality after hip fracture in the elderly: The role of a multidisciplinary approach and time to surgery in a retrospective observational study on 23,973 patients, Archives of Gerontology and Geriatrics, 66, 13-7, 2016	Intervention not in PICO: Multi-disciplinary team designed to acutely treat hip fracture patients in order to decrease time from admission to surgery, rather than multi-disciplinary team for rehabilitation care
Franz, Shiney, Muser, Jurgen, Thielhorn, Ulrike, Wallesch, Claus W., Behrens, Johann, Inter-professional communication and interaction in the neurological rehabilitation team: a literature review, Disability and Rehabilitation, 1-9, 2018	Systematic review: Included studies checked for relevance.
Fukuda, Haruhisa, Shimizu, Sayuri, Ishizaki, Tatsuro, Has the Reform of the Japanese Healthcare Provision System Improved the Value in Healthcare? A Cost-Consequence Analysis of Organized Care for Hip Fracture Patients, PLoS ONE, 10, e0133694, 2015	Comparison not in PICO: Hip fracture care in hospitals autonomously providing integrated care across specialties versus in acute care hospitals and rehabilitative care hospitals providing organized care across separate facilities (the organisation of the care is not further described).
Furlan, Andrea D., Irvin, Emma, Munhall, Claire, Giraldo-Prieto, Mario, Fullerton, Laura, McMaster, Robert, Danak, Shivang, Costante, Alicia, Pitzul, Kristen, Bhide, Rohit P., Marchenko, Stanislav, Mahood, Quenby, David, Judy A., Flannery, John F., Bayley, Mark, Rehabilitation service models for people with physical and/or mental disability living in low- and middle-income countries: A systematic review, Journal of Rehabilitation Medicine, 50, 487-498, 2018	Systematic review: Included studies checked for relevance.
Gailey, Robert, Gaunaurd, Ignacio, Raya, Michele, Kirk-Sanchez, Neva, Prieto-Sanchez, Luz M., Roach, Kathryn, Effectiveness of an Evidence-Based Amputee Rehabilitation (EBAR) Program: A Pilot Randomized Controlled Trial, Physical therapy, 2020	Intervention not in PICO: Rehabilitation programme designed to occur after participants had completed physical therapy and prosthetic training.
Gjerberg, Elisabeth, Flottorp, Signe, Holte, Hilde H., 2008	Article not available
Grabljevec, Klemen, Singh, Rajiv, Denes, Zoltan, Angerova, Yvona, Nunes, Renato, Boldrini, Paolo, Delargy, Mark, Laxe, Sara, Kiekens, Carlotte, Varela Donoso, Enrique, Christodoulou, Nicolas, Evidence-based position paper on Physical and Rehabilitation Medicine professional practice for Adults with Acquired Brain Injury. The European PRM position (UEMS PRM Section), European journal of physical and rehabilitation medicine, 54, 971-979, 2018	Systematic review: Included studies checked for relevance.
Gregersen, Merete, Morch, Marianne Metz, Hougaard, Kjeld, Damsgaard, Else Marie, Geriatric intervention in elderly patients with hip fracture in an orthopedic ward, Journal of injury & violence research, 4, 45-51, 2012	Intervention not in PICO: Multi-disciplinary team designed to acutely treat hip fracture patients in order to decrease time from admission to surgery, rather than multi-disciplinary

Study	Reason for Exclusion
	team for rehabilitation care
Grigoryan, K., Javedan, H., Rudolph, J., Ortho-geriatric models and optimal outcomes: A systematic review and meta-analysis, Journal of the American Geriatrics Society, 61, S8-S9, 2013	Published as abstract only
Grigoryan, Konstantin V., Javedan, Houman, Rudolph, James L., Orthogeriatric care models and outcomes in hip fracture patients: a systematic review and meta-analysis, Journal of Orthopaedic Trauma, 28, e49-55, 2014	Systematic review. Included studies checked for relevance. Stenvall 2007 was identified as a relevant study and has been included.
Grill, E., Ewert, T., Lipp, B., Mansmann, U., Stucki, G., Effectiveness of a community-based 3-year advisory program after acquired brain injury, European Journal of Neurology, 14, 1256-65, 2007	Mixed population: Only 310/1181 were in PICO (traumatic brain injury) but results are not presented separately for target population.
Grobe, K. F., Lin, S. J., Ababneh, A. F., Orozco, E. M., Maxey, K., Smarda, M. J., Lopez, A. R., The feasibility and effectiveness of an internet-based exercise program in individuals with spinal cord injury, Cardiopulmonary Physical Therapy Journal, 31, e16-e17, 2020	Published as abstract only
Gupta, A., The effectiveness of geriatrician-led comprehensive hip fracture collaborative care in a new acute hip unit based in a general hospital setting in the UK, The journal of the Royal College of Physicians of Edinburgh, 44, 20-6, 2014	Intervention not in PICO: Multi-disciplinary team designed to acutely care for hip fracture patients pre- and post-operatively, rather than multi-disciplinary team for coordination of rehabilitation.
Guy, S., Kras-Dupuis, A., Wolfe, D., Hsieh, J., Walia, S., Askes, H., Spinal cord injury best practice implementation for pressure ulcer prevention: Initial implementation results, Archives of Physical Medicine and Rehabilitation, 94, e25, 2013	Published as abstract only
Haan, James M., Dutton, Richard P., Willis, Michelle, Leone, Susan, Kramer, Mary E., Scalea, Thomas M., Discharge rounds in the 80-hour workweek: importance of the trauma nurse practitioner, The Journal of trauma, 63, 339-43, 2007	Intervention not in PICO: Daily multidisciplinary rounds focused on medical care, not coordination or delivery of rehabilitation or social care
Halbert, J., Crotty, M., Whitehead, C., Cameron, I., Kurrle, S., Graham, S., Handoll, H., Finnegan, T., Jones, T., Foley, A., Shanahan, M., Multi-disciplinary rehabilitation after hip fracture is associated with improved outcome: A systematic review, Journal of Rehabilitation Medicine, 39, 507-512, 2007	Systematic review: Included studies checked for relevance.
Hall, Erin C., Tyrrell, Rebecca L., Doyle, Karen E., Scalea, Thomas M., Stein, Deborah M., Trauma transitional care coordination: A mature system at work, The journal of trauma and acute care surgery, 84, 711-717, 2018	Intervention not in PICO: Not concerned with the coordination of rehabilitation services for trauma patients while they are inpatients.
Hall, Erin C., Tyrrell, Rebecca, Scalea, Thomas M., Stein, Deborah M., Trauma Transitional Care Coordination: protecting the most vulnerable trauma patients from hospital readmission, Trauma surgery & acute care open, 3, e000149, 2018	No information presented for comparison group, including number of participants.
Hammond, Flora M., Gassaway, Julie, Abeyta, Nichola, Freeman, Erma S., Primack, Donna, Kreider, Scott E. D., Whiteneck, Gale, Outcomes of social work and case management services during inpatient spinal cord injury rehabilitation: the SCIRehab project, The journal of spinal cord medicine, 35, 611-23, 2012	Study design not in PICO: No intervention.
Handoll, H. H. G., Cameron, I. D., Mak, J. C. S., Finnegan, T. P.,	Systematic review: Included

Study	Reason for Exclusion
Multidisciplinary rehabilitation for older people with hip fractures, Cochrane Database of Systematic Reviews, CD007125, 2009	studies checked for relevance.
Hart, Tessa, Brockway, Jo Ann, Maiuro, Roland D., Vaccaro, Monica, Fann, Jesse R., Mellick, David, Harrison-Felix, Cindy, Barber, Jason, Temkin, Nancy, Anger Self-Management Training for Chronic Moderate to Severe Traumatic Brain Injury: Results of a Randomized Controlled Trial, The Journal of head trauma rehabilitation, 32, 319-331, 2017	Intervention not in PICO: Treatment protocol for anger self-management training. No mention of co-ordination or delivery of rehabilitation.
Hart, Tessa, Driver, Simon, Sander, Angelle, Pappadis, Monique, Dams-O'Connor, Kristen, Bocage, Claire, Hinkens, Emma, Dahdah, Marie N., Cai, Xinsheng, Traumatic brain injury education for adult patients and families: a scoping review, Brain Injury, 32, 1295-1306, 2018	Systematic review: Included studies checked for relevance.
Hartwell, J., Albanese, K., Retterer, A., Martin, S., O'Mara, M. S., A trauma patient advocate is a valuable addition to the multidisciplinary trauma team: A process improvement project, American Surgeon, 82, S183-S185, 2016	No study results presented in paper
He, J., Wei, Q., Effect observation of community rehabilitation model on generic set of ICF for patients with TBI, Neurorehabilitation and Neural Repair, 32, 323-324, 2018	Published as abstract only
Heinemann, A. W., Corrigan, J. D., Moore, D., Case Management for Traumatic Brain Injury Survivors with Alcohol Problems, Rehabilitation Psychology, 49, 156-166, 2004	Intervention not in PICO: Comprehensive case management for people with traumatic brain injury and post-injury substance abuse
Heppenstall, C. P., Hanger, H. C., Wilkinson, T. J., The canterbury community rehabilitation, enablement and support team (CREST) service: A novel service to support wellbeing and independence in the community, Age and Ageing, 48, 2019	Published as abstract only
Herrera-Espiñeira, C., Rodríguez del Águila Mdel, M., Navarro Espigares, J. L., Godoy Montijano, A., García Priego, A., Rodríguez, J. G., Sánchez, I. R., Effect of a telephone care program after hospital discharge from a trauma surgery unit, Gaceta sanitaria, 25, 133-138, 2011	Article in Spanish
Heyman, Noemi, Etzion, Isaac, Ben Natan, Merav, A coordination project for improvement of osteoporosis medication use among patients who sustained an osteoporotic fracture: The Israeli experience, Osteoporosis and Sarcopenia, 4, 134-139, 2018	Outcomes not in PICO: Osteoporosis medication use
Ho, W. S., Chan, H. H., Ying, S. Y., Cheng, H. S., Wong, C. S., Skin care in burn patients: A team approach, Burns, 27, 489-491, 2001	Study dates not in PICO: 1992-January 2000. Results not presented separately for the 1 month that was in PICO (January 2000)
Holliday, Anna, Samanta, Damayanti, Budinger, Julie, Hardway, Jessica, Bethea, Audis, An Outcome Analysis of Nurse Practitioners in Acute Care Trauma Services, Journal of trauma nursing : the official journal of the Society of Trauma Nurses, 24, 365-370, 2017	Intervention not in PICO: Nurse practitioners were used to facilitate transfer throughout acute trauma services (including ICU, floor, and post-acute clinic). Apart from placing the order for a rehabilitation consultation, there is no further mention of coordination of rehabilitation services. No mention of rehabilitation services, after a brief mention of placing rehabilitation

Study	Reason for Exclusion
	consultation order.
Holstege, M. S., Bakkers, E., van Balen, R., Gussekloo, J., Achterberg, W. P., Caljouw, M. A., Structured scoring of supporting nursing tasks to enhance early discharge in geriatric rehabilitation: The BACK-HOME quasi-experimental study, International journal of nursing studies, 64, 13-18, 2016	Population not in PICO: Only 31% (reference) and 34% (intervention) were admitted for traumatic injury. Results not presented separately for cause of admission.
Holstege, M. S., Caljouw, M. A. A., Van Balen, R., Gussekloo, J., Achterberg, W. P., Effectiveness of innovations in geriatric rehabilitation. The SINGER Study, European Geriatric Medicine, 4, S109-S110, 2013	Published as abstract only
Hossain, M. S., Harvey, L. A., Rahman, M. A., Bowden, J. L., Islam, M. S., Taylor, V., Muldoon, S., Herbert, R. D., A pilot randomised trial of community-based care following discharge from hospital with a recent spinal cord injury in Bangladesh, Clinical Rehabilitation, 31, 781-789, 2017	Unsure population: Inclusion criteria states participants with both traumatic and non-traumatic spinal cord injury. No further information about what proportions were traumatic, and results not presented separately for target population.
Houlihan, B., Brody, M., Skeels, S., Pernigotti, D., Zazula, J., Burnett, S., Green, C., Seetharama, S., Hasiotis, S., Belliveau, T., Rosenblum, D., Jette, A., RCT of peer-led phone-based empowerment intervention for persons with chronic spinal cord injury improves health self-management, Archives of Physical Medicine and Rehabilitation, 98, e152, 2017	Published as abstract only
Houlihan, Bethlyn Vergo, Brody, Miriam, Everhart-Skeels, Sarah, Pernigotti, Diana, Burnett, Sam, Zazula, Judi, Green, Christa, Hasiotis, Stathis, Belliveau, Timothy, Seetharama, Subramani, Rosenblum, David, Jette, Alan, Randomized Trial of a Peer-Led, Telephone-Based Empowerment Intervention for Persons With Chronic Spinal Cord Injury Improves Health Self-Management, Archives of Physical Medicine and Rehabilitation, 98, 1067-1076.e1, 2017	Intervention not in PICO: 'My Care My Call' designed for people with SCI already in the community. No mention of coordination or delivery of rehabilitation or social care during transfer.
Huang, T. T., Liang, S. H., A randomized clinical trial of the effectiveness of a discharge planning intervention in hospitalized elders with hip fracture due to falling, J Clin Nurs, 14, 1193-201, 2005	Intervention not in PICO: Not concerned with the coordination of rehabilitation services for trauma patients while they are inpatients.
Hums, Wendy, Williams, Julianne, Dedicated trauma care unit: an outcome-based model, Journal of trauma nursing : the official journal of the Society of Trauma Nurses, 12, 21-6, 2005	Narrative review
Jaber, Ala'a F., Hartwell, Julie, Radel, Jeff D., Interventions to Address the Needs of Adults With Postconcussion Syndrome: A Systematic Review, The American journal of occupational therapy : official publication of the American Occupational Therapy Association, 73, 7301205020p1-7301205020p12, 2019	Article not available
Johansen, Inger, Lindbaek, Morten, Stanghelle, Johan K., Brekke, Mette, Structured community-based inpatient rehabilitation of older patients is better than standard primary health care rehabilitation: an open comparative study, Disability and Rehabilitation, 34, 2039-46, 2012	Study design not in PICO: Non-randomised study. Although N=100 in one of the comparison groups, patients had mixed aetiologies (for example, 16/100 had stroke)
Johnson, M. K., Yanko, J. R., Collaborative practice: a successful model, SCI nursing : a publication of the American Association of Spinal Cord Injury Nurses, 18, 7-10, 2001	Article not available
Jones, Taryn M., Dean, Catherine M., Hush, Julia M., Dear, Blake F., Titov, Nickolai, A systematic review of the efficacy of	Systematic review: Included

Study	Reason for Exclusion
self-management programs for increasing physical activity in community-dwelling adults with acquired brain injury (ABI), Systematic reviews, 4, 51, 2015	studies checked for relevance.
Jonsson, A., Gustafson, Y., Scholl, M., Hansen, F. R., Saarela, M., Nygaard, H., Laake, K., Jonsson, P. V., Valvanne, J., Dehlin, O., Geriatric rehabilitation as an integral part of geriatric medicine in the Nordic countries, Danish Medical Bulletin, 50, 439-445, 2003	Narrative review
Kammerlander, C., Gosch, M., Blauth, M., Lechleitner, M., Luger, T. J., Roth, T., The Tyrolean Geriatric Fracture Center: an orthogeriatric co-management model, Zeitschrift fur Gerontologie und Geriatrie, 44, 363-7, 2011	Study design not in PICO: No comparison group.
Kapu, A., Jones, P., Financial impact of adding acute care nurse practitioners (ACNPs) to inpatient models of care, Critical Care Medicine, 40, 27, 2012	Published as abstract only
Karlsson, A., Berggren, M., Gustafson, Y., B, Olofsson, Lindelöf, N., Stenvall, M., Effects of geriatric interdisciplinary home rehabilitation on walking ability and length of hospital stay after hip fracture: a randomized controlled trial, Journal of the American Medical Directors Association, 17, 464.e9-e464.e15, 2016	Comparison not in PICO: Groups received different treatment rather than same rehabilitation delivered or coordinated in different ways. Both groups received standard inpatient rehabilitation but the intervention group received Geriatric Interdisciplinary Home Rehabilitation after discharge which included a High-Intensity Functional Exercise programme and medical care.
Karlsson, A., Lindelof, N., Olofsson, B., Berggren, M., Gustafson, Y., Nordstrom, P., Stenvall, M., Effects of Geriatric Interdisciplinary Home Rehabilitation on Independence in Activities of Daily Living in Older People With Hip Fracture: A Randomized Controlled Trial, Archives of Physical Medicine and Rehabilitation, 2020	Comparison not in PICO: Groups received different treatment rather than same rehabilitation delivered or coordinated in different ways. Both groups received standard inpatient rehabilitation but the intervention group received Geriatric Interdisciplinary Home Rehabilitation after discharge which included a High-Intensity Functional Exercise programme and medical care.
Kennedy, K., Establishing an orthopaedic physiotherapy practitioner role on the wards of an acute trauma hospital, Physiotherapy (United Kingdom), 97, eS1529, 2011	Published as abstract only
Khan, F., Amatya, B., Hoffman, K., Systematic review of multidisciplinary rehabilitation in patients with multiple trauma, The British journal of surgery, 99 Suppl 1, 88-96, 2012	Systematic review: Included studies checked for relevance.
Khan, S. K., Shirley, M. D., Glennie, C., Fearon, P. V., Deehan, D. J., Achieving best practice tariff may not reflect improved survival after hip fracture treatment, Clinical Interventions in Aging, 9, 2097-2102, 2014	Intervention not in PICO: Best practice tariffs for achieving targets, but no information presented on how these were achieved so no information on coordination and delivery of rehabilitation or social care
Khan, S. K., Weusten, A., Bonczek, S., Tate, A., Port, A., The Best Practice Tariff helps improve management of neck of femur fractures: A completed audit loop, British Journal of Hospital	Population not in PICO: Inclusion criteria includes pathological hip fractures.

Study	Reason for Exclusion
Medicine, 74, 644-647, 2013	Results not presented separately for target population.
Kiel, S., Zimak, C., Chenot, J. F., Schmidt, C. O., Evaluation of an ambulatory geriatric rehabilitation program - results of a matched cohort study based on claims data, BMC geriatrics, 20, 30, 2020	Study design not in PICO: Case-control design
Kind, A., Polnaszek, B., Hovanes, M., Smith, M., Designation of a clinician for post-hospital follow-up care and 30-day rehospitalizations in patients discharged to nursing homes and rehabilitation facilities, Journal of the American Geriatrics Society, 61, S16, 2013	Published as abstract only
Koo, W. W. H., Hip care clinic: Improving osteoporosis treatment after a hip fracture, Osteoporosis International, 25, 609, 2014	Published as abstract only
Kooijmans, H., Post, M. W. M., Stam, H. J., van der Woude, L. H. V., Spijkerman, D. C. M., Snoek, G. J., Bongers-Janssen, H. M. H., van Koppenhagen, C. F., Twisk, J. W., Bussmann, J. B. J., Effectiveness of a Self-Management Intervention to Promote an Active Lifestyle in Persons With Long-Term Spinal Cord Injury: The HABITS Randomized Clinical Trial, Neurorehabilitation and Neural Repair, 31, 991-1004, 2017	Intervention not in PICO: Self-management intervention designed to increase physical activity in chronic SCI. No mention of coordination or delivery of rehabilitation or social care
Krulova, A., Vackova, J., Svestkova, O., Community-based rehabilitation system for people with acquired brain injury in the Czech Republic (from the point of view of occupational therapist), Brain Injury, 31, 852-853, 2017	Published as abstract only
Kurowski, Brad G., Taylor, H. Gerry, McNally, Kelly A., Kirkwood, Michael W., Cassedy, Amy, Horn, Paul S., Stancin, Terry, Wade, Shari L., Online Family Problem-Solving Therapy (F-PST) for Executive and Behavioral Dysfunction After Traumatic Brain Injury in Adolescents: A Randomized, Multicenter, Comparative Effectiveness Clinical Trial, The Journal of head trauma rehabilitation, 2019	Outcomes not in PICO: Behaviour Rating Inventory of Executive Function, Global Executive Composite, Behaviour Regulation Index, Metacognition Index and Strengths and Difficulties Questionnaire
Kusen, J. Q., Schafroth, B., Poblete, B., van der Vet, P. C. R., Link, B. C., Wijdicks, F. J. G., Babst, R. H., Beeres, F. J. P., The implementation of a Geriatric Fracture Centre for hip fractures to reduce mortality and morbidity: an observational study, Archives of Orthopaedic and Trauma Surgery, 139, 1705-1712, 2019	Population not in PICO: Patients ≥ 18 years old
Lamb, Laura C., Montgomery, Stephanie C., Wong Won, Brian, Harder, Siobhan, Meter, Jeffrey, Feeney, James M., A multidisciplinary approach to improve the quality of care for patients with fragility fractures, Journal of orthopaedics, 14, 247-251, 2017	Population not in PICO: Patients ≥ 18 years old
Lannin, Natasha, Carr, Belinda, Allaous, Jeanine, Mackenzie, Bronwyn, Falcon, Alex, Tate, Robyn, A randomized controlled trial of the effectiveness of handheld computers for improving everyday memory functioning in patients with memory impairments after acquired brain injury, Clinical Rehabilitation, 28, 470-81, 2014	Comparison not in PICO: Electronic vs non-electronic memory aid after discharge
Lathbury, K., The road ahead--managing a spinal cord injury, The Case manager, 11, 55-7, 2000	Narrative review
Latz, David, Bergermann, Anja, Jungnitsch, Jeannie, Grassmann, Jan Peter, Schiffner, Erik, Gahr, Britta, Tank, Anne, Windolf, Joachim, Ritz-Timme, Stefanie, Gras, Lilly, Jungbluth, Pascal, Characterisation of Victims Of Violence in the A & E Department and Analysis of the Acceptance of a Medico-Legal Expertise Centre After its Implementation vs. Multi-Year Consolidation, Charakterisierung unfallchirurgischer Gewaltopfer und Erfassung der Inanspruchnahme nach Implementierung und	Population not in PICO: People presenting to A&E without admission

Study	Reason for Exclusion
mehrjahriger Etablierung einer rechtsmedizinischen Gewaltopferambulanz., 157, 426-433, 2019	
Lau, T. W., Leung, F., Siu, D., Wong, G., Luk, K. D. K., Geriatric hip fracture clinical pathway: The Hong Kong experience, Osteoporosis International, 21, S627-S636, 2010	No information presented on historical comparison cohort, including number of participants
Laver, Kate, Lannin, Natasha A., Bragge, Peter, Hunter, Peter, Holland, Anne E., Tavender, Emma, O'Connor, Denise, Khan, Fary, Teasell, Robert, Gruen, Russell, Organising health care services for people with an acquired brain injury: an overview of systematic reviews and randomised controlled trials, BMC health services research, 14, 397, 2014	Systematic review: Included studies checked for relevance.
Leal, J., Gray, A. M., Hawley, S., Prieto-Alhambra, D., Delmestri, A., Arden, N. K., Cooper, C., Javaid, M. K., Judge, A., Cost-Effectiveness of Orthogeriatric and Fracture Liaison Service Models of Care for Hip Fracture Patients: A Population-Based Study, Journal of Bone and Mineral Research, 32, 203-211, 2017	Outcomes not in PICO: 30 day mortality, 1 year mortality, risk of 2nd fracture and assorted intervention cost measures
Leclercq, M. M., For the return at home: Mobil teams brain-injury, Annals of Physical and Rehabilitation Medicine, 57, e411, 2014	Published as abstract only
Lee, John C., Horst, Michael, Rogers, Amelia, Rogers, Frederick B., Wu, Daniel, Evans, Tracy, Edavettal, Mathew, Checklist-styled daily sign-out rounds improve hospital throughput in a major trauma center, The American surgeon, 80, 434-40, 2014	Intervention not in PICO: Checklist designed to coordinate medical care of trauma patients rather than coordination or delivery of rehabilitation or social care
Lee, S. Y., Amatya, B., Judson, R., Truesdale, M., Reinhardt, J. D., Uddin, T., Xiong, X. H., Khan, F., Clinical practice guidelines for rehabilitation in traumatic brain injury: a critical appraisal, Brain Injury, 33, 1263-1271, 2019	Review of guidelines. References checked for possible included studies - none were identified.
Lems, W. F., Dreinhofer, K. E., Bischoff-Ferrari, H., Blauth, M., Czerwinski, E., Da Silva, J., Herrera, A., Hoffmeyer, P., Kvien, T., Maalouf, G., Marsh, D., Puget, J., Puhl, W., Poor, G., Rasch, L., Roux, C., Schuler, S., Seriolo, B., Tarantino, U., Van Geel, T., Woolf, A., Wyers, C., Geusens, P., EULAR/EFORT recommendations for management of patients older than 50 years with a fragility fracture and prevention of subsequent fractures, Annals of the Rheumatic Diseases, 76, 802-810, 2017	Systematic review: Included studies checked for relevance.
Leung, Andraay Hon-Chi, Lam, Tsz-Ping, Cheung, Wing-Hoi, Chan, Tan, Sze, Pan-Ching, Lau, Thomas, Leung, Kwok-Sui, An orthogeriatric collaborative intervention program for fragility fractures: a retrospective cohort study, The Journal of trauma, 71, 1390-4, 2011	Intervention not in PICO: Orthogeriatric Collaborative Programme consisting of geriatric reviews. Aim was to optimise patient condition for surgery and to address previously undiagnosed medical problems.
Li, L., Dai, J. X., Xu, L., Huang, Z. X., Pan, Q., Zhang, X., Jiang, M. Y., Chen, Z. H., The effect of a rehabilitation nursing intervention model on improving the comprehensive health status of patients with hand burns, Burns, 43, 877-885, 2017	Intervention not in PICO: Nursing intervention involving elements of occupational therapy and psychological treatment rather than interventions comparing the coordination and/or delivery of rehabilitation or social care
Lin, Francis O. Y., Luk, James K. H., Chan, T. C., Mok, Winnie W. Y., Chan, Felix H. W., Effectiveness of a discharge planning and community support programme in preventing readmission of	Population not in PICO: Home-dwelling older patients aged >60 years admitted to the general

Study	Reason for Exclusion
high-risk older patients, Hong Kong medical journal = Xianggang yi xue za zhi, 21, 208-16, 2015	medical wards. Only 10% admitted through falls, results not presented separately for target population.
Lin, L., Wade, C., Comprehensive prevention and management of pressure ulcers in an acute inpatient rehabilitation facility: An evidence ebased assessment, PM and R, 8, S182-S183, 2016	Published as abstract only
Lin, P. C., Wang, C. H., Chen, C. S., Liao, L. P., Kao, S. F., Wu, H. F., To evaluate the effectiveness of a discharge-planning programme for hip fracture patients, Journal of Clinical Nursing, 18, 1632-1639, 2009	Intervention not in PICO: Not concerned with the coordination of rehabilitation services for trauma patients while they are inpatients.
Linden, M., Hawley, C., Blackwood, B., Evans, J., Anderson, V., O'Rourke, C., Technological aids for the rehabilitation of memory and executive functioning in children and adolescents with acquired brain injury, Cochrane Database of Systematic Reviews, 2016	Systematic review: Included studies checked for relevance.
Ling, Shi-Neng James, Kleimeyer, Christopher, Lynch, Genni, Burmeister, Elizabeth, Kennedy, Diana, Bell, Kate, Watkins, Leith, Cooke, Cameron, Can geriatric hip fractures be managed effectively within a level 1 trauma center?, Journal of Orthopaedic Trauma, 29, 160-4, 2015	Intervention not in PICO: Coordination of acute management of hip fracture, rather than rehabilitation.
Lisk, R., Krasuski, M., Watters, H., Parsons, C., Yeong, K., 12 months impact of an orthopaedic early supportive discharge (OSD) team in our hip fracture service, European Geriatric Medicine, 6, S150, 2015	Published as abstract only
Liu, Vincent X., Rosas, Efren, Hwang, Judith, Cain, Eric, Foss-Durant, Anne, Clopp, Molly, Huang, Mengfei, Lee, Derrick C., Mustille, Alex, Kipnis, Patricia, Parodi, Stephen, Enhanced Recovery After Surgery Program Implementation in 2 Surgical Populations in an Integrated Health Care Delivery System, JAMA Surgery, 152, e171032, 2017	Intervention not in PICO: Enhanced recovery after surgery programme designed to impact peri-operative management and does not include rehabilitation or social care
Lloyd-James, Lucy, Facing reality: discharge challenges after neuro-rehabilitation, Paediatric nursing, 18, 28, 2006	Narrative review
Lohse, Grant R., Leopold, Seth S., Theiler, Susan, Sayre, Cindy, Cizik, Amy, Lee, Michael J., Systems-based safety intervention: reducing falls with injury and total falls on an orthopaedic ward, The Journal of bone and joint surgery. American volume, 94, 1217-22, 2012	Population not in PICO: Mixture of traumatic and non-traumatic with results not reported separately for target population
Losh, Joseph, Duncan, Thomas K., Diaz, Graal, Lee, HyeSun, Romero, Javier, Multidisciplinary Patient Management Improves Mortality in Geriatric Trauma Patients, The American surgeon, 85, 230-233, 2019	Intervention not in PICO: Multidisciplinary medical trauma care, not rehabilitation
Lumba-Brown, A., Yeates, K. O., Sarmiento, K., Breiding, M. J., Haegerich, T. M., Gioia, G. A., Turner, M., Benzel, E. C., Suskauer, S. J., Giza, C. C., Joseph, M., Broomand, C., Weissman, B., Gordon, W., Wright, D. W., Moser, R. S., McAvoy, K., Ewing-Cobbs, L., Duhaime, A. C., Putukian, M., Holshouser, B., Paulk, D., Wade, S. L., Herring, S. A., Halstead, M., Keenan, H. T., Choe, M., Christian, C. W., Guskiewicz, K., Raksin, P. B., Gregory, A., Mucha, A., Taylor, H. G., Callahan, J. M., Dewitt, J., Collins, M. W., Kirkwood, M. W., Ragheb, J., Ellenbogen, R. G., Spinks, T. J., Ganiats, T. G., Sabelhaus, L. J., Altenhofen, K., Hoffman, R., Getchius, T., Gronseth, G., Donnell, Z., O'Connor, R. E., Timmons, S. D., Diagnosis and Management of Mild Traumatic Brain Injury in Children: A	Systematic review: Included studies checked for relevance..

Study	Reason for Exclusion
Systematic Review, JAMA Pediatrics, 172, 2018	
Mackey, Patricia A., Rosenthal, Laura D., Mi, Lanyu, Whitaker, Michael D., Subsequent Fracture Prevention in Patients 50 Years and Older With Fragility Fractures: A Quality Improvement Initiative, Journal for healthcare quality : official publication of the National Association for Healthcare Quality, 41, 17-22, 2019	Intervention not in PICO: Osteoporosis education, screening and treatment.
Malec, J. F., Eicher, V., Murphy, M. P., Murphy, T. F., Progress assessed with the mayo-portland adaptability inventory through the client outcome system for 604 participants in four types of postacute brain injury rehabilitation programs, Brain Impairment, 12, 68, 2011	Published as abstract only
Malec, J., Eicher, V., Murphy, M. P., Murphy, T., Progress in four postacute brain rehabilitation program types compared through the MPAI-4 outcome info system, Archives of Physical Medicine and Rehabilitation, 92, 1698, 2011	Published as abstract only
Mallick, Emad, Gulihar, Abhinav, Taylor, Grahame, Furlong, Andrew, Pandey, Radhakant, Impact of organisational changes on fracture neck of femur management, Annals of the Royal College of Surgeons of England, 93, 61-6, 2011	Intervention not in PICO: Project group aimed at changing surgical and medical management of hip fracture. No mention of rehabilitation.
Man, D. W., Soong, W. Y., Tam, S. F., Hui-Chan, C. W., Self-efficacy outcomes of people with brain injury in cognitive skill training using different types of trainer-trainee interaction, Brain Injury, 20, 959-970, 2006	Population not in PICO: Only 16/103 patients within PICO with results not reported separately for the target population.
Mangram, Alicia J., Shifflette, Vanessa K., Mitchell, Christopher D., Johnson, Van A., Lorenzo, Manuel, Truitt, Micheal S., Goel, Anuj, Lyons, Mark, Dunn, Ernest L., The creation of a geriatric trauma unit "G-60", The American surgeon, 77, 1144-6, 2011	Study design not in PICO: Non-randomised study with less than N=100 in 1 arm (n=150 in intervention group, n=78 in control group)
Massey, T., Smith, S., Bezzina, C., Ball, A., Specialist rehabilitation in a major trauma centre: It's not just about saving lives, Brain Injury, 28, 655, 2014	Published as abstract only
Mayo-Wilson, Evan, Grant, Sean, Burton, Jennifer, Parsons, Amanda, Underhill, Kristen, Montgomery, Paul, Preventive home visits for mortality, morbidity, and institutionalization in older adults: a systematic review and meta-analysis, PLoS ONE, 9, e89257, 2014	Systematic review: Included studies checked for relevance.
McMartin, K., Discharge planning in chronic conditions: An evidence-based analysis, Ontario Health Technology Assessment Series, 13, 1-72, 2013	Systematic review: Included studies checked for relevance.
Meaney, Mark, Divided loyalties in a brain injury case, The Case manager, 14, 30-72, 2003	Case report
Miller, Megan W., Emeny, Rebecca T., Freed, Gary L., Reduction of Hospital-acquired Pressure Injuries Using a Multidisciplinary Team Approach: A Descriptive Study, Wounds : a compendium of clinical research and practice, 31, 108-113, 2019	Population not in PICO: Hospital-wide implementation, with no separation of trauma and non-trauma patients
Mittal, Chikul, Lee, Hsien Chieh Daniel, Goh, Kiat Sern, Lau, Cheng Kiang Adrian, Tay, Leeanna, Siau, Chuin, Loh, Yik Hin, Goh, Teck Kheng Edward, Sandi, Chit Lwin, Lee, Chien Earn, ValuedCare program: a population health model for the delivery of evidence-based care across care continuum for hip fracture patients in Eastern Singapore, Journal of orthopaedic surgery and research, 13, 129, 2018	Intervention not in PICO: ValuedCare involved delivery of pre- and post-operative hip fracture care. No mention of delivery or coordination of rehabilitation or social care
Momosaki, Ryo, Kakuda, Wataru, Yamada, Naoki, Abo, Masahiro, Impact of board-certificated physiatrists on	Population not in PICO: Patients ≥ 18 years old

Study	Reason for Exclusion
rehabilitation outcomes in elderly patients after hip fracture: An observational study using the Japan Rehabilitation Database, Geriatrics & gerontology international, 16, 963-8, 2016	
Morris, D. S., Reilly, P., Rohrbach, J., Telford, G., Kim, P., Sims, C. A., The influence of unit-based nurse practitioners on hospital outcomes and readmission rates for patients with trauma, Journal of Trauma and Acute Care Surgery, 73, 474-478, 2012	Intervention not in PICO: Unit-based nurse practitioners are involved in delivering acute trauma care, not delivery and coordination of rehabilitation or social care
Murphy, R. P., Reddin, C., Murphy, E. P., Waters, R., Murphy, C. G., Canavan, M., Key Service Improvements After the Introduction of an Integrated Orthogeriatric Service, Geriatric Orthopaedic Surgery and Rehabilitation, 10, 2019	Intervention not in PICO: Integrated orthogeriatric service designed to streamline pre- and post-operative care for hip fracture. No mention of delivery or coordination or rehabilitation.
Naeem, F., Rodriguez, S., MacRae, A., Implementation of an analgesia and bowels protocol to improve patient care after hip fracture, Age and Ageing, 48, 2019	Published as abstract only
Naglie, Gary, Tansey, Catherine, Kirkland, James L., Ogilvie-Harris, Darryl J., Detsky, Allan S., Etchells, Edward, Tomlinson, George, O'Rourke, Keith, Goldlist, Barry, Interdisciplinary inpatient care for elderly people with hip fracture: a randomized controlled trial, CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne, 167, 25-32, 2002	Study years not in PICO: 1993-1997
Nakase-Richardson, Risa, Stevens, Lillian Flores, Tang, Xinyu, Lamberty, Greg J., Sherer, Mark, Walker, William C., Pugh, Mary Jo, Eapen, Blessen C., Finn, Jacob A., Saylors, Mimi, Dillahunt-Aspillaga, Christina, Adams, Rachel Sayko, Garofano, Jeffrey S., Comparison of the VA and NIDILRR TBI Model System Cohorts, The Journal of Head Trauma Rehabilitation, 32, 221-233, 2017	Comparison not in PICO: Comparison between population characteristics of 2 databases contributing to Traumatic Brain Injury Model System
Niemeijer, Gerard C., Flikweert, Elvira, Trip, Albert, Does, Ronald J. M. M., Ahaus, Kees T. B., Boot, Anja F., Wendt, Klaus W., The usefulness of lean six sigma to the development of a clinical pathway for hip fractures, Journal of Evaluation in Clinical Practice, 19, 909-14, 2013	Intervention not in PICO: Lean Six Sigma aimed at decreasing the length of stay in hospital rather than coordinating or delivering rehabilitation
Nizamoglu, Metin, O'Connor, Edmund Fitzgerald, Bache, Sarah, Theodorakopoulou, Evgenia, Sen, Sankhya, Sherren, Peter, Barnes, David, Dziewulski, Peter, The impact of major trauma network triage systems on patients with major burns, Burns : journal of the International Society for Burn Injuries, 42, 1662-1670, 2016	Study design not in PICO: Non-RCT with less than 100 per arm
Noticewala, M. S., Swart, E., Shah, R. P., Macaulay, W., Geller, J. A., First Place Award Multidisciplinary care of the hip fracture patient: A case control analysis of differing treatment protocols, Current Orthopaedic Practice, 27, 346-350, 2016	Intervention not in PICO: Multi-disciplinary team delivering acute inpatient hip fracture care, with no mention of delivery or coordination of rehabilitation or social care
O'Keefe, Sophie, Stanley, Mandy, Adam, Kerry, Lannin, Natasha A., A Systematic Scoping Review of Work Interventions for Hospitalised Adults with an Acquired Neurological Impairment, Journal of Occupational Rehabilitation, 29, 569-584, 2019	Systematic review: Included studies checked for relevance.
Olenginski, T. P., Maloney-Saxon, G., Matzko, C. K., Mackiewicz, K., Kirchner, H. L., Bengier, A., Newman, E. D., High-risk osteoporosis clinic (HiROC): improving osteoporosis and postfracture care with an organized, programmatic approach, Osteoporosis international : a journal established as	Population not in PICO: Patients with hip fracture due to osteoporosis

Study	Reason for Exclusion
result of cooperation between the European Foundation for Osteoporosis and the National Osteoporosis Foundation of the USA, 26, 801-10, 2015	
O'Malley, Natasha T., Blauth, Michael, Suhm, Norbert, Kates, Stephen L., Hip fracture management, before and beyond surgery and medication: a synthesis of the evidence, Archives of orthopaedic and trauma surgery, 131, 1519-27, 2011	Systematic review: Included studies checked for relevance.
O'Mara, Michael Shaymus, Ramaniuk, Aliaksandr, Graymire, Vickie, Rozzell, Monica, Martin, Stacey, Lean methodology for performance improvement in the trauma discharge process, The journal of trauma and acute care surgery, 77, 137-142, 2014	Comparison not in PICO: Trauma vs non-trauma wards
O'Neil, Jennifer, van Ierssel, Jacquie, Sveistrup, Heidi, Remote supervision of rehabilitation interventions for survivors of moderate or severe traumatic brain injury: A scoping review, Journal of telemedicine and telecare, 1357633X19845466, 2019	Systematic review: Included studies checked for relevance.
Parsons, M., Parsons, J., Pillai, A., Rouse, P., Mathieson, S., Bregmen, R., Smith, C., Kenealy, T., Post-Acute Care for Older People Following Injury: A Randomized Controlled Trial, Journal of the American Medical Directors Association, 2019	Intervention not in PICO: Not concerned with the coordination of rehabilitation services for trauma patients while they are inpatients.
Parsons, Matthew, Parsons, John, Pillai, Avinesh, Rouse, Paul, Mathieson, Sean, Bregmen, Rochelle, Smith, Christine, Kenealy, Tim, Post-Acute Care for Older People Following Injury: A Randomized Controlled Trial, Journal of the American Medical Directors Association, 21, 404-409.e1, 2020	Duplicate
Patrick, P. D., Allaire, J. H., Hostler, S. L., A pediatric brain injury program: Families are catalysts for change, SAGGI - Child Development and Disabilities, 29, 31-39, 2003	Article not available
Perez Santamaria, M., Dominguez Arevalo, M. J., Manso Perez Cossio, J., Peraza Sanchez, M., Outcomes of a multidisciplinary approach for the management of hip fractures in older patients. Experience in a regional hospital, Osteoporosis International, 27, S419, 2016	Published as abstract only
Pfeifer, M., Dionyssiotis, Y., Musculoskeletal Rehabilitation after Hip Fracture: A Review, Osteologie, 28, 183-191, 2019	Systematic review: Included studies checked for relevance.
Pfeifer, M., Minne, H. W., Musculoskeletal rehabilitation after hip fracture: A review, Archives of Osteoporosis, 5, 49-59, 2010	Systematic review: Included studies checked for relevance.
Phillips, V. L., Vesmarovich, S., Hauber, R., Wiggers, E., Egner, A., Telehealth: reaching out to newly injured spinal cord patients, Public health reports (Washington, D.C. : 1974), 116 Suppl 1, 94-102, 2001	Study dates not in PICO: 1998-August/September 2000. Results not presented separately for the period in PICO (January-August/September 2000)
Pils, K., Vavrovsky, G., Meisner, W., Schreiber, W., Bohmer, F., Improvement of rehabilitation outcomes of hip fractures: discharge assessment by patient care team, case management and wound healing]. [German, Wiener klinische wochenschrift, 112, 413-419, 2000	Article in German
Pioli, G., Pellicciotti, F., Davoli, M. L., Pignedoli, P., Sabetta, E., Ferrari, A., Hip fracture management and outcomes in Italy, European Geriatric Medicine, 1, 104-107, 2010	Narrative description of hip fracture care model. No presentation of data
Pope, Sue, Vickerstaff, A. L., Wareham, A. P., Lessons learned from early rehabilitation of complex trauma at the Royal Centre for Defence Medicine, Journal of the Royal Army Medical Corps, 163, 124-131, 2017	Narrative description of Royal Centre for Defence Medicine rehabilitation model. No presentation of study data.
Powell, J., Heslin, J., Greenwood, R., Community based	Study dates not in PICO: Pre-

Study	Reason for Exclusion
rehabilitation after severe traumatic brain injury: a randomised controlled trial, Journal of neurology, neurosurgery, and psychiatry, 72, 193-202, 2002	2000
Powell, Janet M., Fraser, Robert, Brockway, Jo Ann, Temkin, Nancy, Bell, Kathleen R., A Telehealth Approach to Caregiver Self-Management Following Traumatic Brain Injury: A Randomized Controlled Trial, The Journal of head trauma rehabilitation, 31, 180-90, 2016	Intervention not in PICO: Education for caregivers of people with traumatic brain injury
Prestmo, A., Sletvold, O., Thingstad, P., Taraldsen, K., Johnsen, L. G., Helbostad, J., Saltvedt, I., Outcomes of activities of daily living, cognition and mobility in the Trondheim Hip Fracture Trial. A randomized controlled trial, European Geriatric Medicine, 3, S56, 2012	Published as abstract only
Proudfoot, Suzanne, Bennett, Brandon, Duff, Simon, Palmer, Julie, Implementation and effects of Enhanced Recovery After Surgery for hip and knee replacements and fractured neck of femur in New Zealand orthopaedic services, The New Zealand medical journal, 130, 77-90, 2017	Comparison not in PICO: Groups received different treatment rather than same rehabilitation delivered or coordinated in different ways. Multi-component intervention with only 1 of 5 sections focused on discharge planning. Other areas targeted by the intervention was within the ambulance, pre-operative care, peri-operative care and post-operative care.
Prvu Bettger, Janet A., Stineman, Margaret G., Effectiveness of multidisciplinary rehabilitation services in postacute care: state-of-the-science. A review, Archives of physical medicine and rehabilitation, 88, 1526-34, 2007	Systematic review: Included studies checked for relevance.
Rae-Grant, Alex D., Turner, Aaron P., Sloan, Alicia, Miller, Deborah, Hunziker, James, Haselkorn, Jodie K., Self-management in neurological disorders: systematic review of the literature and potential interventions in multiple sclerosis care, Journal of rehabilitation research and development, 48, 1087-100, 2011	Systematic review: Included studies checked for relevance.
Rapidi, C. A., Tederko, P., Moslavac, S., Popa, D., Branco, C. A., Kiekens, C., Varela Donoso, E., Christodoulou, N., Evidence-based position paper on Physical and Rehabilitation Medicine (PRM) professional practice for persons with spinal cord injury. The European PRM position (UEMS PRM Section), European Journal of Physical and Rehabilitation Medicine, 54, 797-807, 2018	Systematic review: Included studies checked for relevance.
Reguant, F., Arnau, A., Lorente, J. V., Maestro, L., Bosch, J., Efficacy of a multidisciplinary approach on postoperative morbidity and mortality of elderly patients with hip fracture, Journal of Clinical Anesthesia, 53, 11-19, 2019	Intervention not in PICO: MDT intervention designed to optimise patient health before hip fracture surgery, rather than rehabilitation.
Reinhardt, J., Chen, S., Gosney, J., Hu, X., Li, J., Liu, S., Zhang, X., Effectiveness of a comprehensive rehabilitation services program on long-term physical functioning in injured survivors of the 2008 sichuan earthquake, PM and R, 4, S300, 2012	Published as abstract only
Rezaei, Mojtaba, Sharifi, Amirsina, Vaccaro, Alexander Richard, Rahimi-Movaghar, Vafa, Home-Based Rehabilitation Programs: Promising Field to Maximize Function of Patients with Traumatic Spinal Cord Injury, Asian journal of neurosurgery, 14, 634-640, 2019	Systematic review: Included studies checked for relevance.

Study	Reason for Exclusion
Robalino, S., Nyakang'o, S. B., Beyer, F., Fox, C., Allan, L. M., Effectiveness of interventions aimed at improving physical and psychological outcomes of fall-related injuries in people with dementia a systematic review, Age and Ageing, 47, 2018	Published as abstract only
Robles, L., Slogoff, M., Ladwig-Scott, E., Zank, D., Larson, M. K., Aranha, G., Shoup, M., The addition of a nurse practitioner to an inpatient surgical team results in improved use of resources, Surgery, 150, 711-717, 2011	Population not in PICO: Surgical and colorectal patients with no distinction between trauma and non-trauma surgical patients.
Roels, E. H., Aertgeerts, B., Ramaekers, D., Peers, K., Hospital- and community-based interventions enhancing (re)employment for people with spinal cord injury: a systematic review, Spinal cord, 54, 2-7, 2016	Systematic review: Included studies checked for relevance.
Rosario, Emily R., Espinoza, Laura, Kaplan, Stephanie, Khonsari, Sepehr, Thurndyke, Earl, Bustos, Melissa, Vickers, Kayla, Navarro, Brittney, Scudder, Bonnie, Patient navigation for traumatic brain injury promotes community re-integration and reduces re-hospitalizations, Brain Injury, 31, 1340-1347, 2017	Study design not in PICO: Non-RCT with less than 100 per arm.
Rothman, E. F., Cohort study: Violent reinjury and mortality highlights the need for a comprehensive care approach to youth presenting for assault-related injury, Evidence-Based Medicine, 20, 112, 2015	Setting not in PICO: Emergency department
Ruggiero, C., Zampi, E., Baroni, M., Mecocci, P., Rinonapoli, G., Caraffa, A., Conti, F., Brandi, M. L., The fracture unit to bridge the osteoporosis care gap in Italy, Osteoporosis International, 25, S365, 2014	Published as abstract only
Ryan, T., Enderby, P., Rigby, A. S., A randomized controlled trial to evaluate intensity of community-based rehabilitation provision following stroke or hip fracture in old age, Clinical Rehabilitation, 20, 123- 131, 2006	Intervention not in PICO: Not concerned with the coordination of rehabilitation services for trauma patients while they are inpatients.
Ryan, T., Enderby, P., Rigby, A. S., A randomized controlled trial to evaluate intensity of community-based rehabilitation provision following stroke or hip fracture in old age: results at 12-month followup, International journal on disability and human development, 5, 83- 89, 2006	Intervention not in PICO: Not concerned with the coordination of rehabilitation services for trauma patients while they are inpatients.
Rypkema, G., Adang, E., Dicke, H., Naber, T., De Swart, B., Disselhorst, L., Goluke-Willemse, G., Rikkert, M. O., Cost-effectiveness of an interdisciplinary intervention in geriatric inpatients to prevent malnutrition, Journal of Nutrition, Health and Aging, 8, 122-127, 2004	Unclear population: All non-terminally ill geriatric patients admitted for more than 2 days. Study does not report reason for admission.
Rytter, H. M., Westenbaek, K., Henriksen, H., Christiansen, P., Humle, F., Specialized interdisciplinary rehabilitation reduces persistent post-concussive symptoms: a randomized clinical trial, Brain Injury, 33, 266-281, 2019	Population not in PICO: People in the general population with post-concussive syndrome. Attended A&E but not admitted.
Saha, Sumit, DiRusso, Stephen M., Welle, Scott, Lieberman, Benjamin, Sender, Joel, Shabsigh, Ridwan, Baltazar, Gerard A., Integration of Geriatrician Consultation for Trauma Admissions May Benefit Patient Outcomes, Gerontology & geriatric medicine, 5, 2333721419858735, 2019	Intervention not in PICO: Geriatrician consultation for trauma patients upon admission to trauma centre if above 65 years old. No mention of coordination or delivery of rehabilitation.
Saltvedt, Ingvild, Prestmo, Anders, Einarsen, Elin, Johnsen, Lars Gunnar, Helbostad, Jorunn L., Sletvold, Olav, Development and delivery of patient treatment in the Trondheim Hip Fracture Trial. A new geriatric in-hospital pathway for elderly patients with hip fracture, BMC research notes, 5, 355, 2012	No study results presented in paper

Study	Reason for Exclusion
Sander, Beate, Elliot-Gibson, Victoria, Beaton, Dorcas E., Bogoch, Earl R., Maetzel, Andreas, A coordinator program in post-fracture osteoporosis management improves outcomes and saves costs, The Journal of bone and joint surgery. American volume, 90, 1197-205, 2008	Intervention not in PICO: Coordination of osteoporosis treatment after fragility fracture
Savage, R., Camejo, M., Kramer, S., Jeanne Lozada, A., McAllister, T., Mensah, N., Romanelli, L., Sanchez, L., Schneider, L., Donohue, P., Does multidisciplinary and intense rehabilitation in a post-acute brain injury school produce positive outcomes?, Journal of Head Trauma Rehabilitation, 32, E87, 2017	Published as abstract only
Sayer, J., Quality improvement-fracture liaison service development, Osteoporosis International, 27, S557, 2016	Published as abstract only
Schneider, Kathryn J., Leddy, John J., Guskiewicz, Kevin M., Seifert, Tad, McCrea, Michael, Silverberg, Noah D., Feddermann-Demont, Nina, Iverson, Grant L., Hayden, Alix, Makdissi, Michael, Rest and treatment/rehabilitation following sport-related concussion: a systematic review, British journal of sports medicine, 51, 930-934, 2017	Systematic review: Included studies checked for relevance.
Semerano, Luca, Guillot, Xavier, Rossini, Maurizio, Avice, Evelyne, Begue, Thierry, Wargon, Mathias, Boissier, Marie-Christophe, Saidenberg-Kermanac'h, Nathalie, What predicts initiation of osteoporosis treatment after fractures: education organisation or patients' characteristics?, Clinical and Experimental Rheumatology, 29, 89-92, 2011	Intervention not in PICO: Patient osteoporosis education and organisation of osteoporosis care
Sen, A., Xiao, Y., Lee, S. A., Dutton, R., Scalea, T., Multidisciplinary discharge rounds may reduce ED overcrowding by facilitating hospital throughput, Academic Emergency Medicine, 17, S98-S99, 2010	Published as abstract only
Serghiou, Michael A., Holmes, Christina L., McCauley, Robert L., A survey of current rehabilitation trends for burn injuries to the head and neck, The Journal of burn care & rehabilitation, 25, 514-8, 2004	Study design not in PICO: Survey of burn rehabilitation providers (N=100)
Shahrokhi, Akram, Azimian, Jalil, Amouzegar, Atousa, Oveisi, Sonia, Effect of Telenursing on Outcomes of Provided Care by Caregivers of Patients With Head Trauma After Discharge, Journal of trauma nursing : the official journal of the Society of Trauma Nurses, 25, 21-25, 2018	Intervention not in PICO: Weekly telephone calls to caregivers of people with head injury to discuss health status and possible issues. No mention of rehabilitation.
Shahrokhi, Akram, Azimian, Jalil, Amouzegar, Atousa, Oveisi, Sonia, The Effect of Telenursing on Referral Rates of Patients With Head Trauma and Their Family's Satisfaction After Discharge, Journal of trauma nursing : the official journal of the Society of Trauma Nurses, 25, 248-253, 2018	Intervention not in PICO: Checklist teleheath intervention with no questions about rehabilitation
Shaw, W., Hong, Q. N., Pransky, G., Loisel, P., A literature review describing the role of return-to-work coordinators in trial programs and interventions designed to prevent workplace disability, Journal of Occupational Rehabilitation, 18, 2-15, 2008	Systematic review: Included studies checked for relevance.
Shepperd, S., Lannin, N. A., Clemson, L. M., McCluskey, A., Cameron, I. D., Barras, S. L., Discharge planning from hospital to home, Cochrane Database of Systematic Reviews, 2013, CD000313, 2013	Systematic review: Included studies checked for relevance.
Shingleton, S. K., Salinas, R. D., Aden, J. K., Berry, P. A., Palmer, C. R., Russe, C. S., Trichel, R. M., Melvin, J. J., King, B. T., Wound care team effectiveness on patient care efficiency and quality, Journal of Burn Care and Research, 37, S74, 2016	Published as abstract only

Study	Reason for Exclusion
Shyu, Y. I. L., Liang, J., Wu, C. C., Su, J. Y., Cheng, H. S., Chou, S. W., Chen, M. C., Yang, C. T., Interdisciplinary intervention for hip fracture in older Taiwanese: Benefits last for 1 year, Journals of Gerontology - Series A Biological Sciences and Medical Sciences, 63, 92-97, 2008	Follow-up data from Shyu 2005 study, which is excluded
Shyu, Y. I., Liang, J., Wu, C. C., Su, J. Y., Cheng, H. S., Chou, S. W., Yang, C. T., A pilot investigation of the short-term effects of an interdisciplinary intervention program on elderly patients with hip fracture in Taiwan, Journal of the American Geriatrics Society, 53, 811-818, 2005	Intervention/comparison not in PICO: Multidisciplinary rehabilitation program consisting of systemic interdisciplinary involvement, geriatric assessment, in-patient and in-home rehabilitation and discharge planning versus standard care that differed on most of these components, not just the coordination/delivery components
Siefferman, J., Ambrose, A. F., Lin, E., Improving patient handoff for acute rehabilitation admission, PM and R, 3, S320, 2011	Published as abstract only
Singh, Nalin A., Quine, Susan, Clemson, Lindy M., Williams, Elodie J., Williamson, Dominique A., Stavrinos, Theodora M., Grady, Jodie N., Perry, Tania J., Lloyd, Bradley D., Smith, Emma U. R., Singh, Maria A. Fiatarone, Effects of high-intensity progressive resistance training and targeted multidisciplinary treatment of frailty on mortality and nursing home admissions after hip fracture: a randomized controlled trial, Journal of the American Medical Directors Association, 13, 24-30, 2012	Intervention not in PICO: High intensity progressive resistance training
Singler, K., Biber, R., Wicklein, S., Heppner, H. J., Sieber, C. C., Bail, H. J., "N-active": A new comanaged, orthogeriatric ward: Observations and prospects, Zeitschrift fur Gerontologie und Geriatrie, 44, 2011	Narrative description of implementation of orthogeriatric ward. Only data presented is non-comparative.
Soong, Christine, Cram, Peter, Chezar, Ksenia, Tajammal, Faiqa, Exconde, Kathleen, Matelski, John, Sinha, Samir K., Abrams, Howard B., Fan-Lun, Christopher, Fabbruzzo-Cota, Christina, Backstein, David, Bell, Chaim M., Impact of an Integrated Hip Fracture Inpatient Program on Length of Stay and Costs, Journal of Orthopaedic Trauma, 30, 647-652, 2016	Intervention not in PICO: Not concerned with the coordination of rehabilitation services for trauma patients while they are inpatients.
Spiliotopoulou, Georgia, Atwal, Anita, Is occupational therapy practice for older adults with lower limb amputations evidence-based? A systematic review, Prosthetics and orthotics international, 36, 7-14, 2012	Systematic review: Included studies checked for relevance.
Stenvall, Michael, Olofsson, Birgitta, Nyberg, Lars, Lundstrom, Maria, Gustafson, Yngve, Improved performance in activities of daily living and mobility after a multidisciplinary postoperative rehabilitation in older people with femoral neck fracture: a randomized controlled trial with 1-year follow-up, Journal of rehabilitation medicine, 39, 232-8, 2007	Population not in PICO: Patients ≥ 18 years old
Stubbs, Kendra E., Sikes, Lindsay, Interdisciplinary Approach to Fall Prevention in a High-Risk Inpatient Pediatric Population: Quality Improvement Project, Physical therapy, 97, 97-104, 2017	Outcome not in PICO: Fall rates
Talevski, Jason, Sanders, Kerrie M., Duque, Gustavo, Connaughton, Catherine, Beauchamp, Alison, Green, Darci, Millar, Lynne, Brennan-Olsen, Sharon L., Effect of Clinical Care Pathways on Quality of Life and Physical Function After Fragility Fracture: A Meta-analysis, Journal of the American Medical Directors Association, 20, 926.e1-926.e11, 2019	Systematic review. Included studies checked for relevance. Stenvall 2007 was identified as a relevant study and has been included.
Tan, T., Molina, J. D., Lim, Y., Dharmawan, A., Teo, A., Soon,	Published as abstract only

Study	Reason for Exclusion
M., Frailty ready inpatient care-interim findings from an integrated, comprehensive geriatric programme, Journal of the American Geriatrics Society, 67, S92-S93, 2019	
Taraldsen, K., Sletvold, O., Thingstad, P., Saltvedt, I., Granat, M. H., Lydersen, S., Helbostad, J. L., Physical behavior and function early after hip fracture surgery in patients receiving comprehensive geriatric care or orthopedic care--a randomized controlled trial, Journals of gerontology. Series A, Biological sciences and medical sciences, 69, 338-345, 2014	Intervention not in PICO: Comprehensive geriatric care has an element of discharge planning and early mobilisation but focus appears to be on short-term post-operative outcomes with treatment of co-morbidities and acute care rather than delivery or coordination of rehabilitation or social care
Torres, Audrey, Kunishige, Nalani, Morimoto, Denise, Hanzawa, Tracie, Ebesu, Mike, Fernandez, John, Nohara, Lynne, SanAgustin, Eliseo, Borg, Stephanie, Shared governance: a way to improve the care in an inpatient rehabilitation facility, Rehabilitation nursing : the official journal of the Association of Rehabilitation Nurses, 40, 69-73, 2015	Outcomes not in PICO: Mentions improved patient outcomes but no presentation of data
Tran, V., Lam, M. K., Amon, K. L., Brunner, M., Hines, M., Penman, M., Lowe, R., Togher, L., Interdisciplinary eHealth for the care of people living with traumatic brain injury: A systematic review, Brain Injury, 31, 1701-1710, 2017	Systematic review: Included studies checked for relevance.
Tricco, Andrea C., Thomas, Sonia M., Veroniki, Areti Angeliki, Hamid, Jemila S., Cogo, Elise, Strifler, Lisa, Khan, Paul A., Robson, Reid, Sibley, Kathryn M., MacDonald, Heather, Riva, John J., Thavorn, Kednapa, Wilson, Charlotte, Holroyd-Leduc, Jayna, Kerr, Gillian D., Feldman, Fabio, Majumdar, Sumit R., Jaglal, Susan B., Hui, Wing, Straus, Sharon E., Comparisons of Interventions for Preventing Falls in Older Adults: A Systematic Review and Meta-analysis, JAMA, 318, 1687-1699, 2017	Systematic review: Included studies checked for relevance.
Truchon, C., Moore, L., Belcaid, A., Clement, J., Trudelle, N., Ulysse, M. A., Grolleau, B., Clusiau, J., Levesque, D., De Guise, M., Shaping quality through vision, structure, and monitoring of performance and quality indicators: Impact story from the Quebec trauma network, International Journal of Technology Assessment in Health Care, 33, 415-419, 2017	Narrative description of Quebec Trauma Network and its set-up. No data presented apart from brief mention of mortality data.
Tseng, M. Y., Liang, J., Wang, J. S., Yang, C. T., Wu, C. C., Cheng, H. S., Chen, C. Y., Lin, Y. E., Wang, W. S., Shyu, Y. I. L., Effects of a diabetes-specific care model for hip fractured older patients with diabetes: A randomized controlled trial, Experimental Gerontology, 126, 110689, 2019	Unclear population: Older patients with hip fracture but no information presented on traumatic or non-traumatic causes.
Tung, James Y., Stead, Brent, Mann, William, Ba'Pham,, Popovic, Milos R., Assistive technologies for self-managed pressure ulcer prevention in spinal cord injury: a scoping review, Journal of Rehabilitation Research and Development, 52, 131-46, 2015	Scoping review: Included studies checked for relevance.
Turner, Benjamin J., Fleming, Jennifer M., Ownsworth, Tamara L., Cornwell, Petrea L., The transition from hospital to home for individuals with acquired brain injury: A literature review and research recommendations, Disability and rehabilitation, 30, 1153-1176, 2008	Systematic review: Included studies checked for relevance.
Turner-Stokes, L., Disler, P. B., Nair, A., Wade, D. T., Multi-disciplinary rehabilitation for acquired brain injury in adults of working age, The Cochrane database of systematic reviews,	Systematic review: Included studies checked for relevance.

Study	Reason for Exclusion
CD004170, 2005	
Turner-Stokes, Lynne, Evidence for the effectiveness of multi-disciplinary rehabilitation following acquired brain injury: a synthesis of two systematic approaches, Journal of rehabilitation medicine, 40, 691-701, 2008	Systematic review: Included studies checked for relevance.
Turner-Stokes, Lynne, Pick, Anton, Nair, Ajoy, Disler, Peter B., Wade, Derick T., Multi-disciplinary rehabilitation for acquired brain injury in adults of working age, The Cochrane database of systematic reviews, CD004170, 2015	Systematic review: Included studies checked for relevance.
Vaughn, S. L., King, A., A survey of state programs to finance rehabilitation and community services for individuals with brain injury, The Journal of head trauma rehabilitation, 16, 20-33, 2001	Study design not in PICO: Survey of state-funded programs for persons with traumatic brain injury.
Vidan, Maite, Serra, Jose A., Moreno, Concepcion, Riquelme, Gerardo, Ortiz, Javier, Efficacy of a comprehensive geriatric intervention in older patients hospitalized for hip fracture: a randomized, controlled trial, Journal of the American Geriatrics Society, 53, 1476-82, 2005	Study dates not in PICO: 1997
Vikane, E., Hellstrom, T., Roe, C., Bautz-Holter, E., Assmus, J., Skouen, J. S., Efficacy of a multidisciplinary outpatient treatment for patients with mild traumatic brain injury: A randomized controlled intervention trial, Brain Injury, 30, 617, 2016	Published as abstract only
Vikane, E., Hellstrom, T., Roe, C., Bautz-Holter, E., Assmus, J., Skouen, J. S., Multidisciplinary outpatient treatment in patients with mild traumatic brain injury: A randomised controlled intervention study, Brain Injury, 31, 475-484, 2017	Intervention not in PICO: Not concerned with the coordination of rehabilitation services for trauma patients while they are inpatients.
Ward, D., Drahota, A., Gal, D., Severs, M., Dean, T. P., Care home versus hospital and own home environments for rehabilitation of older people, Cochrane Database of Systematic Reviews, 2008	Systematic review: Included studies checked for relevance.
Webster, J., Kim, J. H., Hawley, C., Barbir, L., Barton, S., Young, C., Development, implementation, and outcomes of a residential vocational rehabilitation program for injured Service members and Veterans, Journal of Vocational Rehabilitation, 48, 111-126, 2018	Study design not in PICO: No comparison group
Wegener, Stephen T., Mackenzie, Ellen J., Ephraim, Patti, Ehde, Dawn, Williams, Rhonda, Self-management improves outcomes in persons with limb loss, Archives of Physical Medicine and Rehabilitation, 90, 373-80, 2009	Population not in PICO: Mixed population with <40% in PICO and results not reported separately for target population
Wiechman, Shelley A., Carrougher, Gretchen J., Esselman, Peter C., Klein, Matthew B., Martinez, Erin M., Engrav, Loren H., Gibran, Nicole S., An expanded delivery model for outpatient burn rehabilitation, Journal of burn care & research : official publication of the American Burn Association, 36, 14-22, 2015	Population not in PICO: Patients ≥ 18 years old
Westgard, T., Ottenvall Hammar, I., Holmgren, E., Ehrenberg, A., Wisten, A., Ekdahl, A. W., Dahlin-Ivanoff, S., Wilhelmson, K., Comprehensive geriatric assessment pilot of a randomized control study in a Swedish acute hospital: A feasibility study, Pilot and Feasibility Studies, 4, 41, 2018	Unclear population: Frail adults over 75 years who required an acute hospital admission. No information presented on traumatic or non-trauma causes.
Wiechman, S. A., Carrougher, G. J., Esselman, P. C., Angere, D., Klein, M. B., Gibran, N. S., A randomized controlled trial to test an expanded delivery model for patients with burn injuries, Journal of burn care & research, 35, S79-, 2014	Published as abstract only
Winograd, A., Squirrell, T., Winters, B., The promise of progress: Co-ordinating interdisciplinary neuro-restorative care transitions,	Published as abstract only

Study	Reason for Exclusion
Brain Injury, 28, 775-776, 2014	
Wu, Jane, Faux, Steven G., Harris, Ian, Poulos, Christopher J., Integration of trauma and rehabilitation services is the answer to more cost-effective care, ANZ journal of surgery, 86, 900-904, 2016	Comparison not in PICO: Delivery of rehabilitation in the trauma admission hospital versus rehabilitation in an external rehabilitation service. No details reported about what rehabilitation the patients received in either facility (and no data on any coordination or delivery aspects of the rehabilitation).
Young, T., Andreas, N., Howard-Brown, C., Enhancing early engagement for transitions to community, Brain Impairment, 20, 374-375, 2019	Published as abstract only
Zatzick, D. F., Roy-Byrne, P., Russo, J. E., Rivara, F. P., Koike, A., Jurkovich, G. J., Katon, W., Collaborative interventions for physically injured trauma survivors: a pilot randomized effectiveness trial, General Hospital Psychiatry, 23, 114-23, 2001	Intervention and comparison not in PICO: Collaborative care intervention consisting of counselling, consultation with surgical and primary care providers and attempted post-discharge coordination versus standard care that differed on all these components, not just the coordination/delivery components. Unclear if study period (years) within PICO
Zatzick, D., Russo, J., Thomas, P., Darnell, D., Teter, H., Ingraham, L., Whiteside, L. K., Wang, J., Guiney, R., Parker, L., Sandgren, K., Hedrick, M. K., Van Eaton, E. G., Jurkovich, G., Patient-Centered Care Transitions After Injury Hospitalization: A Comparative Effectiveness Trial, Psychiatry (New York), 81, 141-157, 2018	Population not in PICO: Patients had to be admitted to an inpatient surgical ward or emergency department for at least 24 hours i.e. not all admitted to hospital. Results are not presented separately.
Zhang, Ming, Effect of HBM Rehabilitation Exercises on Depression, Anxiety and Health Belief in Elderly Patients with Osteoporotic Fracture, Psychiatria Danubina, 29, 466-472, 2017	Outcomes not in PICO : Anxiety, depression, osteoporosis knowledge, and osteoporosis health belief
Zhang, Xia, Reinhardt, Jan D., Gosney, James E., Li, Jianan, The NHV rehabilitation services program improves long-term physical functioning in survivors of the 2008 Sichuan earthquake: a longitudinal quasi experiment, PLoS ONE, 8, e53995, 2013	Intervention and comparison not in PICO: NHV is a complete rehabilitation programme (consisting of NGOs, health department and volunteers) implemented after the Sichuan earthquake. Comparisons are early-NHV, late-NHV, no NHV.
Zhao, Y. R., Liang, X., Yang, T. Y., Liu, Y., Prospective case-control study on comprehensive treatment for elderly hip fractures, Zhongguo gu shang [China journal of orthopaedics and traumatology], 27, 570-574, 2014	Article in Chinese
Zidén, L., Frändin, K., Kreuter, M., Home rehabilitation after hip fracture. A randomized controlled study on balance confidence, physical function and everyday activities, Clinical Rehabilitation, 22, 1019-1033, 2008	Intervention and comparison not in PICO: Multidisciplinary geriatric rehabilitation home program focused on supported discharge, independence in daily activities, and enhancing physical activity versus standard care with no structured

Study	Reason for Exclusion
	rehabilitation after discharge. Interventions differed on most of these components, not just the coordination/delivery components
Ziden, Lena, Frandin, Kerstin, Kreuter, Margareta, Home rehabilitation after hip fracture. A randomized controlled study on balance confidence, physical function and everyday activities, Clinical Rehabilitation, 22, 1019-1033, 2008	Duplicate

Qualitative clinical studies

Table 27: Excluded qualitative studies and reasons for their exclusion

Study	Reason for Exclusion
Abrahamson, Vanessa, Jensen, Jan, Springett, Kate, Sakel, Mohamed, Experiences of patients with traumatic brain injury and their carers during transition from in-patient rehabilitation to the community: a qualitative study, Disability and rehabilitation, 39, 1683-1694, 2017	No qualitative data on phenomena of interest.
Adams, Deana, Dahdah, Marie, Coping and adaptive strategies of traumatic brain injury survivors and primary caregivers, NeuroRehabilitation, 39, 223-37, 2016	Study not conducted in one of the countries included in the review protocol.
Adams, R. D. F., Cole, E., Brundage, S. I., Morrison, Z., Jansen, J. O., Beliefs and expectations of rural hospital practitioners towards a developing trauma system: A qualitative case study, Injury, 49, 1070-1078, 2018	Adult population (≥ 18 years old)
Aitken, Leanne M., Chaboyer, Wendy, Jeffrey, Carol, Martin, Bronte, Whitty, Jennifer A., Schuetz, Michael, Richmond, Therese S., Indicators of injury recovery identified by patients, family members and clinicians, Injury, 47, 2655-2663, 2016	Population not in protocol: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Albrecht, Jennifer S., O'Hara, Lyndsay M., Moser, Kara A., Mullins, C. Daniel, Rao, Vani, Perception of Barriers to the Diagnosis and Receipt of Treatment for Neuropsychiatric Disturbances After Traumatic Brain Injury, Archives of Physical Medicine and Rehabilitation, 98, 2548-2552, 2017	Study not conducted in one of the countries included in the review protocol.
Alston, Margaret, Jones, Jennifer, Curtin, Michael, Alston, Bartky Blais Bourdieu Bourdieu Brookshire Butler Callaway Connell Cunningham Curtin Degeneffe Fine Foucault Graham Gwyn Howes Jones Kirkness Lupton Mukherjee O'Rance Ponsford Rees Reichard Reidpath Shildrick Slewa-Younan, Women and traumatic brain injury: "It's not visible damage", Australian Social Work, 65, 39-53, 2012	No qualitative data on phenomena of interest.
Ammons, L. L., Harraghy, R. L., Medlin, H. J., Faku, C. T., Shupp, J. W., Flanagan, K. E., Jeng, J. C., Fidler, P., Sava, J. A., Jordan, M. H., Assessing the utility of nurse-driven post-discharge telephone calls, Journal of Burn Care and Research, 32, S153, 2011	Conference abstract
Andersson, Kerstin, Bellon, Michelle, Walker, Ruth, Parents' experiences of their child's return to school following acquired brain injury (ABI): A systematic review of qualitative studies, Brain Injury, 30, 829-38, 2016	No findings or themes related to phenomena of interest. Included studies were checked for relevance.
Angel, Sanne, Kirkevold, Marit, Pedersen, Birthe D., Rehabilitation after spinal cord injury and the influence of the professional's support (or lack thereof), Journal of Clinical Nursing, 20, 1713-22, 2011	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehab following

Study	Reason for Exclusion
	discharge.
Arbour-Nicitopoulos, K. P., Lamontagne, M. E., Tomasone, J., Pila, E., Cumming, I., Latimer-Cheung, A. E., Routhier, F., Why do I stick to the program? a qualitative analysis of the determinants of adherence to community-based physical activity support programs by persons with SCI and contrast with general population with disabilities, Journal of Spinal Cord Medicine, 37, 626, 2014	Conference abstract.
Armstrong, E., Missing voices: Aboriginal stories of stroke and traumatic brain injury, International Journal of Stroke, 12, 14, 2017	Conference abstract.
Armstrong, Elizabeth, Coffin, Juli, Hersh, Deborah, Katzenellenbogen, Judith M., Thompson, Sandra C., Ciccone, Natalie, Flicker, Leon, Woods, Deborah, Hayward, Colleen, Dowell, Catelyn, McAllister, Meaghan, "You felt like a prisoner in your own self, trapped": the experiences of Aboriginal people with acquired communication disorders, Disability and Rehabilitation, 1-14, 2019	The majority of participants had not experienced traumatic injury and the results not reported separately for the target population.
Armstrong, Elizabeth, Coffin, Juli, McAllister, Meaghan, Hersh, Deborah, Katzenellenbogen, Judith M., Thompson, Sandra C., Ciccone, Natalie, Flicker, Leon, Cross, Natasha, Arabi, Linda, Woods, Deborah, Hayward, Colleen, Alway, Armstrong Armstrong Baxter Blackmer Bohanna Bronfenbrenner Chase Coffin Creswell Elder Feigin Foster Gauld Gauthier Hines Jamieson Katzenellenbogen Katzenellenbogen Katzenellenbogen Keightley Kelly Kelly Lakhani Lewis Linton McDonald McKenna O'Reilly Olver Ponsford Rutland-Brown Salas Sandelowski Taylor Togher, 'I've got to row the boat on my own, more or less': Aboriginal Australian experiences of traumatic brain injury, Brain Impairment, 20, 120-136, 2019	No qualitative data on phenomena of interest.
Arshad, Sira N., Gaskell, Sarah L., Baker, Charlotte, Ellis, Nicola, Potts, Jennie, Coucill, Theresa, Ryan, Lynn, Smith, Jan, Nixon, Anna, Greaves, Kate, Monk, Rebecca, Shelmerdine, Teresa, Leach, Alison, Shah, Mamta, Measuring the impact of a burns school reintegration programme on the time taken to return to school: A multi-disciplinary team intervention for children returning to school after a significant burn injury, Burns : journal of the International Society for Burn Injuries, 41, 727-34, 2015	No qualitative data on phenomena of interest.
Ayer, Lynsay, Farris, Coreen, Farmer, Carrie M., Geyer, Lily, Barnes-Proby, Dionne, Ryan, Gery W., Skrabala, Lauren, Scharf, Deborah M., Care Transitions to and from the National Intrepid Center of Excellence (NICoE) for Service Members with Traumatic Brain Injury, Rand health quarterly, 5, 12, 2015	Study not conducted in one of the countries included in the review protocol.
Badger, Karen, Royse, David, Adult burn survivors' views of peer support: a qualitative study, Social Work in Health Care, 49, 299-313, 2010	Study not conducted in one of the countries included in the review protocol.
Balcazar, Fabricio E., Kelly, Erin Hayes, Keys, Christopher B., Balfanz-Vertiz, Kristin, Albrecht, Alston Balcazar Balcazar Block Boschen Burnett Cressy Devlieger Devlieger Dijkers Dijkers Engstrom Gill Groce Haskell Hayes Hernandez Hernandez Hibbard Jackson Kroll Ljungberg McDonald McKinley Ostrander Richards Rovinsky Sable Servan Sherman Veith Waters Waters Waters Whiteneck Wilson Wilson, Using peer mentoring to support the rehabilitation of individuals with violently acquired spinal cord injuries, Journal of Applied Rehabilitation Counseling, 42, 3-11, 2011	Study not conducted in one of the countries included in the review protocol.

Study	Reason for Exclusion
Barclay, Linda, Lalor, Aislinn, Migliorini, Christine, Robins, Lauren, A comparative examination of models of service delivery intended to support community integration in the immediate period following inpatient rehabilitation for spinal cord injury, Spinal Cord, 2019	No qualitative data on phenomena of interest.
Barclay, Linda, McDonald, Rachael, Lentin, Primrose, Social and community participation following spinal cord injury: a critical review, International journal of rehabilitation research. Internationale Zeitschrift fur Rehabilitationsforschung. Revue internationale de recherches de readaptation, 38, 1-19, 2015	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Barclay, Linda, McDonald, Rachael, Lentin, Primrose, Bourke-Taylor, Helen, Facilitators and barriers to social and community participation following spinal cord injury, Australian occupational therapy journal, 63, 19-28, 2016	Population not in protocol: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Beaton, Angela, O'Leary, Katrina, Thorburn, Julie, Campbell, Alaina, Christey, Grant, Improving patient experience and outcomes following serious injury, The New Zealand medical journal, 132, 15-25, 2019	Population not in protocol: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Beckett, K., Earthy, S., Sleney, J., Barnes, J., Kellezi, B., Barker, M., Clarkson, J., Coffey, F., Elder, G., Kendrick, D., Providing effective trauma care: The potential for service provider views to enhance the quality of care (qualitative study nested within a multicentre longitudinal quantitative study), BMJ Open, 4, e005668, 2014	No qualitative data on phenomena of interest.
Bergmark, Lisa, Westgren, Ninni, Asaba, Eric, Returning to work after spinal cord injury: exploring young adults' early expectations and experience, Disability and Rehabilitation, 33, 2553-8, 2011	Study did not examine rehabilitation while an inpatient, when transferring to community, or seeking to access rehabilitation following discharge.
Bernet, Madeleine, Sommerhalder, Kathrin, Mischke, Claudia, Hahn, Sabine, Wyss, Adrian, "Theory Does Not Get You From Bed to Wheelchair": A Qualitative Study on Patients' Views of an Education Program in Spinal Cord Injury Rehabilitation, Rehabilitation nursing : the official journal of the Association of Rehabilitation Nurses, 44, 247-253, 2019	Population not in protocol: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Bernhoff, K., Bjorck, M., Larsson, J., Jangland, E., Patient Experiences of Life Years After Severe Civilian Lower Extremity Trauma With Vascular Injury, European journal of vascular and endovascular surgery : the official journal of the European Society for Vascular Surgery, 52, 690-695, 2016	No qualitative data on phenomena of interest.
Biester, Rosette C., Krych, Dave, Schmidt, M. J., Parrott, Devan, Katz, Douglas I., Abate, Melissa, Hirshson, Chari I., Individuals With Traumatic Brain Injury and Their Significant Others' Perceptions of Information Given About the Nature and Possible Consequences of Brain Injury: Analysis of a National Survey, Professional case management, 21, 22-4, 2016	Study not conducted in one of the countries included in the review protocol.
Body, Richard, Muskett, Tom, Perkins, Mick, Parker, Mark, Your injury, my accident: talking at cross-purposes in rehabilitation after traumatic brain injury, Brain Injury, 27, 1356-63, 2013	No qualitative data on phenomena of interest.
Boschen, K., Gerber, G., Gargaro, J., Comparison of outcomes and costs of 2 publicly-funded community-based models of acquired brain injury services, Archives of Physical Medicine and Rehabilitation, 91, e59, 2010	Conference abstract.

Study	Reason for Exclusion
Bourge, C., Body Image (BI) of acquired spinal cord injury (SCI) persons. Which patient care in an internal unit of physical and neurological rehabilitation. Experience of the patient care in an internal and neurological unit of PMR of the University Hospital of Liege, Annals of Physical and Rehabilitation Medicine, 59 (Supplement), e128, 2016	No qualitative data on phenomena of interest.
Bourke, John A., Nunnerley, Joanne L., Sullivan, Martin, Derrett, Sarah, Relationships and the transition from spinal units to community for people with a first spinal cord injury: A New Zealand qualitative study, Disability and health journal, 12, 257-262, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not reported separately for the target population.
Braaf, Sandra, Ameratunga, Shanthi, Nunn, Andrew, Christie, Nicola, Teague, Warwick, Judson, Rodney, Gabbe, Belinda J., Patient-identified information and communication needs in the context of major trauma, BMC health services research, 18, 163, 2018	No qualitative data on phenomena of interest.
Braaf, Sandra C., Lennox, Alyse, Nunn, Andrew, Gabbe, Belinda J., Experiences of hospital readmission and receiving formal carer services following spinal cord injury: a qualitative study to identify needs, Disability and Rehabilitation, 40, 1893-1899, 2018	Study did not examine phenomena of interest.
Brauer, Jennifer, Hay, Catherine Cooper, Francisco, Gerard, A retrospective investigation of occupational therapy services received following a traumatic brain injury, Occupational Therapy in Health Care, 25, 119-30, 2011	Study not conducted in one of the countries included in the review protocol.
Brimicombe, L., Ling, J., De Sousa De Abreu, I., Hoffman, K., Salisbury, C., Jefferson, R., Makela, P., Early integration of a self-management support package into usual care following traumatic brain injury (TBI): A feasibility study, British Journal of Neurosurgery, 31, 501, 2017	Conference abstract.
Brito, Sara, White, Jennifer, Thomacos, Nikos, Hill, Bridget, The lived experience following free functioning muscle transfer for management of pan-brachial plexus injury: reflections from a long-term follow-up study, Disability and Rehabilitation, 1-9, 2019	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Brockway, J. A., St De Lore, J., Fann, J. R., Hart, T., Hurst, S., Fey-Hinckley, S., Savage, J., Warren, M., Bell, K. R., Telephone-delivered problem-solving training after mild traumatic brain injury: qualitative analysis of service members' perceptions, Rehabilitation Psychology, 61, 221â€• 230, 2016	Study not conducted in one of the countries included in the review protocol.
Brown, Jessica, Hux, Karen, Hey, Morgan, Murphy, Madeline, Ackerman, Aldrich Anderson Arciniegas Bach Beigel Bogdan Brandt Brown Brown Catroppa Cicerone Cicerone Creswell Creswell Cushman de Joode de Joode DePompei Donders Dowds Doyle Edwards Ewing-Cobbs Fortuny Gillette Gillette Gioia Glang Gordon Gordon Grajzel Harper Hart Hawley Helm-Estabrooks Hendricks Hux Kelley Kennedy Kennedy Kertesz Krause Leopold Lincoln Martella Martinez McAllister McCrory Merriam Moustakas Ownsworth Patel Perna Reitan Rumrill Scherer Scherer Scherer Scherer Scherer Scherer Shanahan Sherer Sherer Sohlberg Spreen Starks Tate Todis Togher Vu Wallace Ylvisaker Ylvisaker, Exploring cognitive support use and preference by college students with TBI: A mixed-methods study, NeuroRehabilitation, 41, 483-499, 2017	Study not conducted in one of the countries included in the review protocol.
Brown, F., Sofronoff, K., Whittingham, K., Boyd, R., McKinlay, L., Parenting a child with a traumatic brain injury: A focus group	No qualitative data on phenomena of interest.

Study	Reason for Exclusion
study, Developmental Medicine and Child Neurology, 54, 24-25, 2012	
Browne, C., Living with traumatic brain injury: Views of survivors and family members, Brain Injury, 26, 400, 2012	Conference abstract.
Bruner-Canhoto, Laney, Savageau, Judith, Croucher, Deborah, Bradley, Kathryn, Lessons From a Care Management Pilot Program for People With Acquired Brain Injury, Journal for healthcare quality : official publication of the National Association for Healthcare Quality, 38, 255-263, 2016	Study not conducted in one of the countries included in the review protocol.
Buck, P., Kirzner, R., Sagrati, J., Laster, R., The challenge of mTBI work: An exploratory study of rehabilitation professionals, Brain Injury, 26, 583-584, 2012	Conference abstract.
Buck, Page Walker, Sagrati, Jocelyn Spencer, Kirzner, Rachel Shapiro, Belson, Bloom Brenner Briggs Brody Buck Chrisman Gaboda Klein Marchione Padgett Patton Schwartz Strauss Thompson, Mild traumatic brain injury: A place for social work, Social Work in Health Care, 52, 741-751, 2013	Study not conducted in one of the countries included in the review protocol.
Buddai, S., Di Taranti, L. J., Adenwala, A. Y., Aepli, S., Choudhary, M., George, D. L., Koilor, C. B., Linehan, M., Peifer, H., Rub, D., Kaplan, L., Johnson, N., Lane-Fall, M. B., Characterizing intensive care unit patient and family experiences of recovery after traumatic injury, American Journal of Respiratory and Critical Care Medicine. Conference: American Thoracic Society International Conference, ATS, 195, 2017	Conference abstract.
Buscemi, Valentina, Cassidy, Elizabeth, Kilbride, Cherry, Reynolds, Frances Ann, A qualitative exploration of living with chronic neuropathic pain after spinal cord injury: an Italian perspective, Disability and Rehabilitation, 40, 577-586, 2018	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Bushnik, T., Smith, M., Long, C., Supporting factors for follow-up care in TBI patients post-inpatient discharge, Brain Injury, 31 (6-7), 974, 2017	Conference abstract.
Byrnes, Michelle, Beilby, Janet, Ray, Patricia, McLennan, Renee, Ker, John, Schug, Stephan, Patient-focused goal planning process and outcome after spinal cord injury rehabilitation: quantitative and qualitative audit, Clinical Rehabilitation, 26, 1141-9, 2012	Adult population (≥ 18 years old)
Cahow, C., Gassaway, J., Rider, C., Joyce, J. P., Bogenshutz, A., Edens, K., Kreider, S. E. D., Whiteneck, G., Relationship of therapeutic recreation inpatient rehabilitation interventions and patient characteristics to outcomes following spinal cord injury: The SCIRehab project, Journal of Spinal Cord Medicine, 35, 547-564, 2012	Study not conducted in one of the countries included in the review protocol.
Calder, Allyson, Nunnerley, Jo, Mulligan, Hilda, Ahmad Ali, Nordawama, Kensington, Gemma, McVicar, Tim, van Schaik, Olivia, Experiences of persons with spinal cord injury undertaking a physical activity programme as part of the SCIPA 'Full-On' randomized controlled trial, Disability and Health Journal, 11, 267-273, 2018	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Calleja, Pauline, Aitken, Leanne, Cooke, Marie, Staff perceptions of best practice for information transfer about multitrauma patients on discharge from the emergency department: a focus group study, Journal of Clinical Nursing, 25, 2863-73, 2016	Setting not in protocol: Emergency department.
Canto, Angela I., Chesire, David J., Buckley, Valerie A., Andrews, Terrie W., Roehrig, Alysia D., Arroyos-Jurado, Ball	Study not conducted in one of the countries included in the

Study	Reason for Exclusion
Bradley-Klug Brantlinger Braun Chesire Conoley Cook Davies Elliot Ewing-Cobbs Farmer Gioia Glang Glang Glang Gopinath Guba Guskiewicz Havey Hooper Hux Jantz Johnson Lewandowski Meehan Mellard Rosenthal Rutland-Brown Savage Sharp Shaw Shaw Shih Yeates Yeates Ylvisaker, Barriers to meeting the needs of students with traumatic brain injury, Educational Psychology in Practice, 30, 88-103, 2014	review protocol.
Carron, R. M. C., 'nobody prepared me for this!' parents' experiences of seeking help and support with post-brain injury symptoms and changes in children and adolescents with acquired brain injury, Journal of Neurology, Neurosurgery and Psychiatry, 90, A9, 2019	Conference abstract.
Caspari, Synnove, Aasgaard, Trygve, Lohne, Vibeke, Slettebo, Ashild, Naden, Dagfinn, Perspectives of health personnel on how to preserve and promote the patients' dignity in a rehabilitation context, Journal of Clinical Nursing, 22, 2318-26, 2013	The focus was not specific to participants who had experienced traumatic injury and results not presented separately for the target population.
Chapple, L. A., Chapman, M., Shalit, N., Udy, A., Deane, A., Williams, L., Barriers to Nutrition Intervention for Patients With a Traumatic Brain Injury: Views and Attitudes of Medical and Nursing Practitioners in the Acute Care Setting, Journal of Parenteral and Enteral Nutrition, 42, 318-326, 2018	Study did not examine phenomena of interest.
Chapple, Lee-Anne, Chapman, Marianne, Shalit, Natalie, Udy, Andrew, Deane, Adam, Williams, Lauren, Barriers to Nutrition Intervention for Patients With a Traumatic Brain Injury, JPEN. Journal of parenteral and enteral nutrition, 148607116687498, 2017	Duplicate.
Chondronikola, M., Weller, S., Rosenberg, L., Rosenberg, M., Meyer, W. J., Herndon, D. N., Sidossis, L., Variation among clinical specialties in perceptions of pediatric burn patient needs, Journal of Burn Care and Research, 37, S244, 2016	Conference abstract.
Christensen, Jan, Langberg, Henning, Doherty, Patrick, Egerod, Ingrid, Ambivalence in rehabilitation: thematic analysis of the experiences of lower limb amputated veterans, Disability and Rehabilitation, 40, 2553-2560, 2018	No qualitative data on phenomena of interest.
Christiaens, Wendy, Van de Walle, Elke, Devresse, Sophie, Van Halewyck, Dries, Benahmed, Nadia, Paulus, Dominique, Van den Heede, Koen, The view of severely burned patients and healthcare professionals on the blind spots in the aftercare process: a qualitative study, BMC health services research, 15, 302, 2015	No qualitative data on phenomena of interest.
Christie, Nicola, Beckett, Kate, Earthy, Sarah, Kellezi, Blerina, Sleney, Jude, Barnes, Jo, Jones, Trevor, Kendrick, Denise, Seeking support after hospitalisation for injury: a nested qualitative study of the role of primary care, The British journal of general practice : the journal of the Royal College of General Practitioners, 66, e24-31, 2016	The focus was not specific to participants who had experienced traumatic injury and results not presented separately for target population.
Christie, Nicola, Braaf, Sandra, Ameratunga, Shanthi, Nunn, Andrew, Jowett, Helen, Gabbe, Belinda, Barclay, Barnes Berkman Boniface Braun Cameron Carpenter Cass Charlson Christie Christie Cox Gabbe Gabbe Kellezi Larsen Levasseur Lyons Marottoli McInnes Pointer Prang Smith Syed Urry Wilson, The role of social networks in supporting the travel needs of people after serious traumatic injury: A nested qualitative study, Journal of Transport & Health, 6, 84-92, 2017	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Cichon, S., Danford, E. K., Schladen, M. M., Bruner, D., Libin, A., Scholten, J., Integrating opportunities for family involvement	Conference abstract.

Study	Reason for Exclusion
into a manualized goal self-management intervention for veterans with mTBI, Archives of Physical Medicine and Rehabilitation, 96, e77, 2015	
Cocks, Errol, Bulsara, Caroline, O'Callaghan, Annalise, Netto, Julie, Boaden, Ross, Exploring the experiences of people with the dual diagnosis of acquired brain injury and mental illness, Brain Injury, 28, 414-21, 2014	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Coffey, Nathan T., Weinstein, Ali A., Cai, Cindy, Cassese, Jimmy, Jones, Rebecca, Shaewitz, Dahlia, Garfinkel, Steven, Identifying and Understanding the Health Information Experiences and Preferences of Individuals With TBI, SCI, and Burn Injuries, Journal of patient experience, 3, 88-95, 2016	Study not conducted in one of the countries included in the review protocol.
Cogan, A., Treatment model of occupational therapy intervention for service members with chronic symptoms following MTBI, Archives of Physical Medicine and Rehabilitation, 98, e132, 2017	Conference abstract.
Conneeley, A. L., Transitions and brain injury: A qualitative study exploring the journey of people with traumatic brain injury, Brain Impairment, 13, 72-84, 2012	No qualitative data on phenomena of interest.
Conneeley, Anne Louise, Exploring vocation following brain injury: a qualitative enquiry, Social Care and Neurodisability, 4, 6-16, 2013	No qualitative data on phenomena of interest.
Copley, Anna, McAllister, Lindy, Wilson, Linda, Attitride-Stirling, Barnes Brooks Carr-Hill Fagen Foster Frattali Grbich Harradine Harris Honey Humphreys Johnstone Kelly LeFebvre Marsh Minichiello Morse Murphy Muus Nabors Newberry O'Callaghan O'Callaghan O'Callaghan O'Callaghan O'Callaghan Patton Sample Sample Schofield Schwandt Turner-Stokes Whitehead Ylvisaker Youse, We finally learnt to demand: Consumers' access to rehabilitation following traumatic brain injury, Brain Impairment, 14, 436-449, 2013	No qualitative data on phenomena of interest.
Curtis, Kate, Foster, Kim, Mitchell, Rebecca, Van, Connie, How is care provided for patients with paediatric trauma and their families in Australia? A mixed-method study, Journal of Paediatrics and Child Health, 52, 832-6, 2016	Study did not examine the phenomena of interest.
Cuthbert, J., Anderson, J., Mason, C., Block, S., Dettmer, J., Weintraub, A., Harrison-Felix, C., Case management of individuals with chronic TBI: A research-based approach, Journal of Head Trauma Rehabilitation, 28, E49, 2013	Conference abstract.
Daggett, Virginia S., Bakas, Tamilyn, Buelow, Janice, Habermann, Barbara, Murray, Laura L., Needs and concerns of male combat Veterans with mild traumatic brain injury, Journal of Rehabilitation Research and Development, 50, 327-40, 2013	Study not conducted in one of the countries included in the review protocol.
Dahl, O., Wickman, M., Wengstrom, Y., Adapting to life after burn injury-reflections on care, Journal of Burn Care and Research, 33, 595-605, 2012	Population not in protocol: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Dalmaso, Kym, Weber, Sarah, Eley, Rob, Spencer, Lyndall, Cabilan, C. J., Nurses' perceived benefits of trauma nursing rounds (TNR) on clinical practice in an Australian emergency department: a mixed methods study, Australasian emergency nursing journal : AENJ, 18, 42-8, 2015	Setting not in protocol: Emergency department.
Dams-O'Connor, K., Landau, A., De Lore, J. S., Hoffman, J., Access, barriers, and health care quality after brain injury:	Conference abstract.

Study	Reason for Exclusion
Insiders' perspectives, Archives of Physical Medicine and Rehabilitation, 97, e129, 2016	
Dams-O'Connor, Kristen, Landau, Alexandra, Hoffman, Jeanne, St De Lore, Jef, Patient perspectives on quality and access to healthcare after brain injury, Brain Injury, 32, 431-441, 2018	Study not conducted in one of the countries included in the review protocol.
Darnell, Doyanne A., Parker, Lea E., Wagner, Amy W., Dunn, Christopher W., Atkins, David C., Dorsey, Shannon, Zatzick, Douglas F., Task-shifting to improve the reach of mental health interventions for trauma patients: findings from a pilot study of trauma nurse training in patient-centered activity scheduling for PTSD and depression, Cognitive behaviour therapy, 48, 482-496, 2019	Study not conducted in one of the countries included in the review protocol.
D'Cruz, K., Howie, L., Lentin, P., Client-centred practice: Perspectives of persons with a traumatic brain injury, Scandinavian Journal of Occupational Therapy, 23, 30-38, 2016	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Dickson, Adele, Ward, Richard, O'Brien, Grainne, Allan, David, O'Carroll, Ronan, Difficulties adjusting to post-discharge life following a spinal cord injury: an interpretative phenomenological analysis, Psychology, health & medicine, 16, 463-74, 2011	Population not in protocol: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Diener, M., Kirby, A., Canary, H., Sumison, F., Green, M., Community reintegration following pediatric acquired brain injury: Perspectives of providers and families, Journal of Head Trauma Rehabilitation, 33 (3), E97, 2018	Conference abstract.
Dillahunt-Aspillaga, C., Bradley, S., Ramaiah, P., Radwan, C., Ottomanelli, L., Coalition Building: A Tool To Implement Evidenced-Based Resource Facilitation in The VHA: Pilot Results, Archives of Physical Medicine and Rehabilitation, 100, e164, 2019	Conference abstract.
Dismann, Patrick D., Maignan, Maxime, Cloves, Paul D., Gutierrez Parres, Blanca, Dickerson, Sara, Eberhardt, Alice, A Review of the Burden of Trauma Pain in Emergency Settings in Europe, Pain and therapy, 7, 179-192, 2018	Setting not in protocol: Emergency settings.
Divanoglou, A., Georgiou, M., Perceived effectiveness and mechanisms of community peer-based programmes for Spinal Cord Injuries-a systematic review of qualitative findings, Spinal cord, 55, 225-234, 2017	Study did not report any findings related to the phenomena of interest.
Doig, E., Fleming, J., Kuipers, P., Cornwell, P., The relationship between goal attainment and the development of self-awareness in traumatic brain injury (TBI) rehabilitation: Descriptive and qualitative case analyses, Brain Impairment, 14, 159-160, 2013	Conference abstract.
Doig, Emmah, Fleming, Jennifer, Cornwell, Petrea, Kuipers, Pim, Comparing the experience of outpatient therapy in home and day hospital settings after traumatic brain injury: patient, significant other and therapist perspectives, Disability and Rehabilitation, 33, 1203-14, 2011	No qualitative data on phenomena of interest.
Donnell, Zoe, Hoffman, Roseanne, Myers, Gaya, Sarmiento, Kelly, Seeking to improve care for young patients: Development of tools to support the implementation of the CDC Pediatric mTBI Guideline, Journal of Safety Research, 67, 203-209, 2018	Study not conducted in one of the countries included in the review protocol.
Donnelly, Kyla Z., Goldberg, Shari, Fournier, Debra, A qualitative study of LoveYourBrain Yoga: a group-based yoga with psychoeducation intervention to facilitate community	Study not conducted in one of the countries included in the review protocol.

Study	Reason for Exclusion
integration for people with traumatic brain injury and their caregivers, Disability and Rehabilitation, 1-10, 2019	
Douglas, J., 'Nobody wants to know you'. Understanding the experience of friendship following severe traumatic brain injury, Brain Injury, 30, 515, 2016	Conference abstract.
Drew, S., Judge, A., Cooper, C., Javaid, M. K., Farmer, A., Gooberman-Hill, R., Secondary prevention of fractures after hip fracture: a qualitative study of effective service delivery, Osteoporosis international : a journal established as result of cooperation between the European Foundation for Osteoporosis and the National Osteoporosis Foundation of the USA, 27, 1719-27, 2016	Study did not examine rehabilitation.
Drew, S., Judge, A., Javaid, M. K., Cooper, C., Farmer, A., Goobermen-Hill, R., Secondary prevention of fractures after hip fracture: A qualitative study of effective service delive, Osteoporosis International, 25, S308, 2014	Conference abstract.
Dwyer, Aoife, Heary, Caroline, Ward, Marcia, MacNeela, Padraig, Adding insult to brain injury: young adults' experiences of residing in nursing homes following acquired brain injury, Disability and Rehabilitation, 41, 33-43, 2019	Population not in protocol: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Dyke, J., Krupa, J., Vova, J., Medical symptoms, service gaps and barriers to care using the medical home model in adolescents with acquired brain injury, Journal of Head Trauma Rehabilitation, 27 (5), E18-E19, 2012	Conference abstract.
Edworthy Ann, Donne Hannah, The availability and intelligibility of information for carers of children with a brain injury, Social Care and Neurodisability, 1, 32-40, 2010	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Eliacin, Johanne, Fortney, Sarah, Rattray, Nicholas A., Kean, Jacob, Access to health services for moderate to severe TBI in Indiana: patient and caregiver perspectives, Brain Injury, 32, 1510-1517, 2018	Study not conducted in one of the countries included in the review protocol.
Fitts, M., Fleming, J., Bird, K., Condon, T., Gilroy, J., Clough, A., Maruff, P., Esterman, A., Bohanna, I., Sentinel events during hospital admission for indigenous people following traumatic brain injury, Brain Impairment, 19, 336, 2018	Conference abstract.
Fitts, Michelle S., Bird, Katrina, Gilroy, John, Fleming, Jennifer, Clough, Alan R., Esterman, Adrian, Maruff, Paul, Fatima, Yaqoot, Bohanna, India, Abrahamson, Alfandre Amery Bell Blackmer Bohanna Bohanna Bohanna Braun Burnett Choi Claiborne Coronado D'Cruz Dillon Dudley Durey Durey Einsiedel Englander Feigin Foley Franks Gentilello Gilroy Gilroy Harrison Hunt Hyder Jamieson Jayaraj Juillard Katzenellenbogen Katzenellenbogen Lakhani Lee Levack Levack Liossi Marrone Martin Moreton-Robinson Nakata Nalder Nalder Nalder Niemeier Ownsworth Paradies Rutland-Brown Shahid Tuhiwai-Smith Turner Turner Willis Zeiler, A qualitative study on the transition support needs of indigenous Australians following traumatic brain injury, Brain Impairment, 20, 137-159, 2019	No qualitative data on phenomena of interest.
Fleming, Jennifer, Sampson, Jennifer, Cornwell, Petrea, Turner, Ben, Griffin, Janell, Brain injury rehabilitation: The lived experience of inpatients and their family caregivers, Scandinavian journal of occupational therapy, 19, 184-193, 2012	Adult population (≥ 18 years old)
Ford, James H., 2nd, Wise, Meg, Krahn, Dean, Oliver, Karen	Study not conducted in one of

Study	Reason for Exclusion
Anderson, Hall, Carmen, Sayer, Nina, Family care map: Sustaining family-centered care in Polytrauma Rehabilitation Centers, Journal of Rehabilitation Research and Development, 51, 1311-24, 2014	the countries included in the review protocol.
Foster, Kim, Mitchell, Rebecca, Young, Alexandra, Van, Connie, Curtis, Kate, Parent experiences and psychosocial support needs 6 months following paediatric critical injury: A qualitative study, Injury, 50, 1082-1088, 2019	No qualitative data on phenomena of interest.
Foster, Kim, Mitchell, Rebecca, Van, Connie, Young, Alexandra, McCloughen, Andrea, Curtis, Kate, Resilient, recovering, distressed: A longitudinal qualitative study of parent psychosocial trajectories following child critical injury, Injury, 50, 1605-1611, 2019	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Foster, Kim, Young, Alexandra, Mitchell, Rebecca, Van, Connie, Curtis, Kate, Experiences and needs of parents of critically injured children during the acute hospital phase: A qualitative investigation, Injury, 48, 114-120, 2017	Population not in protocol: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Fournier, D., Goldberg, S., Figucia, C., Kennedy, P., Krauss, K., Smith, C., Springmann, J., An interdisciplinary traumatic brain injury clinic: Understanding the patient experience, Journal of Head Trauma Rehabilitation, 32, E97-E98, 2017	Conference abstract.
Francis, A., Ziviani, J., Fleming, J., Rae, M., McKinlay, L., Transitioning to adulthood: Needs of young people with an acquired brain injury and those of their families, Neurorehabilitation and Neural Repair, 26, 780-781, 2012	Conference abstract.
Franz, Shiney, Muser, Jurgen, Thielhorn, Ulrike, Wallesch, Claus W., Behrens, Johann, Inter-professional communication and interaction in the neurological rehabilitation team: a literature review, Disability and Rehabilitation, 1-9, 2018	The focus was not specific to participants who had experienced traumatic injury and results not presented separately for target population.
Fraser, M. A., Lind, J. D., Powell-Cope, G., Gavin-Dreschnack, D., Addressing non-direct care, psychosocial concerns of veterans with spinal cord injuries, Journal of Spinal Cord Medicine, 36, 546-547, 2013	Conference abstract.
Freeman, Claire, Cassidy, Bernadette, Hay-Smith, E. Jean C., Beauregard, Beisecker Chan Craig DeSanto-Madeya Dickson Dixon Ell Esmail Esmail Fisher Fronek Gilad Kendall Kennedy Kidd Kreuter Leino-Kilpi Lemonidou New Parrott Racher Rembis Schuster Sinnott Smith Smith Steinglass Taylor Vocaturo, Couple's experiences of relationship maintenance and intimacy in acute spinal cord injury rehabilitation: An interpretative phenomenological analysis, Sexuality and Disability, 35, 433-444, 2017	Study did not examine phenomena of interest.
Fry, J. C., Price, P., Meeting the re-integration needs of individuals with spinal cord injury: Effectiveness of community-based occupational therapy, Archives of Physical Medicine and Rehabilitation, 94, e8, 2013	Conference abstract.
Gabbe, Belinda J., Sleney, Jude S., Gosling, Cameron M., Wilson, Krystle, Hart, Melissa J., Sutherland, Ann M., Christie, Nicola, Patient perspectives of care in a regionalised trauma system: lessons from the Victorian State Trauma System, The Medical journal of Australia, 198, 149-52, 2013	No qualitative data on phenomena of interest.
Gagliardi, Anna R., Nathens, Avery B., Exploring the characteristics of high-performing hospitals that influence trauma triage and transfer, The journal of trauma and acute care	Study did not examine rehabilitation.

Study	Reason for Exclusion
surgery, 78, 300-5, 2015	
Gagnon, I., Friedman, D., Management of mild traumatic brain injury or concussion in children: Is there a role for the physical therapist?, Physiotherapy (United Kingdom), 1), eS1487-eS1488, 2011	Conference abstract.
Garrino, Lorenza, Curto, Natascia, Decorte, Rita, Felisi, Nadia, Matta, Ebe, Gregorino, Silvano, Actis, M. Vittoria, Marchisio, Cecilia, Carone, Roberto, Towards personalized care for persons with spinal cord injury: a study on patients' perceptions, The journal of spinal cord medicine, 34, 67-75, 2011	Study did not examine phenomena of interest.
Gawel, Marcie, Emerson, Beth, Giuliano, John S., Jr., Rosenberg, Alana, Minges, Karl E., Feder, Shelli, Violano, Pina, Morrell, Patricia, Petersen, Judy, Christison-Lagay, Emily, Auerbach, Marc, A Qualitative Study of Multidisciplinary Providers' Experiences With the Transfer Process for Injured Children and Ideas for Improvement, Pediatric Emergency Care, 34, 125-131, 2018	Study not conducted in one of the countries included in the review protocol.
Gemmel, Paul, van Steenis, Thomas, Meijboom, Bert, Bensabat, Bohmer Broekhuis Burke Chase Chase Chase Eisenhardt Fredendall Frei Gronroos Hanne Johnston Lamontagne Lamontagne Larsson Meredith Metters Metters Miles Ouwens Patricio Swanborn Vander Laane Voss Westert Yin Young Zomerdijk, Front-office/back-office configurations and operational performance in complex health services, Brain Injury, 28, 347-356, 2014	Not specific to rehabilitation, or to traumatic injury and results not presented separately for target population.
Gill, Carol J., Sander, Angelle M., Robins, Nina, Mazzei, Diana, Struchen, Margaret A., Allen, Aloni Aloni Anderson Anderson-Parente Bergland Brooks Ergh Garden Gillen Gosling Harrick Hibbard Hoofien Jeon Kersel Kravetz Kravetz Kreuter Kreutzer Kreutzer Kreutzer Lippert Marsh Oddy Olver Panting Patton Perlesz Peters Ponsford Porter Resnick Rosenbaum Sandel Siebert Snow Tate Tate Thomsen Vanderploeg Wallace Webster Wells Wood Wood, Exploring experiences of intimacy from the viewpoint of individuals with traumatic brain injury and their partners, The Journal of Head Trauma Rehabilitation, 26, 56-68, 2011	Study not conducted in one of the countries included in the review protocol.
Gill, Ian J., Wall, Gemma, Simpson, Jane, Clients' perspectives of rehabilitation in one acquired brain injury residential rehabilitation unit: a thematic analysis, Brain Injury, 26, 909-20, 2012	The majority of participants had not experienced traumatic injury and results not presented separately for target population.
Glenny, Christine, Stolee, Paul, Sheiban, Linda, Jaglal, Susan, Communicating during care transitions for older hip fracture patients: family caregiver and health care provider's perspectives, International journal of integrated care, 13, e044, 2013	No qualitative data on phenomena of interest.
Glintborg, C., Hansen, T., De La Mata Benites, M., Supporting transitions in neurorehabilitation. A pathway to improved psychosocial outcomes, Brain Injury, 30, 565-566, 2016	Conference abstract.
Glintborg, Chalotte, Hansen, Tia G. B., Bech, Bech Braun Brenner Creswell Ellervik Engel Ghaziani Glintborg Glintborg Glintborg Glintborg Hackett Haggerty Hald Hall Holm Jorge Jorge Keith Kennedy Miles Morton Norholm Pallant Rivera Schlossberg Teasdale Teasdale Turner, Bio-psycho-social effects of a coordinated neurorehabilitation programme: A naturalistic mixed methods study, NeuroRehabilitation, 38, 99-113, 2016	The majority of participants had not experienced traumatic injury and results not presented separately for target population.
Goel, R., Fruth, S., Geigle, P., Santurri, L., Abzug, J.,	Conference abstract.

Study	Reason for Exclusion
Telerehabilitation for Individuals With Spinal Cord Injury: Is it Feasible?, Archives of Physical Medicine and Rehabilitation, 100, e203-e204, 2019	
Goldsmith, Helen, McCloughen, Andrea, Curtis, Kate, Using the trauma patient experience and evaluation of hospital discharge practices to inform practice change: A mixed methods study, Journal of Clinical Nursing, 27, 1589-1598, 2018	Study did not examine rehabilitation.
Goldsmith, Helen, McCloughen, Andrea, Curtis, Kate, The experience and understanding of pain management in recently discharged adult trauma patients: A qualitative study, Injury, 49, 110-116, 2018	No qualitative data on phenomena of interest.
Goodridge, Donna, Rogers, Marla, Klassen, Laura, Jeffery, Bonnie, Knox, Katherine, Rohatinsky, Noelle, Linassi, Gary, Access to health and support services: perspectives of people living with a long-term traumatic spinal cord injury in rural and urban areas, Disability and Rehabilitation, 37, 1401-10, 2015	No qualitative data on phenomena of interest.
Gotlib Conn, Lesley, Zwaiman, Ashley, DasGupta, Tracey, Hales, Brigette, Watamaniuk, Aaron, Nathens, Avery B., Trauma patient discharge and care transition experiences: Identifying opportunities for quality improvement in trauma centres, Injury, 49, 97-103, 2018	Adult population (≥ 18 years old)
Gourdeau, Jenna, Fingold, Alissa, Colantonio, Angela, Mansfield, Elizabeth, Stergiou-Kita, Mary, Workplace accommodations following work-related mild traumatic brain injury: what works?, Disability and Rehabilitation, 1-10, 2018	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Graff, Heidi J., Christensen, Ulla, Poulsen, Ingrid, Egerod, Ingrid, Patient perspectives on navigating the field of traumatic brain injury rehabilitation: a qualitative thematic analysis, Disability and Rehabilitation, 40, 926-934, 2018	No qualitative data on phenomena of interest.
Gravell, R., Brumfit, S., Body, R., Hope and engagement following acquired brain injury: A qualitative study, Brain Injury, 31, 721-722, 2017	Conference abstract.
Guilcher, S., Everall, A., Wodchis, W., Joanna, deGraaf-Dunlop, Bar-Ziv, S., Kuluski, K., Understanding Transitions of Care in Older Adults With Hip Fractures: A Multiple-Case Study in Ontario, Archives of Physical Medicine and Rehabilitation, 100, e138, 2019	Conference abstract.
Gullick, Janice G., Taggart, Susan B., Johnston, Rae A., Ko, Natalie, The trauma bubble: patient and family experience of serious burn injury, Journal of burn care & research : official publication of the American Burn Association, 35, e413-27, 2014	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Guptill, C. A., The lived experience of professional musicians with playing-related injuries: A phenomenological inquiry, Medical Problems of Performing Artists, 26, 84-95, 2011	No qualitative data on phenomena of interest.
Haarbauer-Krupa, J., Vova, J., Follow-up of preschool children with acquired brain injury, Brain Injury, 26, 424-425, 2012	Conference abstract.
Haas, B. M., Price, L., Freeman, J. A., Qualitative evaluation of a community peer support service for people with spinal cord injury, Spinal Cord, 51, 295-9, 2013	The majority of participants had not experienced traumatic injury and results not presented separately for target population.
Harrington, Rosamund, Foster, Michele, Fleming, Jennifer, Experiences of pathways, outcomes and choice after severe traumatic brain injury under no-fault versus fault-based motor accident insurance, Brain Injury, 29, 1561-71, 2015	No qualitative data on phenomena of interest.

Study	Reason for Exclusion
Harris, M. B., Rafeedie, S., McArthur, D., Babikian, T., Snyder, A., Polster, D., Giza, C. C., Addition of Occupational Therapy to an Interdisciplinary Concussion Clinic Improves Identification of Functional Impairments, Journal of Head Trauma Rehabilitation, 34, 425-432, 2019	Study not conducted in one of the countries included in the review protocol.
Harrison, Anne L., Hunter, Elizabeth G., Thomas, Heather, Bordy, Paige, Stokes, Erin, Kitzman, Patrick, Living with traumatic brain injury in a rural setting: supports and barriers across the continuum of care, Disability and Rehabilitation, 39, 2071-2080, 2017	Study not conducted in one of the countries included in the review protocol.
Hartley, Naomi A., Spinal cord injury (SCI) rehabilitation: systematic analysis of communication from the biopsychosocial perspective, Disability and rehabilitation, 1-10, 2015	Study not conducted in one of the countries included in the review protocol.
Hawkins, Brent L., Crowe, Brandi M., Contextual Facilitators and Barriers of Community Reintegration Among Injured Female Military Veterans: A Qualitative Study, Archives of Physical Medicine and Rehabilitation, 99, S65-S71, 2018	Study not conducted in one of the countries included in the review protocol.
Haywood, C., Perceptions of recovery among adolescents and young adults with acquired spinal cord injuries, Archives of Physical Medicine and Rehabilitation, 97, e76, 2016	Conference abstract.
Haywood, Carol, Pyatak, Elizabeth, Leland, Natalie, Henwood, Benjamin, Lawlor, Mary C., A Qualitative Study of Caregiving for Adolescents and Young Adults With Spinal Cord Injuries: Lessons From Lived Experiences, Topics in Spinal Cord Injury Rehabilitation, 25, 281-289, 2019	Study not conducted in one of the countries included in the review protocol.
Hellem, I., Forland, G., Eide, K., Ytrehus, S., Addressing uncertainty and stigma in social relations related to hidden dysfunctions following acquired brain injury, Scandinavian Journal of Disability Research, 20, 152-161, 2018	It was not clear how many participants had experienced a traumatic injury; results not presented separately for target population.
Herrera-Escobar, J. P., Columbus, A., Castillo-Angeles, M., Rios-Diaz, A. J., Weed, C. N., Kasotakis, G., Velmahos, G. C., Salim, A., Haider, A. H., Kaafara, H. M., Discontinuity of patient-provider communication throughout the phases of care: Time to be more patient-centered in trauma?, Journal of the American College of Surgeons, 225 (4 Supplement 2), e176, 2017	Conference abstract.
Hill, Jennifer N., Smith, Bridget M., Weaver, Frances M., Nazi, Kim M., Thomas, Florian P., Goldstein, Barry, Hogan, Timothy P., Potential of personal health record portals in the care of individuals with spinal cord injuries and disorders: Provider perspectives, The journal of spinal cord medicine, 41, 298-308, 2018	Study not conducted in one of the countries included in the review protocol.
Hines, M., Brunner, M., Poon, S., Lam, M., Tran, V., Yu, D., Togher, L., Shaw, T., Power, E., Exploring ehealth 'tribes and tribulations' in interdisciplinary rehabilitation for people with a traumatic brain injury (TBI), Brain Impairment, 19, 292-293, 2018	Conference abstract.
Hines, M., Brunner, M., Poon, S., Lam, M., Tran, V., Yu, D., Togher, L., Shaw, T., Power, E., Tribes and tribulations: interdisciplinary eHealth in providing services for people with a traumatic brain injury (TBI), BMC health services research, 17, 757, 2017	Adult population (≥ 18 years old)
Hirsch, M. A., Grafton, L., Guerrier, T. P., Niemeier, J. P., Newman, M., Runyon, M. S., Unmet concussion care needs from the perspective of individuals with mild traumatic brain injury, Archives of Physical Medicine and Rehabilitation, 96,	Conference abstract.

Study	Reason for Exclusion
e33, 2015	
Hitzig, S., Bain, P., Haycock, S., Hebert, D. A., Evaluation of a spinal cord injury community reintegration outpatient program (CROP) service, Archives of Physical Medicine and Rehabilitation, 95, e83, 2014	Conference abstract.
Hollick, R., Reid, D., Black, A., McKee, L., What matters to patients: Working together to improve the quality of osteoporosis services, Osteoporosis International, 27, S678, 2016	Conference abstract.
Holloway, Mark, Motivational interviewing and acquired brain injury, Social Care and Neurodisability, 3, 122-130, 2012	Narrative review.
Hoogerdijk, Barbara, Runge, Ulla, Haugboelle, Jette, The adaptation process after traumatic brain injury an individual and ongoing occupational struggle to gain a new identity, Scandinavian Journal of Occupational Therapy, 18, 122-32, 2011	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Hoonakker, Peter Leonard Titus, Wooldridge, Abigail Rayburn, Hose, Bat-Zion, Carayon, Pascale, Eithun, Ben, Brazelton, Thomas Berry, 3rd, Kohler, Jonathan Emerson, Ross, Joshua Chud, Rusy, Deborah Ann, Dean, Shannon Mason, Kelly, Michelle Merwood, Gurses, Ayse Pinar, Information flow during pediatric trauma care transitions: things falling through the cracks, Internal and emergency medicine, 14, 797-805, 2019	Study not conducted in one of the countries included in the review protocol.
Hosking, J. E., Ameratunga, S. N., Bramley, D. M., Crengle, S. M., Reducing ethnic disparities in the quality of trauma care: An important research gap, Annals of Surgery, 253, 233-237, 2011	Study did not examine rehabilitation.
Hull, K., Ribariach, J., Panton, V., De Jonge, J., Bulsara, C., Developing independence and empowerment through medications self management amongst persons with acquired brain injury, Neurorehabilitation and Neural Repair, 26, 775-776, 2012	Conference abstract.
Hunt, Anne W., Laupacis, Dylan, Kawaguchi, Emily, Greenspoon, Dayna, Reed, Nick, Key ingredients to an active rehabilitation programme post-concussion: perspectives of youth and parents, Brain Injury, 32, 1534-1540, 2018	It was not clear that the participants had been hospitalised (study states that the intervention/ interviews were undertaken in a hospital but many of the participants were drawn from the community).
Hyatt, Kyong, Davis, Linda L., Barroso, Julie, Chasing the care: soldiers experience following combat-related mild traumatic brain injury, Military Medicine, 179, 849-55, 2014	Study not conducted in one of the countries included in the review protocol.
Irgens, Eirik Lind, Henriksen, Nils, Moe, Siri, Communicating information and professional knowledge in acquired brain injury rehabilitation trajectories - a qualitative study of physiotherapy practice, Disability and Rehabilitation, 1-8, 2018	The focus was not specific to participants who had experienced traumatic injury and results not presented separately for target population.
Isbel, Stephen T., Jamieson, Maggie I., Views from health professionals on accessing rehabilitation for people with dementia following a hip fracture, Dementia (London, England), 16, 1020-1031, 2017	Adult population (≥ 18 years old)
Jacoby, Sara F., Rich, John A., Webster, Jessica L., Richmond, Therese S., 'Sharing things with people that I don't even know': help-seeking for psychological symptoms in injured Black men in Philadelphia, Ethnicity & health, 1-19, 2018	Study not conducted in one of the countries included in the review protocol.
Jannings, Wendy, Pryor, Julie, The experiences and needs of persons with spinal cord injury who can walk, Disability and Rehabilitation, 34, 1820-6, 2012	Population not in protocol: Study did not mention that the patients were transferred to outpatient or

Study	Reason for Exclusion
	community services following discharge.
Janssen, Renske M. J., Satink, Ton, Ijspeert, Jos, van Alfen, Nens, Groothuis, Jan T., Packer, Tanya L., Cup, Edith H. C., Reflections of patients and therapists on a multidisciplinary rehabilitation programme for persons with brachial plexus injuries, Disability and Rehabilitation, 41, 1427-1434, 2019	Population not in protocol: Participants had not experienced traumatic injury.
Jellema, Sandra, van Erp, Sabine, Nijhuis-van der Sanden, Maria W. G., van der Sande, Rob, Steultjens, Esther M. J., Activity resumption after acquired brain injury: the influence of the social network as described by social workers, Disability and Rehabilitation, 1-8, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Jeyaraj, J. A., Clendenning, A., Bellemare-Lapierre, V., Iqbal, S., Lemoine, M. C., Edwards, D., Korner-Bitensky, N., Clinicians' perceptions of factors contributing to complexity and intensity of care of outpatients with traumatic brain injury, Brain Injury, 27, 1338-1347, 2013	No qualitative data on phenomena of interest.
Jeyathevan, Gaya, Cameron, Jill I., Craven, B. Catharine, Jaglal, Susan B., Identifying Required Skills to Enhance Family Caregiver Competency in Caring for Individuals With Spinal Cord Injury Living in the Community, Topics in Spinal Cord Injury Rehabilitation, 25, 290-302, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Jeyathevan, Gaya, Catharine Craven, B., Cameron, Jill I., Jaglal, Susan B., Facilitators and barriers to supporting individuals with spinal cord injury in the community: experiences of family caregivers and care recipients, Disability and Rehabilitation, 1-11, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Jiang, T., Webster, J. L., Robinson, A., Kassam-Adams, N., Richmond, T. S., Emotional responses to unintentional and intentional traumatic injuries among urban black men: A qualitative study, Injury, 49, 983-989, 2018	Study not conducted in one of the countries included in the review protocol.
Johnson, Rae A., Taggart, Susan B., Gullick, Janice G., Emerging from the trauma bubble: Redefining 'normal' after burn injury, Burns : journal of the International Society for Burn Injuries, 42, 1223-32, 2016	No qualitative data on phenomena of interest.
Jourdan, C., Azouvi, P., Pradat-Diehl, P., Ruet, A., Tenovuo, O., Traumatic Brain Injury (TBI) care pathways in Finland and in France: Organization and issues, Annals of Physical and Rehabilitation Medicine, 57, e397, 2014	Conference abstract.
Jourdan, Claire, Bahrami, Stephane, Azouvi, Philippe, Tenovuo, Olli, Practitioners' opinions on traumatic brain injury care pathways in Finland and France: different organizations, common issues, Brain Injury, 33, 205-211, 2019	Adult population (≥ 18 years old)
Jurrius, K., After care for people with acquired brain injury in the chronic phase-New equilibrium in the aftercare of people with acquired brain injury and their next of kin, Brain Injury, 30, 567, 2016	Conference abstract.
Keck, Casey S., Creaghead, Nancy A., Turkstra, Lyn S., Vaughn, Lisa M., Kelchner, Lisa N., Pragmatic skills after childhood traumatic brain injury: Parents' perspectives, Journal of communication disorders, 69, 106-118, 2017	Study not conducted in one of the countries included in the review protocol.
Keenan, Alanna, Joseph, Lynn, The needs of family members of severe traumatic brain injured patients during critical and acute care: a qualitative study, Canadian journal of neuroscience nursing, 32, 25-35, 2010	Mixed setting and population, results not presented separately for the target settings and population.
Keightley, Michelle, Kendall, Victoria, Jang, Shu-Hyun, Parker,	No qualitative data on

Study	Reason for Exclusion
Cindy, Agnihotri, Sabrina, Colantonio, Angela, Minore, Bruce, Katt, Mae, Cameron, Anita, White, Randy, Longboat-White, Claudine, Bellavance, Alice, From health care to home community: an Aboriginal community-based ABI transition strategy, Brain Injury, 25, 142-52, 2011	phenomena of interest.
Kellezi, Blerina, Beckett, Kate, Earthy, Sarah, Barnes, Jo, Sleney, Jude, Clarkson, Julie, Regel, Stephen, Jones, Trevor, Kendrick, Denise, Understanding and meeting information needs following unintentional injury: comparing the accounts of patients, carers and service providers, Injury, 46, 564-71, 2015	It was not clear how many participants had experienced a traumatic injury; results not presented separately for target population.
Kennedy, Nicole, Barnes, Jessica, Rose, Anna, Veitch, Craig, Bowling, Cott Dahlberg Degeneffe Gage Higgins Keightley Majdan McCabe McColl O'Callaghan Patterson Patton Patton Schlossberg Sheppard Sinnakaruppan Smith Turner Turner Turner Turner Turner Voss, Clinicians' expectations and early experiences of a new comprehensive rehabilitation case management model in a specialist brain injury rehabilitation unit, Brain Impairment, 13, 62-71, 2012	No qualitative data on phenomena of interest.
Kennedy, P., Sherlock, O., McClelland, M., Short, D., Royle, J., Wilson, C., A multi-centre study of the community needs of people with spinal cord injuries: the first 18 months, Spinal Cord, 48, 15-20, 2010	No qualitative data on phenomena of interest.
Kersten, Paula, Cummins, Christine, Kayes, Nicola, Babbage, Duncan, Elder, Hinemoa, Foster, Allison, Weatherall, Mark, Siegert, Richard John, Smith, Greta, McPherson, Kathryn, Making sense of recovery after traumatic brain injury through a peer mentoring intervention: a qualitative exploration, BMJ Open, 8, e020672, 2018	No qualitative data on phenomena of interest.
Kiekens, C., Christiaens, W., Van Den Heede, K., Organization of aftercare for patients with severe burn injuries in Belgium, Annals of Physical and Rehabilitation Medicine, 57, e212-e213, 2014	Conference abstract.
Kimmel, Lara A., Holland, Anne E., Hart, Melissa J., Edwards, Elton R., Page, Richard S., Hau, Raphael, Bucknill, Andrew, Gabbe, Belinda J., Discharge from the acute hospital: trauma patients' perceptions of care, Australian health review : a publication of the Australian Hospital Association, 40, 625-632, 2016	No qualitative data on phenomena of interest.
Kimmel, Lara A., Holland, Anne E., Lannin, Natasha, Edwards, Elton R., Page, Richard S., Bucknill, Andrew, Hau, Raphael, Gabbe, Belinda J., Clinicians' perceptions of decision making regarding discharge from public hospitals to in-patient rehabilitation following trauma, Australian health review : a publication of the Australian Hospital Association, 41, 192-200, 2017	Adult population (≥ 18 years old)
Kingston, Gail A., Judd, Dr Jenni, Gray, Marion A., The experience of living with a traumatic hand injury in a rural and remote location: an interpretive phenomenological study, Rural and remote health, 14, 2764, 2014	No qualitative data on phenomena of interest.
Kingston, Gail A., Judd, Jenni, Gray, Marion A., The experience of medical and rehabilitation intervention for traumatic hand injuries in rural and remote North Queensland: a qualitative study, Disability and Rehabilitation, 37, 423-9, 2015	No qualitative data on phenomena of interest.
Kirk, S., Fallon, D., Fraser, C., Robinson, G., Vassallo, G., Supporting parents following childhood traumatic brain injury: a qualitative study to examine information and emotional support needs across key care transitions, Child: care, health and	No qualitative data on phenomena of interest.

Study	Reason for Exclusion
development, 41, 303-313, 2015	
Kivunja, Stephen, River, Jo, Gullick, Janice, Experiences of giving and receiving care in traumatic brain injury: An integrative review, Journal of clinical nursing, 27, 1304-1328, 2018	Systematic review, included studies checked for relevance.
Kjaersgaard, A., Kristensen, H. K., Brain injury and severe eating difficulties at admission-patient perspective nine to fifteen months after discharge: A pilot study, Brain Sciences, 7, 96, 2017	Unclear how many participants had experienced traumatic injury, the results not presented separately for target population.
Knox, L., Douglas, J., Bigby, C., Exploring tensions associated with supported decision making in adults with severe traumatic brain injury, Brain Injury, 26, 477, 2012	Conference abstract.
Koehmstedt, Christine, Lydick, Susan E., Patel, Drasti, Cai, Xinsheng, Garfinkel, Steven, Weinstein, Ali A., Health status, difficulties, and desired health information and services for veterans with traumatic brain injuries and their caregivers: A qualitative investigation, PLoS ONE, 13, e0203804, 2018	Study not conducted in one of the countries included in the review protocol.
Koizia, L., Kings, R., Koizia, A., Peck, G., Wilson, M., Hettiaratchy, S., Fertleman, M. B., Major trauma in the elderly: Frailty decline and patient experience after injury, Trauma (United Kingdom), 21, 21-26, 2019	Not a qualitative study.
Koller, Kathryn, Woods, Lindsay, Engel, Lisa, Bottari, Carolina, Dawson, Deirdre R., Nalder, Emily, Bandura, Bottari Braun Chen Colantonio Creswell Dreer Engel Fleming Fox Gaudette Hall Hoskin Kelley Kershaw Kim Knight Kreutzer Langlois Levack Malee Marson Martin McCabe McHugh Patton Poncer Weiner, Loss of financial management independence after brain injury: Survivors' experiences, American Journal of Occupational Therapy, 70, No-Specified, 2016	Population not in protocol: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Kontos, P., Miller, K. L., Colantonio, A., Cott, C., Therapeutic landscape theory: Identifying health detracting and health enhancing aspects of neurorehabilitation, Brain Injury, 28, 535, 2014	Conference abstract.
Kornhaber, R., Wilson, A., Abu-Qamar, M., McLean, L., Vandervord, J., Inpatient peer support for adult burn survivors-a valuable resource: a phenomenological analysis of the Australian experience, Burns : journal of the International Society for Burn Injuries, 41, 110-7, 2015	Study did not examine phenomena of interest.
Kornhaber, Rachel, Rickard, Greg, McLean, Loyola, Wiechula, Rick, Lopez, Violeta, Cleary, Michelle, Burn care and rehabilitation in Australia: health professionals' perspectives, Disability and Rehabilitation, 41, 714-719, 2019	Adult population (≥ 18 years old)
Kozlowski-Moreau, O., Danze, F., Pollez, B., Brooks, N., Johnson, C., Line, M. C., Rousseaux, M., Croisiaux, C., Lanthier, A., Long-term management of severe TBI in Europe-The value of a network, Brain Injury, 30, 650, 2016	Conference abstract.
Kuipers, Pim, Kendall, Melissa B., Amsters, Delena, Pershouse, Kiley, Schuurs, Sarita, Descriptions of community by people with spinal cord injuries: concepts to inform community integration and community rehabilitation, International journal of rehabilitation research. Internationale Zeitschrift fur Rehabilitationsforschung. Revue internationale de recherches de readaptation, 34, 167-74, 2011	No qualitative data on phenomena of interest.
Lafebvre, H., Levert, M. J., Gelinas, I., Croteau, C., Le Dorze, G., Bottari, C., McKerrall, M., Personalized accompaniment for community integration for people with a traumatic brain injury in postrehabilitation, Archives of Physical Medicine and	Conference abstract.

Study	Reason for Exclusion
Rehabilitation, 91, e7, 2010	
Lamontagne, M. E., Swaine, B. R., Lavoie, A., Careau, E., Analysis of the strengths, weaknesses, opportunities and threats of the network form of organization of traumatic brain injury service delivery systems, Brain Injury, 25, 1188-1197, 2011	Adult population (≥ 18 years old)
Lange, R., French, L., Bailie, J., Lippa, S., Gartner, R., Driscoll, A., Wright, M., Smith, J., Dilay, A., Pizzano, B., Johnson, L., Nora, D., Mahatan, H., Sullivan, J., Thompson, D., Snelling, A., Brickell, T., Caring for U.S. military service members following mild-moderate traumatic brain injury: Examination of access to services, service needs, and barriers to care, Journal of Head Trauma Rehabilitation, 32, E71, 2017	Conference abstract.
Lannin, N., Roberts, K., D'Cruz, K., Morarty, J., Unsworth, C., Who holds the 'Power' during goal-setting? A qualitative study exploring patient perceptions, International Journal of Stroke, 10, 68, 2015	Conference abstract.
Lapierre, Alexandra, Lefebvre, Helene, Gauvin-Lepage, Jerome, Factors Affecting Interprofessional Teamwork in Emergency Department Care of Polytrauma Patients: Results of an Exploratory Study, Journal of trauma nursing : the official journal of the Society of Trauma Nurses, 26, 312-322, 2019	Setting not in protocol: Emergency department.
Lee, Tracy, Norton, Andrea, Hayes, Sue, Adamson, Keith, Schwellnus, Heidi, Evans, Cathy, Exploring Parents' Perceptions and How Physiotherapy Supports Transition from Rehabilitation to School for Youth with an ABI, Physical & occupational therapy in pediatrics, 37, 444-455, 2017	No qualitative data on phenomena of interest.
Lefebvre, Helene, Levert, Marie Josee, The needs experienced by individuals and their loved ones following a traumatic brain injury, Journal of trauma nursing : the official journal of the Society of Trauma Nurses, 19, 197-207, 2012	Adult population (≥ 18 years old)
Letts, L., Martin Ginis, K. A., Faulkner, G., Colquhoun, H., Levac, D., Gorczynski, P., Preferred Methods and Messengers for Delivering Physical Activity Information to People With Spinal Cord Injury: A Focus Group Study, Rehabilitation Psychology, 56, 128-137, 2011	It was unclear if the focus was specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Lexell, E. M., Alkhed, A. K., Olsson, K., The group rehabilitation helped me adjust to a new life: Experiences shared by persons with an acquired brain injury, Brain Injury, 27, 529-537, 2013	No qualitative data on phenomena of interest.
Lind, J. D., Fraser, M. A., Powell-Cope, G., Gavin-Dreschnack, D., Enhancing patient dignity in va spinal cord injury units, Journal of Spinal Cord Medicine, 36, 555, 2013	Study not conducted in one of the countries included in the review protocol.
Lindahl, Marianne, Hvalsoe, Berit, Poulsen, Jeppe Rosengaard, Langberg, Henning, Quality in rehabilitation after a working age person has sustained a fracture: partnership contributes to continuity, Work (Reading, Mass.), 44, 177-89, 2013	No qualitative data on phenomena of interest.
Lindahl, Marianne, Teljigovic, Sanel, Heegaard Jensen, Lars, Hvalsoe, Berit, Juneja, Hemant, Barth, Clay Cooper Cott Del Bano-Aledo Donabedian Donabedian Fitinghoff Griffiths Harris Hours Hush Jensen Kidd Lempp Lindahl Martins McLean Mead Mussener Partridge Pinto Polinder Rindflesch Sanders Strauss Walton Willamson, Importance of a patient-centred approach in ensuring quality of post-fracture rehabilitation for working aged people: A qualitative study of therapists' and patients' perspectives, Work: Journal of Prevention, Assessment & Rehabilitation, 55, 831-839, 2016	Mixed population, cannot separate or confirm which patients were hospitalised and match the population of interest.
Lindberg, J., Kreuter, M., Taft, C., Person, L. O., Patient	Study did not examine

Study	Reason for Exclusion
participation in care and rehabilitation from the perspective of patients with spinal cord injury, Spinal Cord, 51, 834-7, 2013	phenomena of interest.
Linnarsson, J. R., Bubini, J., Perseius, K. I., A meta-synthesis of qualitative research into needs and experiences of significant others to critically ill or injured patients, Journal of Clinical Nursing, 19, 3102-11, 2010	Systematic review, included studies outside of date limits (1997-2007).
Littooij, E., Leget, C. J. W., Stolwijk-Swuste, J. M., Doodeman, S., Widdershoven, G. A. M., Dekker, J., The importance of 'global meaning' for people rehabilitating from spinal cord injury, Spinal Cord, 54, 1047-1052, 2016	Study did not examine phenomena of interest.
Lundine, J. P., Utz, M., Jacob, V., Ciccia, A. H., Putting the person in person-centered care: Stakeholder experiences in pediatric traumatic brain injury, Journal of Pediatric Rehabilitation Medicine, 12, 21-35, 2019	Study not conducted in one of the countries included in the review protocol.
Maddick, Rosie, Norton, Ali Amir Andrews Baker Batavia Batt-Rawden Bernstein Braun Bright Bright Bruscia De Carvalho Deegan Dijkers Dorsett Dorsett Dorsett Fook Fook Galvin Golden Humphries James Larsson Lee Lefevre Lethborg Manns Montague Nielson North O'Callaghan O'Callaghan O'Neil Riessman Riessman Scheiby Slivka Stover Tamplin Whittemore Zedjlik, 'Naming the unnameable and communicating the unknowable': Reflections on a combined music therapy/social work program, The Arts in Psychotherapy, 38, 130-137, 2011	Study did not examine phenomena of interest.
Makela, P., Jones, F., de Sousa de Abreu, M. I., Hollinshead, L., Ling, J., Supporting self-management after traumatic brain injury: Codesign and evaluation of a new intervention across a trauma pathway, Health expectations : an international journal of public participation in health care and health policy, 22, 632-642, 2019	Study did not examine phenomena of interest.
Manning, Joseph C., Hemingway, Pippa, Redsell, Sarah A., Survived so what? Identifying priorities for research with children and families post-paediatric intensive care unit, Nursing in critical care, 23, 68-74, 2018	Study did not examine rehabilitation.
Martin, Laurie T., Farris, Coreen, Parker, Andrew M., Epley, Caroline, The Defense and Veterans Brain Injury Center Care Coordination Program: Assessment of Program Structure, Activities, and Implementation, Rand health quarterly, 3, 4, 2013	Study not conducted in one of the countries included in the review protocol.
Martin, Suzanne, Armstrong, Elaine, Thomson, Eileen, Vargiu, Eloisa, Sola, Marc, Dauwalder, Stefan, Miralles, Felip, Daly Lynn, Jean, A qualitative study adopting a user-centered approach to design and validate a brain computer interface for cognitive rehabilitation for people with brain injury, Assistive technology : the official journal of RESNA, 30, 233-241, 2018	Study did not examine phenomena of interest.
Materne, M., Lundqvist, L. O., Strandberg, T., Opportunities and barriers for successful return to work after acquired brain injury: A patient perspective, Work (Reading, Mass.), 56, 125-134, 2017	The majority of participants had not experienced traumatic injury and the results not presented separately for target population.
McBain, Sacha A., Sexton, Kevin W., Palmer, Brooke E., Landes, Sara J., Barriers to and facilitators of a screening procedure for PTSD risk in a level I trauma center, Trauma surgery & acute care open, 4, e000345, 2019	Study not conducted in one of the countries included in the review protocol.
McDermott, Garret L., McDonnell, Anne Marie, Acquired brain injury services in the Republic of Ireland: experiences and perceptions of families and professionals, Brain Injury, 28, 81-91, 2014	The focus was not specific to care of people who have experienced traumatic injury and the results not presented separately for target population.

Study	Reason for Exclusion
McGarry, Sarah, Elliott, Catherine, McDonald, Ann, Valentine, Jane, Wood, Fiona, Girdler, Sonya, "This is not just a little accident": a qualitative understanding of paediatric burns from the perspective of parents, Disability and Rehabilitation, 37, 41-50, 2015	Study did not examine phenomena of interest.
McIntyre, Michelle, Ehrlich, Carolyn, Kendall, Elizabeth, Informal care management after traumatic brain injury: perspectives on informal carer workload and capacity, Disability and Rehabilitation, 1-9, 2018	Population not in protocol: Study did not mention that the patients were transferred to outpatient or community services following discharge.
McKelvey, M., Bush, E., Screening and identification of individuals with brain injury (BI) seeking services through the area agency on ageing in rural Nebraska, Brain Injury, 28, 712, 2014	Conference abstract.
McPherson, K., Fadyl, J., Theadom, A., Channon, A., Levack, W., Starkey, N., Wilkinson-Meyers, L., Kayes, N., Feigin, V., Barker-Collo, S., Harwood, M., Mudge, S., Christie, G., Jenkins, S., Living Life after Traumatic Brain Injury: Phase 1 of a Longitudinal Qualitative Study, Journal of Head Trauma Rehabilitation, 33, E44-E52, 2018	No qualitative data on phenomena of interest.
McPherson, K., Theadom, A., Wilkinson-Meyers, L., The experience of recovery-a qualitative study, Brain Injury, 26, 493-494, 2012	Conference abstract.
McRae, Philippa, Hallab, Lisa, Simpson, Grahame, Anstey, Braun Brooks Ellingsen Frost Gilworth Gilworth Gracey Harradine Kreutzer Macaden Medin Menon Nightingale Olver Oppermann Petrella Ponsford Rubenson Sabatello Simpson Tate Teasdale van Velzen van Velzen, Navigating employment pathways and supports following brain injury in Australia: Client perspectives, Australian Journal of Rehabilitation Counselling, 22, 76-92, 2016	No qualitative data on phenomena of interest.
Meade, M., Carr, L., Ellenbogen, P., Barrett, K., Perceptions of provider education and attitude by individuals with spinal cord injury: Implications for health care disparities, Topics in Spinal Cord Injury Rehabilitation, 17, 25-37, 2011	Study not conducted in one of the countries included in the review protocol.
Medina-Mirapeix, F., Del Bano-Aledo, M. E., Oliveira-Sousa, S. L., Escolar-Reina, P., Collins, S. M., How the rehabilitation environment influences patient perception of service quality: A qualitative study, Archives of Physical Medicine and Rehabilitation, 94, 1112-1117, 2013	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Mehta, Swati, Hadjistavropoulos, Heather D., Earis, Danielle, Titov, Nick, Dear, Blake F., Patient perspectives of Internet-delivered cognitive behavior therapy for psychosocial issues post spinal cord injury, Rehabilitation Psychology, 2019	No qualitative data on phenomena of interest.
Meixner, Cara, O'Donoghue, Cynthia R., Witt, Michelle, Accessing crisis intervention services after brain injury: a mixed methods study, Rehabilitation psychology, 58, 377-85, 2013	Study not conducted in one of the countries included in the review protocol.
Messinger, Seth, Bozorghadad, Sayeh, Pasquina, Paul, Social relationships in rehabilitation and their impact on positive outcomes among amputees with lower limb loss at Walter Reed National Military Medical Center, Journal of rehabilitation medicine, 50, 86-93, 2018	Study not conducted in one of the countries included in the review protocol.
Milte, R., Ratcliffe, J., Miller, M., Whitehead, C., Cameron, I. D., Crotty, M., What are frail older people prepared to endure to achieve improved mobility following hip fracture? A Discrete Choice Experiment, Journal of rehabilitation medicine : official	Not a qualitative study.

Study	Reason for Exclusion
journal of the UEMS European Board of Physical and Rehabilitation Medicine, 45, 81-86, 2013	
Minney, M. J., Roberts, R. M., Mathias, J. L., Raftos, J., Kochar, A., Service and support needs following pediatric brain injury: perspectives of children with mild traumatic brain injury and their parents, Brain Injury, 33, 168-182, 2019	Study did not examine rehabilitation.
Mitchell, Rebecca, Fajardo Pulido, Diana, Ryder, Tayhla, Norton, Grace, Brodaty, Henry, Draper, Brian, Close, Jacqueline, Rapport, Frances, Lystad, Reidar, Harris, Ian, Harvey, Lara, Sherrington, Cathie, Cameron, Ian D., Braithwaite, Jeffrey, Access to rehabilitation services for older adults living with dementia or in a residential aged care facility following a hip fracture: healthcare professionals' views, Disability and Rehabilitation, 1-12, 2019	Study did not examine phenomena of interest.
Mitsch, Virginia, Curtin, Michael, Badge, Helen, The provision of brain injury rehabilitation services for people living in rural and remote New South Wales, Australia, Brain Injury, 28, 1504-13, 2014	The majority of participants had not experienced traumatic injury and the results not presented separately for target population .
Moore, M., Robinson, G., Mink, R., Hudson, K., Dotolo, D., Gooding, T., Ramirez, A., Zatzick, D., Vavilala, M., Acute care after pediatric traumatic brain injury: A qualitative study of the family perspective, Journal of Neurotrauma, 31, A59, 2014	Conference abstract.
Moore, Megan, Robinson, Gabrielle, Mink, Richard, Hudson, Kimberly, Dotolo, Danae, Gooding, Tracy, Ramirez, Alma, Zatzick, Douglas, Giordano, Jessica, Crawley, Deborah, Vavilala, Monica S., Developing a Family-Centered Care Model for Critical Care After Pediatric Traumatic Brain Injury, Pediatric critical care medicine : a journal of the Society of Critical Care Medicine and the World Federation of Pediatric Intensive and Critical Care Societies, 16, 758-65, 2015	Study not conducted in one of the countries included in the review protocol.
Morriss, Elissa, Wright, Suzanne, Smith, Sharon, Roser, Judy, Kendall, Melissa, Ackerson, Ackerson Bassett Bassett Baulderstone Baxter Bisogni Butera-Prinzi Charles Cicerone Clark Cowling Craig Degeneffe Devany-Serio Evenson Flanagan Fletcher Gan Jacob Jones Kaatz Kirshbaum Kosciulek Lancaster Leinonen Lezak Llewellyn Maitz Nicholson Olson Pessar Qu Sander Smith Stake Strauss Urbach Uysal Visser-Meily Wade, Parenting challenges and needs for fathers following acquired brain injury (ABI) in Queensland, Australia: A preliminary model, Special Issue: Family support and adjustment following acquired brain injury: An international perspective., 19, 119-134, 2013	The majority of participants had not experienced traumatic injury and the results not presented separately for target population.
Mumbower, R., Heaton, K., Dreer, L., Novack, T., Childs, G., Vance, D., Sleep experiences following traumatic brain injury: A qualitative descriptive study, Archives of Physical Medicine and Rehabilitation, 98, e155, 2017	Conference abstract.
Munce, Sarah E. P., Webster, Fiona, Fehlings, Michael G., Straus, Sharon E., Jang, Eunice, Jaglal, Susan B., Meaning of self-management from the perspective of individuals with traumatic spinal cord injury, their caregivers, and acute care and rehabilitation managers: an opportunity for improved care delivery, BMC Neurology, 16, 11, 2016	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Munce, Sarah E. P., Webster, Fiona, Fehlings, Michael G., Straus, Sharon E., Jang, Eunice, Jaglal, Susan B., Perceived facilitators and barriers to self-management in individuals with traumatic spinal cord injury: a qualitative descriptive study, BMC Neurology, 14, 48, 2014	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.

Study	Reason for Exclusion
Murphy, Margaret, McCloughen, Andrea, Curtis, Kate, Using theories of behaviour change to transition multidisciplinary trauma team training from the training environment to clinical practice, Implementation science : IS, 14, 43, 2019	Study did not examine rehabilitation.
Murphy, Margaret, McCloughen, Andrea, Curtis, Kate, The impact of simulated multidisciplinary Trauma Team Training on team performance: A qualitative study, Australasian emergency care, 22, 1-7, 2019	Study did not examine rehabilitation.
Murray, A., Watter, K., Nielsen, M., Kennedy, A., A scoping study examining vocational rehabilitation in early acquired brain injury rehabilitation, Brain Impairment, 19, 306-307, 2018	Conference abstract.
Nalder, E., Fleming, J., Cornwell, P., Foster, M., Identity and the life course: Lived experiences of individuals with traumatic brain injury during the period of transition from hospital to home, Brain Impairment, 14, 159, 2013	Conference abstract.
Nalder, E., Fleming, J., Cornwell, P., Foster, M., Worrall, L., Ownsworth, T., Haines, T., Kendall, M., Chenoweth, L., What constitutes transition success? An investigation into factors influencing the perceptions of individuals with a TBI regarding the transition from hospital to home, Brain Injury, 24 (3), 189-190, 2010	Conference abstract.
Nalder, Emily J., Zabjek, Karl, Dawson, Deirdre R., Bottari, Carolina L., Gagnon, Isabelle, McFadyen, Bradford J., Hunt, Anne W., McKenna, Suzanne, Ouellet, Marie-Christine, Giroux, Sylvain, Cullen, Nora, Niechwiej-Szwedo, Ewa, Onf-Repar Abi Team, Research Priorities for Optimizing Long-term Community Integration after Brain Injury, The Canadian journal of neurological sciences. Le journal canadien des sciences neurologiques, 45, 643-651, 2018	Data was not collected using an appropriate qualitative methodology (the authors have analysed their own field notes taken at a 2-day conference for practitioners)
Nalder, Emily, Fleming, Jennifer, Cornwell, Petrea, Shields, Cassandra, Foster, Michele, Reflections on life: experiences of individuals with brain injury during the transition from hospital to home, Brain Injury, 27, 1294-303, 2013	Population not in protocol: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Nasrabadi, A. N., Mohammadi, N., Davatgaran, K., Yekaninejad, M., Javidan, A. N., Shabany, M., Designing a client and family empowerment model to promote constructive life recovery among persons with spinal cord injury: A qualitative study, Archives of Neuroscience, 6, e87867, 2019	Study not conducted in one of the countries included in the review protocol.
Nilsson, Charlotte, Bartfai, Aniko, Lofgren, Monika, Bartfai, Ben-Yishai Brooks Carlsson Charmaz Christensen Cicerone Cicerone Cicerone Comper Creswell Cullen Dahlgren Ferguson Fleming Gard Ho Kielhofner Lincoln Miller Ohman Phipps Ponsford Prigatano Rice-Oxley Roding Roxendahl Rudolfsson Ruff Stalnacke Svendsen Tiersky Wilson, Holistic group rehabilitation-A short cut to adaptation to the new life after mild acquired brain injury, Disability and Rehabilitation: An International, Multidisciplinary Journal, 33, 969-978, 2011	The majority of participants had not experienced traumatic injury and the results not presented separately for target population.
Norrbrink, Cecilia, Lofgren, Monika, Needs and requests--patients and physicians voices about improving the management of spinal cord injury neuropathic pain, Disability and Rehabilitation, 38, 151-8, 2016	Adult population (≥ 18 years old)
Nunnerley, J. L., Hay-Smith, E. J., Dean, S. G., Leaving a spinal unit and returning to the wider community: an interpretative phenomenological analysis, Disability and Rehabilitation, 35, 1164-1173, 2013	Population not in protocol: Study did not mention that the patients were transferred to outpatient or community services following discharge.

Study	Reason for Exclusion
O'Callaghan, A., McNamara, B., Cocks, E., 'What am I supposed to do? Cartwheels down the passageway?' Perspectives on the rehabilitation journey from people with ABI, Brain Injury, 28, 577-578, 2014	Conference abstract.
O'Callaghan, Anna, McAllister, Lindy, Wilson, Linda, Insight vs readiness: factors affecting engagement in therapy from the perspectives of adults with TBI and their significant others, Brain Injury, 26, 1599-610, 2012	No qualitative data on phenomena of interest.
O'Callaghan, Anna, McAllister, Lindy, Wilson, Linda, Blight, Brookshire Brown Cicerone Denzin Fleming Foster Gentleman Goranson Grbich Hickson Hughes Humphreys Humphreys Josselson Katz Keleher LeFebvre Mackay MacPhail Malec McNaughton Minichiello Morse Morton Muus O'Callaghan O'Callaghan O'Callaghan Penchansky Rankin Sandelowski Schmidt Schwandt Seale Sherer Stringer Tuel Turner-Stokes Youse, Healthcare consumers' need for brain-injury services: The critical importance of timing in planning future services, Brain Impairment, 13, 316-332, 2012	Analysis methods not appropriate (data reduced into case vignettes)
Odumuyiwa, Tolu, Improving access to social care services following acquired brain injury: a needs analysis, Journal of Long-Term Care, 164-175, 2019	Adult population (≥ 18 years old)
Ogilvie, Rebekah, Foster, Kim, McCloughen, Andrea, Curtis, Kate, The injury trajectory for young people 16-24 years in the six months following injury: A mixed methods study, Injury, 47, 1966-74, 2016	Study did not examine phenomena of interest.
Ogilvie, Rebekah, Foster, Kim, McCloughen, Andrea, Curtis, Kate, Young peoples' experience and self-management in the six months following major injury: A qualitative study, Injury, 46, 1841-7, 2015	Adult population (≥ 18 years old)
Oster, Caisa, Kildal, Morten, Ekselius, Lisa, Return to work after burn injury: burn-injured individuals' perception of barriers and facilitators, Journal of burn care & research : official publication of the American Burn Association, 31, 540-50, 2010	Population not in protocol: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Oyesanya, Tolu O., Bowers, Barbara J., Royer, Heather R., Turkstra, Lyn S., Nurses' concerns about caring for patients with acute and chronic traumatic brain injury, Journal of Clinical Nursing, 27, 1408-1419, 2018	Study not conducted in one of the countries included in the review protocol.
Palimaru, Alina, Cunningham, William E., Dillistone, Marcus, Vargas-Bustamante, Arturo, Liu, Honghu, Hays, Ron D., A comparison of perceptions of quality of life among adults with spinal cord injury in the United States versus the United Kingdom, Quality of life research : an international journal of quality of life aspects of treatment, care and rehabilitation, 26, 3143-3155, 2017	Study did not examine phenomena of interest.
Pallesen, H., Buhl, I., Interdisciplinary facilitation of the minimal participation of patients with severe brain injury in early rehabilitation, European Journal of Physiotherapy, 19, 13-23, 2017	Study includes 5 participants with acquired brain injury but only 2 (40%) are from trauma
Patterson, F., Fleming, J., Doig, E., Patient experiences of occupational therapy groups in traumatic brain injury rehabilitation, Brain Impairment, 19, 281, 2018	Conference abstract.
Patton, Desmond, Sodhi, Aparna, Affinati, Steven, Lee, Jooyoung, Crandall, Marie, Post-Discharge Needs of Victims of Gun Violence in Chicago: A Qualitative Study, Journal of interpersonal violence, 34, 135-155, 2019	Study not conducted in one of the countries included in the review protocol.

Study	Reason for Exclusion
Pekmezaris, Renee, Kozikowski, Andrzej, Pascarelli, Briana, Handrakis, John P., Chory, Ashley, Griffin, Doug, Bloom, Ona, Participant-reported priorities and preferences for developing a home-based physical activity telemonitoring program for persons with tetraplegia: a qualitative analysis, Spinal cord series and cases, 5, 48, 2019	Study not conducted in one of the countries included in the review protocol.
Phillips, J., Holmes, J., Auton, M., Radford, K., What are the most important outcomes of traumatic brain injury vocational rehabilitation? People with TBI, service provider and employer perspectives, Brain Injury, 30, 494-495, 2016	Conference abstract.
Piccenna, Loretta, Lannin, Natasha A., Gruen, Russell, Pattuwage, Loyal, Bragge, Peter, The experience of discharge for patients with an acquired brain injury from the inpatient to the community setting: A qualitative review, Brain Injury, 30, 241-51, 2016	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Plant, Sarah E., Tyson, Sarah F., Kirk, Susan, Parsons, John, What are the barriers and facilitators to goal-setting during rehabilitation for stroke and other acquired brain injuries? A systematic review and meta-synthesis, Clinical rehabilitation, 30, 921-30, 2016	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Pol, M., Peek, S., Van Nes, F., Van Hartingsveldt, M., Buurman, B., Krose, B., Everyday life after a hip fracture: What community-living older adults perceive as most beneficial for their recovery, Age and Ageing, 48, 440-447, 2019	No qualitative data on phenomena of interest.
Poncet, F., Pradat-Diehl, P., Lamontagne, M. E., Alifax, A., Barette, M., Fradelizi, P., Swaine, B., A mixed-methods approach to evaluate participants' and service providers' perceptions of an outpatient rehabilitation programme for persons with acquired brain injury, Brain Injury, 31, 816, 2017	Conference abstract.
Poncet, F., Pradat-Diehl, P., Lamontagne, M. E., Alifax, A., Fradelizi, P., Barette, M., Swaine, B., Participant and service provider perceptions of an outpatient rehabilitation program for people with acquired brain injury, Annals of Physical and Rehabilitation Medicine, 60, 334-340, 2017	The majority of participants had not experienced traumatic injury and the results not presented separately for target population.
Popejoy, Lori L., Dorman Marek, Karen, Scott-Cawiezell, Jill, Patterns and problems associated with transitions after hip fracture in older adults, Journal of gerontological nursing, 39, 43-52, 2013	Study not conducted in one of the countries included in the review protocol.
Porto, A., Anderson, L., Vogel, L., Zebracki, K., Barriers in accessing adult healthcare for transitioning youth with spinal cord injury, Developmental Medicine and Child Neurology, 60, 116, 2018	Conference abstract.
Poulin, V., Lamontagne, M. E., Ouellet, M. C., Pellerin, M. A., Jean, A., Implementing best practices in cognitive rehabilitation: What are rehabilitation teams' priorities and why?, Archives of Physical Medicine and Rehabilitation, 98, e157, 2017	Conference abstract.
Prescott, Sarah, Fleming, Jennifer, Doig, Emmah, Refining a clinical practice framework to engage clients with brain injury in goal setting, Australian Occupational Therapy Journal, 66, 313-325, 2019	Study did not examine phenomena of interest.
Ramakrishnan, Kumaran, Johnston, Deborah, Garth, Belinda, Murphy, Gregory, Middleton, James, Cameron, Ian, Early Access to Vocational Rehabilitation for Inpatients with Spinal Cord Injury: A Qualitative Study of Patients' Perceptions, Topics in Spinal Cord Injury Rehabilitation, 22, 183-191, 2016	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Roberts, J. L., Pritchard, A. W., Williams, M., Totton, N.,	No qualitative data on

Study	Reason for Exclusion
Morrison, V., D. In N.U, Williams, N. H., Mixed methods process evaluation of an enhanced community-based rehabilitation intervention for elderly patients with hip fracture, BMJ Open, 8 (8) (no pagination), 2018	phenomena of interest.
Roberts, Jessica Louise, Din, Nafees Ud, Williams, Michelle, Hawkes, Claire A., Charles, Joanna M., Hoare, Zoe, Morrison, Val, Alexander, Swapna, Lemmey, Andrew, Sackley, Catherine, Logan, Phillipa, Wilkinson, Clare, Rycroft-Malone, Jo, Williams, Nefyn H., Development of an evidence-based complex intervention for community rehabilitation of patients with hip fracture using realist review, survey and focus groups, BMJ Open, 7, e014362, 2017	No qualitative data on phenomena of interest.
Rongen, A., Bakx, W., Nijhuis, F., Follow-up study of patients with an acquired Brain Injury after early focus on return to work during post-acute rehabilitation, Brain Injury, 24, 450-451, 2010	Conference abstract.
Roscigno, Cecelia I., Parent Perceptions of How Nurse Encounters Can Provide Caring Support for the Family in Early Acute Care After Children's Severe Traumatic Brain Injury, Journal of Neuroscience Nursing, 48, E2-E15, 2016	Study not conducted in one of the countries included in the review protocol.
Roth, Karin, Mueller, Gabi, Wyss, Adrian, Experiences of peer counselling during inpatient rehabilitation of patients with spinal cord injuries, Spinal cord series and cases, 5, 1, 2019	The majority of participants had not experienced traumatic injury and the results not presented separately for target population.
Rothlisberger, Fabian, Boes, Stefan, Rubinelli, Sara, Schmitt, Klaus, Scheel-Sailer, Anke, Challenges and potential improvements in the admission process of patients with spinal cord injury in a specialized rehabilitation clinic - an interview based qualitative study of an interdisciplinary team, BMC health services research, 17, 443, 2017	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Ryerson Espino, S., Kelly, E., Riordan, A., Zebracki, K., Vogel, L., Personal and family experiences of caregivers of children with SCI, Developmental Medicine and Child Neurology, 58, 107-108, 2016	Conference abstract.
Ryerson Espino, Susan L., Kelly, Erin H., Rivelli, Anne, Zebracki, Kathy, Vogel, Lawrence C., It is a marathon rather than a sprint: an initial exploration of unmet needs and support preferences of caregivers of children with SCI, Spinal Cord, 56, 284-294, 2018	Study not conducted in one of the countries included in the review protocol.
Sale, J. E. M., Bogoch, E., Hawker, G., Gignac, M., Beaton, D., Jaglal, S., Frankel, L., Patient perceptions of provider barriers to post-fracture secondary prevention, Osteoporosis international : a journal established as result of cooperation between the European Foundation for Osteoporosis and the National Osteoporosis Foundation of the USA, 25, 2581-9, 2014	No qualitative data on phenomena of interest.
Salsbury, Stacie A., Vining, Robert D., Gosselin, Donna, Goertz, Christine M., Be good, communicate, and collaborate: a qualitative analysis of stakeholder perspectives on adding a chiropractor to the multidisciplinary rehabilitation team, Chiropractic & manual therapies, 26, 29, 2018	Study not conducted in one of the countries included in the review protocol.
Samoborec, Stella, Ayton, Darshini, Ruseckaite, Rasa, Winbolt, Gary, Evans, Sue M., System complexities affecting recovery after a minor transport-related injury: The need for a person-centred approach, Journal of Rehabilitation Medicine, 51, 120-126, 2019	Population described as people that sustained predominantly minor injuries; study does not report any results separately for target population.
Sandstrom, Linda, Engstrom, Asa, Nilsson, Carina, Juuso, Paivi, Experiences of suffering multiple trauma: A qualitative study,	Setting not in protocol: Intensive care unit

Study	Reason for Exclusion
Intensive & critical care nursing, 2019	
Sashika, Hironobu, Takada, Kaoruko, Kikuchi, Naohisa, Rehabilitation needs and participation restriction in patients with cognitive disorder in the chronic phase of traumatic brain injury, Medicine, 96, e5968, 2017	Study not conducted in one of the countries included in the review protocol.
Schiller, Claire, Franke, Thea, Belle, Jessica, Sims-Gould, Joanie, Sale, Joanna, Ashe, Maureen C., Words of wisdom - patient perspectives to guide recovery for older adults after hip fracture: a qualitative study, Patient preference and adherence, 9, 57-64, 2015	Study did not examine rehabilitation.
Segevall, Cecilia, Soderberg, Siv, Bjorkman Randstrom, Kerstin, The Journey Toward Taking the Day for Granted Again: The Experiences of Rural Older People's Recovery From Hip Fracture Surgery, Orthopedic nursing, 38, 359-366, 2019	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Self, Megan, Driver, Simon, Stevens, Laurel, Warren, Ann Marie, Physical activity experiences of individuals living with a traumatic brain injury: a qualitative research exploration, Adapted physical activity quarterly : APAQ, 30, 20-39, 2013	Study not conducted in one of the countries included in the review protocol.
Sena Martins, Bruno, Fontes, Fernando, Hespanha, Pedro, Barnes, Barnes Davis Fontes Fontes Goffman Guion Hahn Henriques Hughes Klein Leder Martins Martins Oliver Oliver Oliver Santos Somers Stiker Stone Turner Wall, Spinal cord injury in Portugal: Institutional and personal challenges, Journal of Disability Policy Studies, 28, 119-128, 2017	Adult population (≥ 18 years old)
Sharp, K., Richards, S., Client's perspectives of smartphone technology in acquired brain injury rehabilitation, Brain Impairment, 14, 167, 2013	Conference abstract.
Silver, Jeremy, Ljungberg, Inger, Libin, Alexander, Groah, Suzanne, Barriers for individuals with spinal cord injury returning to the community: a preliminary classification, Disability and Health Journal, 5, 190-6, 2012	Study not conducted in one of the countries included in the review protocol.
Silver, Samuel A., Saragosa, Marianne, Adhikari, Neill K., Bell, Chaim M., Harel, Ziv, Harvey, Andrea, Kitchlu, Abhijat, Neyra, Javier A., Wald, Ron, Jeffs, Lianne, What insights do patients and caregivers have on acute kidney injury and posthospitalisation care? A single-centre qualitative study from Toronto, Canada, BMJ Open, 8, e021418, 2018	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Sims-Gould, Joanie, Byrne, Kerry, Hicks, Elisabeth, Khan, Karim, Stolee, Paul, Examining "success" in post-hip fracture care transitions: a strengths-based approach, Journal of Interprofessional Care, 26, 205-11, 2012	No qualitative data on phenomena of interest.
Singh, Gurkaran, MacGillivray, Megan, Mills, Patricia, Adams, Jared, Sawatzky, Bonita, Mortenson, W. Ben, Patients' Perspectives on the Usability of a Mobile App for Self-Management following Spinal Cord Injury, Journal of Medical Systems, 44, 26, 2019	No qualitative data on phenomena of interest.
Singh, Hardeep, Shah, Meeral, Flett, Heather M., Craven, B. Catherine, Verrier, Mary C., Musselman, Kristin E., Perspectives of individuals with sub-acute spinal cord injury after personalized adapted locomotor training, Disability and Rehabilitation, 40, 820-828, 2018	No qualitative data on phenomena of interest.
Slomic, M., Christiansen, B., Sveen, U., Soberg, H. L., Users' experiential knowledge as a base for evidence-based practice in inter-professional rehabilitation, Brain Injury, 30, 580-581, 2016	Conference abstract.
Slomic, M., Soberg, H. L., Sveen, U., Christiansen, B.,	No qualitative data on

Study	Reason for Exclusion
Transitions of patients with traumatic brain injury and multiple trauma between specialized and municipal rehabilitation services-Professionals' perspectives, Cogent Medicine, 4, 1320849, 2017	phenomena of interest.
Slomic, Mirela, Christiansen, Bjorg, Soberg, Helene L., Sveen, Unni, User involvement and experiential knowledge in interprofessional rehabilitation: a grounded theory study, BMC health services research, 16, 547, 2016	Adult population (≥ 18 years old)
Smith, Bridget M., Martinez, Rachael N., Evans, Charlesnika T., Saban, Karen L., Balbale, Salva, Proescher, Eric J., Stroupe, Kevin, Hogan, Timothy P., Barriers and strategies for coordinating care among veterans with traumatic brain injury: a mixed methods study of VA polytrauma care team members, Brain Injury, 32, 755-762, 2018	Study not conducted in one of the countries included in the review protocol.
Smith, E. M., Boucher, N., Miller, W. C., Caregiving services in spinal cord injury: A systematic review of the literature, Spinal Cord, 54, 562-569, 2016	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Smith, M., Hada, E., Long, C., Bushnik, T., Examining language preference and acculturation and implications for the continuum of care of patients with traumatic brain injury (TBI), Journal of Head Trauma Rehabilitation, 30, E107, 2015	Conference abstract.
Snell, Deborah L., Martin, Rachelle, Surgenor, Lois J., Siegert, Richard J., Hay-Smith, E. Jean C., What's wrong with me? seeking a coherent understanding of recovery after mild traumatic brain injury, Disability and Rehabilitation, 39, 1968-1975, 2017	Population not in protocol: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Soong, C., Cram, P., Chezar, K., Tajammal, F., Exconde, K., Matelski, J., Sinha, S.K., Abrams, H.B., Fan-Lun, C., Fabbruzzo-Cota, C. and Backstein, D., Impact of an integrated hip fracture inpatient program on length of stay and costs, Journal of orthopaedic trauma, 30, 647-652, 2016	Adult population (≥ 18 years old)
Soong, Christine, Kurabi, Bochra, Exconde, Kathleen, Tajammal, Faiqa, Bell, Chaim M., Design of an orthopaedic-specific discharge summary, BMC Health Services Research, 16, 545, 2016	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Sorli, H., Bach, B., Haarberg, D., Hjort-Larsen, G., Anette Hansen, S., Kristiansen, G., Hansen, H., Telerehabilitation in Norway, Brain Injury, 24, 284-285, 2010	Conference abstract.
Speck, Rebecca M., Jones, Gabrielle, Barg, Frances K., McCunn, Maureen, Team composition and perceived roles of team members in the trauma bay, Journal of trauma nursing : the official journal of the Society of Trauma Nurses, 19, 133-8, 2012	Study not conducted in one of the countries included in the review protocol.
Starnes, C. L., Bailey, E. A., Calvert, C. T., Gusler, J., Cairns, B. A., Development of a pediatric educational tool: Helping burns heal-an adventure for kids with burns, Journal of Burn Care and Research, 37, S172, 2016	Conference abstract.
Stergiou-Kita, M., Bottari, C., Dawson, D., Hebert, D., Grigorovich, A., Inter-professional approaches to vocational evaluation following traumatic brain injury, Brain Injury, 28, 774-775, 2014	Conference abstract.
Stolee, Paul, Elliott, Jacobi, Byrne, Kerry, Sims-Gould, Joanie, Tong, Catherine, Chesworth, Bert, Egan, Mary, Ceci, Christine,	No qualitative data on phenomena of interest.

Study	Reason for Exclusion
Forbes, Dorothy, A Framework for Supporting Post-acute Care Transitions of Older Patients With Hip Fracture, Journal of the American Medical Directors Association, 20, 414-419.e1, 2019	
Stott-Eveneshen, Sarah, Sims-Gould, Joanie, McAllister, Megan M., Fleig, Lena, Hanson, Heather M., Cook, Wendy L., Ashe, Maureen C., Reflections on Hip Fracture Recovery From Older Adults Enrolled in a Clinical Trial, Gerontology & geriatric medicine, 3, 2333721417697663, 2017	No qualitative data on phenomena of interest.
Strandberg, T., Materne, M., Returning to working life after acquired brain injury-The rehabilitation-process, possibilities and hindrance for participation, Brain Injury, 28, 754, 2014	Conference abstract.
Sullivan, Martin, Paul, Charlotte E., Herbison, G. Peter, Tamou, Peina, Derrett, Sarah, Crawford, Maureen, A longitudinal study of the life histories of people with spinal cord injury, Injury prevention : journal of the International Society for Child and Adolescent Injury Prevention, 16, e3, 2010	A study protocol only. No data presented.
Sveen, Unni, Ostensjo, Sigrid, Laxe, Sara, Soberg, Helene L., Problems in functioning after a mild traumatic brain injury within the ICF framework: the patient perspective using focus groups, Disability and Rehabilitation, 35, 749-57, 2013	No qualitative data on phenomena of interest.
Swaine, B., Cullen, N., Bayley, M., Lavoie, A., Marshall, S., Turgeon, A., Sirois, M. J., Messier, F., Trempe, C., Who goes where and why? An environmental scan of rehab referral, admission and discharge of persons with brain injury in two canadian provinces, Brain Injury, 24, 362, 2010	Conference abstract.
Talbot, Lise R., Levesque, Annie, Trottier, Josee, Process of implementing collaborative care and its impacts on the provision of care and rehabilitation services to patients with a moderate or severe traumatic brain injury, Journal of multidisciplinary healthcare, 7, 313-20, 2014	Adult population (≥ 18 years old)
Takada, Kaoruko, Sashika, Hironobu, Wakabayashi, Hidetaka, Hirayasu, Yoshio, Social participation and quality-of-life of patients with traumatic brain injury living in the community: A mixed methods study, Brain Injury, 30, 1590-1598, 2016	Study not conducted in one of the countries included in the review protocol.
Thrussell, Helen, Coggrave, Maureen, Graham, Allison, Gall, Angela, Donald, Michelle, Kulshrestha, Richa, Geddis, Tracey, Women's experiences of sexuality after spinal cord injury: a UK perspective, Spinal Cord, 56, 1084-1094, 2018	Population not in protocol: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Todis, Bonnie, McCart, Melissa, Glang, Ann, Hospital to school transition following traumatic brain injury: A qualitative longitudinal study, NeuroRehabilitation, 42, 269-276, 2018	Study not conducted in one of the countries included in the review protocol.
Torjussen, I., In sickness and in health? The effect of ABI on couples' relationships, Brain Impairment, 13, 160-161, 2012	Conference abstract.
Toscan, Justine, Manderson, Brooke, Santi, Selena M., Stolee, Paul, "Just another fish in the pond": the transitional care experience of a hip fracture patient, International journal of integrated care, 13, e023, 2013	Case report.
Turner, B., Fleming, J., Ownsworth, T., Cornwell, P., From hospital to home: A new conceptual framework for transition-based service delivery following acquired brain injury, Neurorehabilitation and Neural Repair, 26, 686, 2012	Conference abstract.
Turner, Benjamin, Fleming, Jennifer, Ownsworth, Tamara, Cornwell, Petrea, Perceptions of recovery during the early transition phase from hospital to home following acquired brain injury: a journey of discovery, Neuropsychological rehabilitation,	Population not in protocol: Study did not mention that the patients were transferred to outpatient or community services following

Study	Reason for Exclusion
21, 64-91, 2011	discharge.
Turner, Benjamin James, Fleming, Jennifer, Ownsworth, Tamara, Cornwell, Petrea, Perceived service and support needs during transition from hospital to home following acquired brain injury, Disability and Rehabilitation, 33, 818-29, 2011	No qualitative data on phenomena of interest.
Tverdal, Cathrine Buaas, Howe, Emilie Isager, Roe, Cecilie, Helseth, Eirik, Lu, Juan, Tenovuo, Olli, Andelic, Nada, Traumatic brain injury: Patient experience and satisfaction with discharge from trauma hospital, Journal of Rehabilitation Medicine, 50, 505-513, 2018	Not a qualitative study.
Tyerman, Emma, Eccles, Fiona J. R., Gray, Victoria, The experiences of parenting a child with an acquired brain injury: A meta-synthesis of the qualitative literature, Brain Injury, 31, 1553-1563, 2017	Study did not examine rehabilitation.
Tyerman, Emma, Eccles, Fiona J. R., Gray, Victoria, Murray, Craig D., Siblings' experiences of their relationship with a brother or sister with a pediatric acquired brain injury, Disability and Rehabilitation, 41, 2940-2948, 2019	The majority of participants' siblings had not experienced traumatic injury and results not presented separately for target population.
Umeasiegbu, Veronica I., Waletich, Brittany, Whitten, Laura A., Bishop, Malachy, Abreu, Bartlett Berg Bishop Corrigan Cott Creswell Degeneffe Degeneffe deGuise Elbogen Gontkovsky Heinemann Jennekens Kreutzer Lefebvre Lehan Man Murphy O'Callaghan O'Callaghan Pickelsimer Ponsford Rotondi Sinnakaruppan Spearman Turner Vaughn, Community-based rehabilitation needs: Perceptions of individuals with brain injury and their families in the Midwestern United States, Special Issue: Family support and adjustment following acquired brain injury: An international perspective., 19, 155-163, 2013	Study not conducted in one of the countries included in the review protocol.
Unger, Janelle, Singh, Hardeep, Mansfield, Avril, Hitzig, Sander L., Lenton, Erica, Musselman, Kristin E., The experiences of physical rehabilitation in individuals with spinal cord injuries: a qualitative thematic synthesis, Disability and Rehabilitation, 41, 1367-1383, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Valizadeh, Sousan, Dadkhah, Behrouz, Mohammadi, Eissa, Hassankhani, Hadi, The perception of trauma patients from social support in adjustment to lower-limb amputation: a qualitative study, Indian journal of palliative care, 20, 229-38, 2014	Study not conducted in one of the countries included in the review protocol.
Van de Velde, Dominique, Bracke, Piet, Van Hove, Geert, Josephsson, Staffan, Devisch, Ignaas, Vanderstraeten, Guy, The illusion and the paradox of being autonomous, experiences from persons with spinal cord injury in their transition period from hospital to home, Disability and Rehabilitation, 34, 491-502, 2012	Population not in protocol: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Van de Veldea, Dominique, Bracke, Piet, Van Hove, Geert, Josephsson, Staffan, Vanderstraeten, Guy, Perceived participation, experiences from persons with spinal cord injury in their transition period from hospital to home, International journal of rehabilitation research. Internationale Zeitschrift fur Rehabilitationsforschung. Revue internationale de recherches de readaptation, 33, 346-55, 2010	Population not in protocol: Study did not mention that the patients were transferred to outpatient or community services following discharge.
Vassallo, G., Robinson, G., Fraser, C., Fallon, D., Kirk, S., A qualitative study to investigate families' information and support needs following severe traumatic brain injury in childhood, Developmental Medicine and Child Neurology, 1), 34, 2014	Conference abstract.
Wade, S. L., Moscato, E. L., Raj, S. P., Narad, M. E., Clinician	Study not conducted in one of

Study	Reason for Exclusion
perspectives delivering telehealth interventions to children/families impacted by pediatric traumatic brain injury, Rehabilitation Psychology, 64, 298-306, 2019	the countries included in the review protocol.
Waring, Justin, Marshall, Fiona, Bishop, Simon, Understanding the occupational and organizational boundaries to safe hospital discharge, Journal of health services research & policy, 20, 35-44, 2015	It was not clear how many participants had experienced a traumatic injury; results not presented separately for target population.
Weatherhead, S., Calvert, P., Newby, G., Three models of group therapy in community brain injury rehabilitation, Brain Injury, 26, 430-431, 2012	Conference abstract.
Weir, N., Prescott, S., Fleming, J., Doig, E., Exploration of structured communication during client-centred goal setting with people with acquired brain injury, Brain Impairment, 19, 347-348, 2018	Conference abstract.
Wharewera-Mika, Julie, Cooper, Erana, Kool, Bridget, Pereira, Susana, Kelly, Patrick, Caregivers' voices: The experiences of caregivers of children who sustained serious accidental and non-accidental head injury in early childhood, Clinical child psychology and psychiatry, 21, 268-86, 2016	No qualitative data on phenomena of interest.
Wheatley, Alison, Bamford, Claire, Shaw, Caroline, Flynn, Elizabeth, Smith, Amy, Beyer, Fiona, Fox, Chris, Barber, Robert, Parry, Steve W., Howel, Denise, Homer, Tara, Robinson, Louise, Allan, Louise M., Developing an Intervention for Fall-Related Injuries in Dementia (DIFRID): an integrated, mixed-methods approach, BMC Geriatrics, 19, 57, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Whiteneck, G., Gassaway, J., Dijkers, M., Balance of spinal cord injury rehabilitation services provided in inpatient and postdischarge settings, Archives of Physical Medicine and Rehabilitation, 91, e19, 2010	Conference abstract.
Whiteneck, G., Gassaway, J., Dijkers, M., Lammertse, D., Hammond, F., Heinemann, A., Backus, D., Charlifue, S., Ballard, P., Zanca, J., Inpatient and post-discharge rehabilitation services provided in the first year after spinal cord injury: Findings from the SCI rehab study, Topics in Spinal Cord Injury Rehabilitation, 16, 28-29, 2011	Conference abstract.
Whiteneck, Gale G., Gassaway, Julie, Dijkers, Marcel P., Lammertse, Daniel P., Hammond, Flora, Heinemann, Allen W., Backus, Deborah, Charlifue, Susan, Ballard, Pamela H., Zanca, Jeanne M., Inpatient and postdischarge rehabilitation services provided in the first year after spinal cord injury: findings from the SCIRehab Study, Archives of Physical Medicine and Rehabilitation, 92, 361-8, 2011	Study not conducted in one of the countries included in the review protocol.
Wilbanks, Susan R., Ivankova, Nataliya V., Exploring factors facilitating adults with spinal cord injury rejoining the workforce: a pilot study, Disability and Rehabilitation, 37, 739-49, 2015	Study not conducted in one of the countries included in the review protocol.
Williams, L. M., Douglas, J. M., It takes 2 to tango: The therapeutic alliance in community brain injury rehabilitation, Brain Impairment, 18, 362, 2017	Conference abstract.
Wong, A., Papadimitriou, C., Whiteneck, G., Deutsch, A., Heinemann, A., Goldsmith, A., Christopher, K., Focht, C., Lenze, E., Patient engagement in spinal cord injury rehabilitation: Patient and provider perspectives, Archives of Physical Medicine and Rehabilitation, 97, e71, 2016	Conference abstract.
Wright, Courtney J., Zeeman, Heidi, Biezaitis, Valda, Holistic Practice in Traumatic Brain Injury Rehabilitation: Perspectives of	Adult population (≥ 18 years old)

Study	Reason for Exclusion
Health Practitioners, PLoS ONE, 11, e0156826, 2016	
Yenikomshian, Haig A., Lerew, Tara L., Tam, Melvin, Mandell, Sam P., Honari, Shari E., Pham, Tam N., Evaluation of Burn Rounds Using Telemedicine: Perspectives from Patients, Families, and Burn Center Staff, Telemedicine journal and e-health : the official journal of the American Telemedicine Association, 25, 25-30, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
Yoshida, Karen K., Self, Hazel M., Renwick, Rebecca M., Forma, Laura L., King, Audrey J., Fell, Leslie A., A value-based practice model of rehabilitation: consumers' recommendations in action, Disability and Rehabilitation, 37, 1825-33, 2015	No qualitative data on phenomena of interest.

Economic studies

Table 28: Excluded economic studies and reasons for their exclusion

Study	Reason for Exclusion
Bandyopadhyay, S., Wilkinson, I., Giokarinin-Royal, T., How incorporating 'lean' approach led to improved delivery of care and reduction in length of hospital stay, Age and Ageing, 48, 2019	Conference abstract.
Bhowaneedin, A., Smith, H., Deeley, H., Reyes Payeras, C., Keating, O., Smallbone, T., Wright, I., Sharples, P. M., What evidence is available to support the development of a regional specialist neurorehabilitation outreach service, Archives of Disease in Childhood, 104, A26-A27, 2019	Conference abstract.
Cheung, W. H., Shen, W. Y., Dai, D. L. K., Lee, K. B., Zhu, T. Y., Wong, R. M. Y., Leung, K. S., Evaluation of a multidisciplinary rehabilitation programme for elderly patients with hip fracture: A prospective cohort study, Journal of Rehabilitation Medicine, 50, 285-291, 2018	Intervention not in PICO: Intervention group included geriatrician care in an acute hospital and a multidisciplinary rehabilitation programme after discharge from the convalescence hospital (rehabilitation service coordination was not in an inpatient setting).
Closa, Conxita, Mas, Miquel A., Santaeugenia, Sebastia J., Inzitari, Marco, Ribera, Aida, Gallofre, Miquel, Hospital-at-home Integrated Care Program for Older Patients With Orthopedic Processes: An Efficient Alternative to Usual Hospital-Based Care, Journal of the American Medical Directors Association, 18, 780-784, 2017	Comparison not in PICO: Control group are in-patients and the experimental group are out-patients.
Collins, Nina, Miller, Richard, Kapu, April, Martin, Rita, Morton, Melissa, Forrester, Mary, Atkinson, Shelley, Evans, Bethany, Wilkinson, Linda, Outcomes of adding acute care nurse practitioners to a Level I trauma service with the goal of decreased length of stay and improved physician and nursing satisfaction, The journal of trauma and acute care surgery, 76, 353-7, 2014	Intervention not in PICO: Acute care nurse practitioner (ACPN) who coordinated acute/ clinical care; only mention of "rehabilitation" was "The ACNP attended the daily discharge huddle, a team meeting that encompasses T2 [step-down care from ICU] and T3 [trauma nurse practitioner satellite service] NPs [nurse practitioner], case managers, social worker, liaisons to rehabilitation and nursing home facilities, and home health agency staff to facilitate communication and the

Study	Reason for Exclusion
	discharge process." Only outcome reported is length of stay.
Cooper, M., Ganda, K., Palmer, A., Seibel, M. J., Cost effectiveness of a targeted intervention to reduce refracture rates: Analysis of a four year prospective controlled study, Journal of Bone and Mineral Research, 26, 2011	Conference abstract.
Farquhar, M., Lannin, N. A., Morarty, J., Functional outcomes from a specialised acquired brain injury community rehabilitation service - Evaluating a new model of care, Brain Impairment, 18, 344, 2017	Conference abstract.
Fukuda, Haruhisa, Shimizu, Sayuri, Ishizaki, Tatsuro, Has the Reform of the Japanese Healthcare Provision System Improved the Value in Healthcare? A Cost-Consequence Analysis of Organized Care for Hip Fracture Patients, PLoS ONE, 10, e0133694, 2015	Comparison not in PICO: Hip fracture care in hospitals autonomously providing integrated care across specialties versus in acute care hospitals and rehabilitative care hospitals providing organized care across separate facilities (the organisation of the care not further described).
Kapu, A., Jones, P., Financial impact of adding acute care nurse practitioners (ACNPs) to inpatient models of care, Critical Care Medicine, 40, 27, 2012	Conference abstract.
Leung, C. K., Mok, H. W., Shen, W. Y., Cheung, W. H., Leung, K. S., Evaluation of cost-effectiveness of a multidisciplinary hip fracture management program in Hong Kong, Osteoporosis International, 24, S597-S598, 2013	Conference abstract.
Ling, Shi-Neng James, Kleimeyer, Christopher, Lynch, Genni, Burmeister, Elizabeth, Kennedy, Diana, Bell, Kate, Watkins, Leith, Cooke, Cameron, Can geriatric hip fractures be managed effectively within a level 1 trauma center?, Journal of Orthopaedic Trauma, 29, 160-4, 2015	Intervention not in PICO: Acute hip fracture care and not coordination of rehabilitation.
Pogoda, Terri K., Levy, Charles E., Helmick, Katherine, Pugh, Mary Jo, Health services and rehabilitation for active duty service members and veterans with mild TBI, Brain Injury, 31, 1220-1234, 2017	Narrative overview including cost considerations; not an economic evaluation.
Soong, C., Cram, P., Chezar, K., Tajammal, F., Exconde, K., Matelski, J., Sinha, S.K., Abrams, H.B., Fan-Lun, C., Fabbruzzo-Cota, C. and Backstein, D., Impact of an integrated hip fracture inpatient program on length of stay and costs, Journal of orthopaedic trauma, 30, 647-652, 2016	Population not in PICO: Adults.

Appendix L – Research recommendations

Research recommendations for review question: D.1a What are the best methods to coordinate rehabilitation services for adults with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

No research recommendations were made for this review question.

Research recommendations for review question: D.1b What are the best methods to coordinate rehabilitation services for children and young people with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?

No research recommendations were made for this review question.