

## Rehabilitation after traumatic injury

### D.4 Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

*NICE guideline <number>*

*Evidence review underpinning recommendations 1.1.3, 1.2.9, 1.3.1-1.3.3, 1.4.2, 1.6.4, 1.6.7, 1.7.8, 1.8.8-1.8.11, 1.8.16, 1.8.18, 1.18.19, 1.10.14 in the NICE guideline*

*July 2021*

*Draft for Consultation*

*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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# 1 **Summary of review questions covered** 2 **in this report**

3 This evidence report contains information on 2 reviews:

4 D.4a What are the support needs and preferences of adults who have complex  
5 rehabilitation needs after traumatic injury when they transfer from inpatient to  
6 outpatient or community rehabilitation services?

7 D.4b What are the support needs and preferences of children and young people  
8 who have complex rehabilitation needs after traumatic injury when they transfer  
9 from inpatient to outpatient or community rehabilitation services?

# 1 Service coordination: Support needs 2 and preferences following discharge to 3 out-patient or community rehabilitation 4 services for people with complex 5 rehabilitation needs after traumatic 6 injury

## 7 Review question

8 This evidence report contains information on 2 reviews relating to support needs and  
9 preferences following discharge to out-patient or community rehabilitation services  
10 after traumatic injury:

11 D.4a What are the support needs and preferences of adults who have  
12 complex rehabilitation needs after traumatic injury when they transfer from  
13 inpatient to outpatient or community rehabilitation services?

14 D.4b What are the support needs and preferences of children and young  
15 people who have complex rehabilitation needs after traumatic injury when  
16 they transfer from inpatient to outpatient or community rehabilitation services?

## 17 Introduction

18 The objective of this review was to identify the support needs and preferences of  
19 adults who have complex rehabilitation needs after traumatic injury when they  
20 transfer from inpatient to outpatient or community rehabilitation services.

## 21 Summary of the protocol

22 Please see Table 1 and Table 2 for a summary of the Population, Phenomenon of  
23 interest and Context characteristics of this review in the adult and children and young  
24 people populations, respectively.

25 **Table 1: Summary of the adult protocol (PICO table)**

<b>Population</b>	Adults (aged 18 years or above) who have complex rehabilitation needs after traumatic injury, including those with traumatic brain injury, sight loss and hearing loss, who have transferred from inpatient to outpatient or community rehabilitation services  Exclusion: <ul style="list-style-type: none"><li>• Adults with traumatic injuries who do not require admission to hospital</li><li>• Adults with traumatic injury who are admitted to the ICU</li></ul>
<b>Phenomenon of interest</b>	Support needs and preferences when transferring from being an inpatient to being an outpatient or community-based patient, regarded by the population as important/not important
<b>Context</b>	All inpatient, outpatient and community settings in which rehabilitation services following traumatic injury are provided  Exclusion:

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	<ul style="list-style-type: none"><li>• Accident and emergency departments</li><li>• Critical care units</li><li>• Prisons</li></ul>
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1 ICU: Intensive care unit

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

<b>Population</b>	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, who have transferred from inpatient to outpatient or community rehabilitation services, and their families  Exclusion: <ul style="list-style-type: none"><li>• Children and young people with traumatic injuries who do not require admission to hospital</li><li>• Children and young people with traumatic injury who are admitted to the PICU</li></ul>
<b>Phenomenon of interest</b>	Support needs and preferences when transferring from being an inpatient to being an outpatient or community-based patient, regarded by the population as important/not important
<b>Context</b>	All inpatient, outpatient and community settings in which rehabilitation services following traumatic injury are provided  Exclusion: <ul style="list-style-type: none"><li>• Accident and emergency departments</li><li>• Critical care units</li><li>• Prisons</li></ul>

3 PICU: Paediatric intensive care unit

4 For further details see the review protocol in appendix A.

### 5 Methods and process

6 This evidence review was developed using the methods and process described in  
7 [Developing NICE guidelines: the manual](#). Methods specific to this review question  
8 are described in the review protocol in appendix A and in the methods chapter  
9 (Supplement 1).

10 Declarations of interest were recorded according to NICE's 2018 [conflicts of interest](#)  
11 [policy](#).

### 12 Clinical evidence: Adults

#### 13 Included studies

14 Twenty-four articles reporting on twenty-two qualitative studies were identified for this  
15 review (Abrahamson 2017, Bernhoff 2016, Body 2013, Braaf 2018, Christiaens 2015,  
16 Conneeley 2012 & 2013, Doig 2011, Johnson 2016, Keightley 2011, Kersten 2018,  
17 Kimmel 2016, Lindahl 2013, McPherson 2018, McRae 2016, Norrbrink 2016,  
18 O'Callaghan 2012, Odumuyiwa 2019, Pol 2019, Roberts 2017 & 2018, Singh 2018,  
19 Stott-Eveneshen 2017, and Turner 2011).

20 The studies were carried out in the following countries: The UK (Abrahamson 2017,  
21 Body 2013, Conneeley 2012 & 2013, Kersten 2018, Odumuyiwa 2019, Roberts 2017  
22 & 2018), Australia (Braaf 2018, Doig 2011, Johnson 2016, Kimmel 2016, McRae

1 2016, O'Callaghan 2012, Turner 2011), Belgium (Christiaens 2015), Canada  
 2 (Keightley 2011, Singh 2018, Stott-Eveneshen 2017), Denmark (Lindahl 2013),  
 3 Netherlands (McPherson 2018, Pol 2019), and Sweden (Bernhoff 2016, Norrbrink  
 4 2016).

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

## 7 Excluded studies

8 Studies not included in this review with reasons for their exclusions are provided in  
 9 appendix K.

## 10 Summary of clinical studies included in the evidence review

11 A summary of the studies that were included in this review are presented in Table 3.

12 **Table 3: Summary of included studies**

Study and aim of the study	Population	Methods	Themes
Abrahamson 2017  <b>Aim of the study</b> "To explore the experiences of individuals who have had a severe traumatic brain injury (TBI) and their carers in the first month post-discharge from in-patient rehabilitation into living in the community" (p. 1683)	Adults with traumatic brain injury: N=10 <ul style="list-style-type: none"> <li>• Male/female: 9/1</li> <li>• Mean age (range): 63 (48-89) years</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Recruitment period:</b> 2013-14</li> <li>• <b>Data collection &amp; analysis methods:</b> <ul style="list-style-type: none"> <li>○ Semi-structured interviews</li> <li>○ Thematic analysis</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Support: Delays</li> <li>• Preparation for life after discharge: Pre-discharge home visits</li> <li>• Goals: Patient goals</li> <li>• Goals: The desire to return to prior functioning</li> </ul>
Bernhoff 2016  <b>Aim of the study</b> "to report patient experiences of their lives several years after their accidents, and to explore mechanisms of how to improve management" (p. 690)	Adults with lower extremity trauma with vascular injury: N=8 <ul style="list-style-type: none"> <li>• Male/female: 5/3</li> <li>• Median age (range): 35.5 (17-55) years</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Recruitment period:</b> NR</li> <li>• <b>Data collection &amp; analysis methods:</b> <ul style="list-style-type: none"> <li>○ Semi-structured interviews</li> <li>○ Descriptive phenomenological method</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Support: Emotional support</li> <li>• Support: Support extended to families</li> </ul>
Body 2013  <b>Aim of the study</b> "To explore how traumatic brain injury (TBI) rehabilitation staff and adults who have sustained TBI refer during clinical interaction to the precipitating event." (p. 1356)	Adults with traumatic brain injury: N=10 <ul style="list-style-type: none"> <li>• Male/female: 9/1</li> <li>• Mean age (range): 35 (24-50) years</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Recruitment period:</b> NR</li> <li>• <b>Data collection &amp; analysis methods:</b> <ul style="list-style-type: none"> <li>○ Semi-structured interviews</li> <li>○ Conversational analysis</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Communication: Clear and accessible language</li> </ul>
Braaf 2018  <b>Aim of the study</b>	Adults with major trauma eligible for inclusion to the	<ul style="list-style-type: none"> <li>• <b>Recruitment period:</b> 2014-15</li> <li>• <b>Data collection &amp;</b></li> </ul>	<ul style="list-style-type: none"> <li>• Communication: Clear and accessible language</li> </ul>

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Study and aim of the study	Population	Methods	Themes
<p>“to explore seriously injured patients’ perceptions of communication with and information provided by health professionals in their first 3-years following injury” (p. 1)</p>	<p>Victoria state trauma registry: N=65</p> <ul style="list-style-type: none"> <li>• Male/female: 42/23</li> <li>• Mean age (SD): 50.7 (15.5) years</li> <li>• Cause of injury:                             <ul style="list-style-type: none"> <li>○ motor vehicle: 22</li> <li>○ fall: 12,</li> <li>○ motorcycle: 6,</li> <li>○ pedal cyclist: 6</li> <li>○ other: 19</li> </ul> </li> </ul>	<p><b>analysis methods:</b></p> <ul style="list-style-type: none"> <li>○ Semi-structured interviews</li> <li>○ Thematic analysis</li> </ul>	<ul style="list-style-type: none"> <li>• Communication: Patient-centred communication and care</li> <li>• Communication: Timely information delivery</li> <li>• Support: Support with making discharge and post-discharge arrangements</li> <li>• Support: An identifiable point of contact</li> <li>• Support: Delays</li> </ul>
<p>Christiaens 2015</p> <p><b>Aim of the study</b></p> <p>“to identify the problems and unmet care needs of patients with severe burn injuries throughout the aftercare process, both from patient and health care professional perspectives in Belgium” (p. 1)</p>	<p>Adult with severe burns: N=15</p> <ul style="list-style-type: none"> <li>• Male/female: Not reported</li> <li>• Age:                             <ul style="list-style-type: none"> <li>○ 18-30 years: 3</li> <li>○ 31-40 years: 1</li> <li>○ 41-65 years: 8</li> <li>○ &gt;65 years: 3</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Recruitment period:</b> 2013</li> <li>• <b>Data collection &amp; analysis methods:</b> <ul style="list-style-type: none"> <li>○ Interviews</li> <li>○ Content analysis with constant comparison</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Support: Emotional support</li> <li>• Support: Support extended to families</li> <li>• Support: Staff with specialist knowledge</li> <li>• Preparation for life after discharge: Pre-discharge home visits</li> </ul>
<p>Conneeley 2012</p> <p><b>Aim of the study</b></p> <p>“to explore transitions from hospital to the home over a period of one year” (p. 72)</p>	<p>Adults with severe traumatic brain injury: N=18</p> <ul style="list-style-type: none"> <li>• Male/female: 13/5</li> <li>• Mean age (range): 35 (17-60) years</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Recruitment period:</b> NR</li> <li>• <b>Data collection &amp; analysis methods:</b> <ul style="list-style-type: none"> <li>○ Semi-structured interviews</li> <li>○ Thematic analysis</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Support: Emotional support</li> <li>• Preparation for life after discharge: Preparation for home while hospitalised</li> <li>• Goals: The desire to return to prior functioning</li> <li>• Goals: Vocational goals</li> </ul>
<p>Conneeley 2013</p> <p><b>Aim of the study</b></p> <p>“to explore the transition to community life, in relation to vocational goals and aspirations, for 18 people with traumatic brain injury following the discharge from a neurological rehabilitation hospital” (p. 6)</p>	<p>(see Conneeley 2012)</p>	<p>(see Conneeley 2012)</p>	<ul style="list-style-type: none"> <li>• Goals: The desire to return to prior functioning</li> <li>• Goals: Learning what to challenge and what to accept</li> <li>• Goals: Vocational goals</li> </ul>
<p>Doig 2011</p> <p><b>Aim of the study</b></p> <p>“To explore how therapy in</p>	<p>Adults with severe traumatic brain injury: N=14</p> <ul style="list-style-type: none"> <li>• Male/female: Not</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Recruitment period:</b> 2005-2007</li> <li>• <b>Data collection &amp; analysis</b></li> </ul>	<ul style="list-style-type: none"> <li>• Preparation for life after discharge: Preparation for home while hospitalised</li> </ul>

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Study and aim of the study	Population	Methods	Themes
a home and day hospital setting impacts on rehabilitation processes and outcomes from the perspective of the patients, their significant others and their treating occupational therapists." (p. 1203)	reported <ul style="list-style-type: none"> <li>• Mean age (SD): 27.4 (10.7) years</li> </ul>	<b>methods:</b> <ul style="list-style-type: none"> <li>○ Semi-structured interviews</li> <li>○ Manifest content analytic approach</li> </ul>	<ul style="list-style-type: none"> <li>• Preparation for life after discharge: Rehabilitation in the home versus in a hospital setting</li> </ul>
Johnson 2016  <b>Aim of the study</b> "to interpret the lived experience of hospitalisation and recovery following burn injury in Australia" (p. 1223)	Adults with burns: N=18 <ul style="list-style-type: none"> <li>• Male/female: 8/3</li> <li>• Mean age (range): 42 (21-47) years</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Recruitment period:</b> NR</li> <li>• <b>Data collection &amp; analysis methods:</b> <ul style="list-style-type: none"> <li>○ Semi-structured interviews</li> <li>○ Heideggerian phenomenology</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Preparation for life after discharge: Preparation for home while hospitalised</li> <li>• Goals: Vocational goals</li> </ul>
Keightley 2011  <b>Aim of the study</b> "To explore the barriers and enablers surrounding the transition from health care to home community settings for Aboriginal clients recovering from acquired brain injuries (ABI) in northwestern Ontario." (p. 142)	Aboriginal adults with acquired brain injury: N=3 (traumatic brain injury: N=2) <ul style="list-style-type: none"> <li>• Male/female: 2/1</li> <li>• Age: Not reported</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Recruitment period:</b> NR</li> <li>• <b>Data collection &amp; analysis methods:</b> <ul style="list-style-type: none"> <li>○ Focus groups</li> <li>○ Framework method of theme development</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Support: Staff with specialist knowledge</li> <li>• Support: Culturally familiar support staff</li> </ul>
Kersten 2018  <b>Aim of the study</b> "To explore the acceptability of peer mentoring for people with a traumatic brain injury (TBI) in New Zealand" (p. 1)	Adults with with traumatic brain injury: N=6 <ul style="list-style-type: none"> <li>• Male/female = 4/2</li> <li>• Age range = 18–46</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Recruitment period:</b> NR</li> <li>• <b>Data collection &amp; analysis methods:</b> <ul style="list-style-type: none"> <li>○ Semi-structured interviews</li> <li>○ Content analysis</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Support: Peer support</li> </ul>
Kimmel 2016  <b>Aim of the study</b> "to investigate orthopaedic trauma patient experiences of discharge from the acute hospital and transition back into the community" (p. 625)	Adults with lower limb trauma discharged to in-patient rehabilitation: N=36 <ul style="list-style-type: none"> <li>• Males/females: 18/18</li> <li>• Median (IQR) age: 43.2 (29.0-55.1) years</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Recruitment period:</b> 2012-13</li> <li>• <b>Data collection &amp; analysis methods:</b> <ul style="list-style-type: none"> <li>○ Semi-structured interviews</li> <li>○ Thematic analysis</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Information: Consistency of information</li> <li>• Support: Delays</li> <li>• Support: Accessibility</li> </ul>
Lindahl 2013  <b>Aim of the study</b> "to investigate what constitutes good quality in rehabilitation after a person	Adults with bone fractures: N=7 <ul style="list-style-type: none"> <li>• Fractured upper extremity (simple/multiple): 3 (2/1): fractured lower extremity</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Recruitment period:</b> 2009</li> <li>• <b>Data collection &amp; analysis methods:</b> <ul style="list-style-type: none"> <li>○ Semi-structured</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Information: Injury-specific information</li> <li>• Communication: Patient-centred communication and care</li> </ul>

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Study and aim of the study	Population	Methods	Themes
has sustained a fracture at working age, from both patients' and therapists' perspectives" (p. 177)	(simple/multiple): 6 (5/1) <ul style="list-style-type: none"> <li>• Male/female: 5/2</li> <li>• Median age (range): 51 (32-60) years</li> </ul>	interviews <ul style="list-style-type: none"> <li>○ Grounded theory approach</li> </ul>	<ul style="list-style-type: none"> <li>• Support: An identifiable point of contact</li> <li>• Support: Experiencing discontinuity</li> <li>• Support: Delays</li> </ul>
McPherson 2018  <b>Aim of the study</b> "To explore what helps and hinders recovery and adaptation after disabling traumatic brain injury (TBI) and make recommendations for improving service responsiveness." (p. 44)	Adults with traumatic brain injury: N=40 <ul style="list-style-type: none"> <li>• Male/female = 28/12</li> <li>• Age:                             <ul style="list-style-type: none"> <li>○ 16-34 years: 12</li> <li>○ 35-64 years: 19</li> <li>○ ≥65 years: 9</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Recruitment period:</b> NR</li> <li>• <b>Data collection &amp; analysis methods:</b> <ul style="list-style-type: none"> <li>○ Semi-structured interviews</li> <li>○ Grounded theory approach (constant comparison)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Goals: Learning what to challenge and what to accept</li> </ul>
McRae 2016  <b>Aim of the study</b> "to describe and contrast the VR experiences and issues of people who participated in different employment pathways: return to pre-injury employment, job seeking and those who had not worked since injury, from an Australian perspective" (p. 77-78)	Adults with brain injury: N=29 (traumatic brain injury: N=26) <ul style="list-style-type: none"> <li>• Male/female: 18/11</li> <li>• Mean age (range): 35.8 (19-66) years</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Recruitment period:</b> NR</li> <li>• <b>Data collection &amp; analysis methods:</b> <ul style="list-style-type: none"> <li>○ Semi-structured interviews</li> <li>○ Thematic analysis</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Support: An identifiable point of contact</li> <li>• Support: Experiencing discontinuity</li> <li>• Goals: Vocational goals</li> </ul>
Norrbrink 2016  <b>Aim of the study</b> "to explore patients' and involved physicians' needs and requests for improving their management of neuropathic pain following spinal cord injury (SCI)" (p. 151)	Adults with spinal cord injury neuropathic pain: N=16 <ul style="list-style-type: none"> <li>• Male/female: 10/6</li> <li>• Mean age in years (range): 51 (31-69) years</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Recruitment period:</b> Not reported</li> <li>• <b>Data collection &amp; analysis methods:</b> <ul style="list-style-type: none"> <li>○ Focus groups</li> <li>○ Content analysis</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Communication: Patient-centred communication and care</li> <li>• Support: An identifiable point of contact</li> <li>• Support: Peer support</li> </ul>
O'Callaghan 2012  <b>Aim of the study</b> "to look beyond the development of self-awareness and insight in order to explore the concept of readiness as it relates to clients' experiences of engaging with therapy." (p.	Adults with moderate-severe traumatic brain injury: N=14 <ul style="list-style-type: none"> <li>• Male/female: 8/6</li> <li>• Age:                             <ul style="list-style-type: none"> <li>○ 16-34 years: 12</li> <li>○ 35-64 years: 19</li> <li>○ ≥65 years: 9</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Recruitment period:</b> Not reported</li> <li>• <b>Data collection &amp; analysis methods:</b> <ul style="list-style-type: none"> <li>○ Open interviews</li> <li>○ Thematic analysis</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Information: Available services and support</li> <li>• Support: Support with making discharge and post-discharge arrangements</li> <li>• Support: Delays</li> </ul>

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Study and aim of the study	Population	Methods	Themes
<p>1599)</p> <p>Odumuyiwa 2019</p> <p><b>Aim of the study</b>                      "To improve understanding of 1) the long-term community rehabilitation needs of ABI survivors and their families, and 2) their experiences of community health and social care provision within the United Kingdom." (p. 164)</p>	<p>Questionnaire - adults with acquired brain injury: N=19 (Mostly traumatic injury although the exact number was not reported)</p> <ul style="list-style-type: none"> <li>• Male/female: 10/9</li> <li>• Mean age (range): 44.6 (29-72) years</li> </ul> <p>Interviews - adults with acquired brain injury: N=12 (Mostly traumatic injury although the exact number was not reported)</p> <ul style="list-style-type: none"> <li>• Male/female: 10/2</li> <li>• Mean age (range): 45 (36-72) years</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Recruitment period:</b> Not reported</li> <li>• <b>Data collection &amp; analysis methods:</b> <ul style="list-style-type: none"> <li>○ Questionnaires &amp; semi-structured interviews</li> <li>○ Thematic analysis</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Support: Patient goals</li> <li>• Information: Injury specific information</li> <li>• Communication: Patient-centred communication and care</li> <li>• Communication: Timely information delivery</li> <li>• Support: Support with making discharge and post-discharge arrangements</li> <li>• Support: Support extended to families</li> <li>• Support: Staff with specialist knowledge</li> <li>• Support: Experiencing discontinuity</li> </ul>
<p>Pol 2019</p> <p><b>Aim of the study</b>                      "to gain insight into what older adults after hip fracture perceive as most beneficial to their recovery to everyday life" (p. 440)</p>	<p>Adults with a hip fracture: N=19</p> <ul style="list-style-type: none"> <li>• Male/female = 7/12</li> <li>• Mean age (range) = 82 (65-94)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Recruitment period:</b> 2016-17</li> <li>• <b>Data collection &amp; analysis methods:</b> <ul style="list-style-type: none"> <li>○ Semi-structured interviews</li> <li>○ Grounded theory</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Preparation for life after discharge: Rehabilitation in the home versus in a hospital setting</li> <li>• Support: Emotional support</li> <li>• Support: Peer support</li> <li>• Goals: Patient goals</li> </ul>
<p>Roberts 2017</p> <p><b>Aim of the study</b>                      "To develop an evidence and theory-based complex intervention for improving outcomes in elderly patients following hip fracture." (p. 1)</p>	<p>Adults with a hip fracture: N=13</p> <ul style="list-style-type: none"> <li>• Male/female: 9/4</li> <li>• Age: All patients aged ≥ 65 years</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Recruitment period:</b> NR</li> <li>• <b>Data collection &amp; analysis methods:</b> <ul style="list-style-type: none"> <li>○ Focus groups</li> <li>○ Thematic analysis</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Information: Injury-specific information</li> <li>• Support: Emotional support</li> <li>• Support: Experiencing discontinuity</li> </ul>
<p>Roberts 2018</p> <p><b>Aim of the study</b>                      "To describe the implementation of an enhanced rehabilitation programme for elderly hip fracture patients with mental capacity, in a randomised</p>	<p>(see Roberts 2017)</p>	<p>(see Roberts 2017)</p>	<ul style="list-style-type: none"> <li>• Information: Injury-specific information</li> <li>• Support: An identifiable point of contact</li> <li>• Support: Patient goals</li> </ul>

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Study and aim of the study	Population	Methods	Themes
feasibility study compared with usual rehabilitation. To compare processes between the two and to collect the views of patients, carers and therapy staff about trial participation." (p. 1)			
<p>Singh 2018</p> <p><b>Aim of the study</b>                      "to understand how participation in PALT impacted their lives, what aspects of PALT they perceived to work well, and what challenges they encountered while in the PALT program" (p. 820)</p>	<p>Adults with spinal column injury: N=7 (traumatic injury: N=4)</p> <ul style="list-style-type: none"> <li>• Male/female: 5/2</li> <li>• Mean age (SD): 56.7 (5.8) years</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Recruitment period:</b> NR</li> <li>• <b>Data collection &amp; analysis methods:</b> <ul style="list-style-type: none"> <li>○ Semi-structured interviews</li> <li>○ Content analysis</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Information: Injury specific information</li> <li>• Communication: Patient-centred communication and care</li> <li>• Support: Emotional support</li> <li>• Preparation for life after discharge: Rehabilitation in the home versus in a hospital setting</li> <li>• Goals: Patient goals</li> <li>• Goals: The desire to return to prior functioning</li> </ul>
<p>Stott-Eveneshen 2017</p> <p><b>Aim of the study</b>                      "study describes participants' recovery goals, the facilitators and barriers in their pursuit of these goals, and their recommendations for rehabilitation programs." (p. 2)</p>	<p>Adults with a hip fracture: N=50</p> <ul style="list-style-type: none"> <li>• Male/Female: 18/32</li> <li>• Mean age (range): 82 (65-98) years</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Recruitment period:</b> NR</li> <li>• <b>Data collection &amp; analysis methods:</b> <ul style="list-style-type: none"> <li>○ Semi-structured interviews</li> <li>○ Deductive analytic approach to themes</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Information: Injury specific information</li> <li>• Support: An identifiable point of contact</li> <li>• Support: Emotional support</li> <li>• Goals: Patient goals</li> </ul>
<p>Turner 2011</p> <p><b>Aim of the study</b>                      "To explore the service and support needs of individuals with acquired brain injury (ABI) and their family caregivers during the transition phase from hospital to home." (p. 818)</p>	<p>Adults with an acquired brain injury: N=20 (traumatic injury: N=16)</p> <ul style="list-style-type: none"> <li>• Male/female: 15/5</li> <li>• Mean age (range): 40.2 (17-63) years</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Recruitment period:</b> NR</li> <li>• <b>Data collection &amp; analysis methods:</b> <ul style="list-style-type: none"> <li>○ Semi-structured interviews</li> <li>○ Thematic analysis</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Support: Support with making discharge and post-discharge arrangements</li> <li>• Support: An identifiable point of contact</li> <li>• Support: Delays</li> <li>• Goals: Patient goals</li> <li>• Goals: The desire to return to prior functioning</li> </ul>

1 ABI: Acquired brain injury; N: Number; NR: Not reported; p: Page; PALT: Personalized adapted  
 2 locomotor training; SCI: Spinal cord injury; SD: Standard deviation; TBI: Traumatic brain injury

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

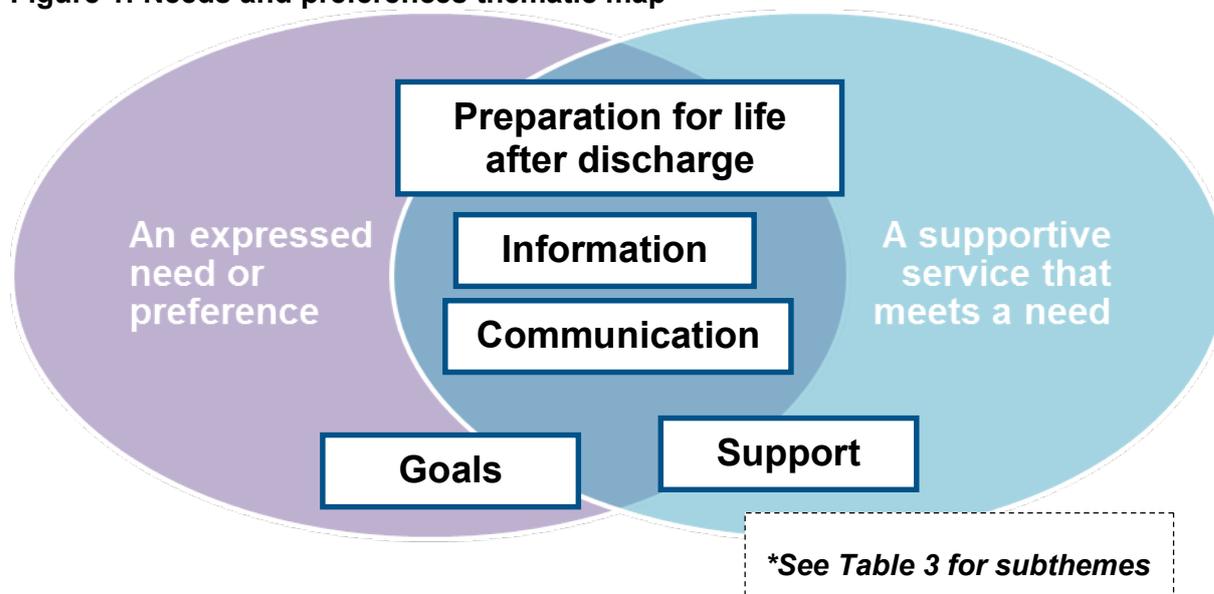
1 **Results and quality assessment of clinical outcomes included in the**  
 2 **evidence review**

3 The quality of the evidence was assessed using GRADE-CERQual. See the clinical  
 4 evidence profiles in appendix F.

5 **Summary of the evidence**

6 The needs and preferences identified in the data fell under 5 main themes –  
 7 information, communication, support, goals, and preparation for life after discharge.  
 8 Underneath these themes were 23 subthemes which are outlined in Table 4. The  
 9 subthemes were identified for either the accidental injuries subgroup, or the non-  
 10 accidental injury subgroup, or both. Figure 1 illustrates how each of the themes (and  
 11 the respective subthemes) sit at a conceptual intersection between a patient need  
 12 and a service provided. Based on the data, each theme either described a need that  
 13 implies a corresponding service, or a service preference that implies a corresponding  
 14 need, or else both.

**Figure 1: Needs and preferences thematic map**



15 **Table 4: Summary of themes and subthemes**

Themes and subthemes	CERQual quality	No. of studies	Populations covered	
			Contribution by injury type (number of studies)	Sub-groups as specified in the protocol (number of studies)
<b>1 Information</b>				
1.1 <b>Injury-specific information</b> People like having as much relevant information as	Moderate	6	Brain injury (1), spinal cord injury (1), hip-fracture (3), bone fracture (1)	Frail adults aged 65+ (3)

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Themes and subthemes	CERQual quality	No. of studies	Populations covered	
			Contribution by injury type (number of studies)	Sub-groups as specified in the protocol (number of studies)
possible about their specific injuries, particularly what activities should be encouraged or avoided.				
1.2 <b>Available services and support</b> Adults appreciated having a list of local rehabilitation services and support groups relevant to them.	Low	1	Brain injury (1)	None
1.3 <b>Consistency of information</b> Conflicting information within or between healthcare services are confusing and frustrating for adults with traumatic injuries.	Low	1	Lower limb orthopaedic trauma patients (1)	Lower limb injury (1)
<b>2 Communication</b>				
2.1 <b>Clear and accessible language</b> Adults with traumatic injuries appreciate when healthcare professionals communicate in a clear and jargon-free manner. Healthcare professionals should be aware that different people have different preferred ways of talking about their injuries.	Moderate	2	Brain injury (1), major trauma (1)	None
2.2 <b>Patient-centred communication and care</b> Communication should be patient focused. Healthcare professionals should not rush, be attentive and be responsive to individual preferences. Special consideration will be needed when	Moderate	5	Spinal cord injury (2), brain injury (1), major trauma (1), bone fracture (1)	None

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Themes and subthemes		CERQual quality	No. of studies	Populations covered	
				Contribution by injury type (number of studies)	Sub-groups as specified in the protocol (number of studies)
	communicating in the presence of family members or carers, especially if topics pertain to them.				
2.3	<p><b>Timely information delivery</b></p> <p>People with traumatic injuries may need information explaining to them multiple times (for example, if given information during a distressing time period).</p>	Moderate	2	Brain injury (1), major trauma (1)	None
<b>3 Support</b>					
3.1	<p><b>Support with making discharge and post-discharge arrangements</b></p> <p>Injury related disabilities and deficits (for example, cognitive impairment) can impair people's ability to organise discharge and post-discharge arrangements. Support with these arrangements is appreciated.</p>	Moderate	4	Brain injury (3), major trauma (1)	None
3.2	<p><b>An identifiable point of contact</b></p> <p>Adults appreciate having a known and trusted professional assigned as a point of contact for information and support after traumatic injury.</p>	High	7	Brain injury (2), hip-fracture (2), spinal cord injury (1), major trauma (1), bone fracture (1)	Frail adults aged 65+ (2)
3.3	<p><b>Emotional support</b></p> <p>Emotional trauma from traumatic injury can affect a person's quality of life and engagement with rehabilitation. Rehabilitation</p>	High	7	Brain injury (1), hip-fracture (3), spinal cord injury (1), severe burns (1), lower limb orthopaedic trauma patients (1)	Lower limb injury (1), frail adults aged 65+ (3)

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Themes and subthemes	CERQual quality	No. of studies	Populations covered	
			Contribution by injury type (number of studies)	Sub-groups as specified in the protocol (number of studies)
professionals supporting people's motivation and confidence is appreciated.				
3.4 <b>Support extended to families</b> Families and informal carers are seen by people undergoing rehabilitation after traumatic injury as a vital support network. They appreciate when support is extended these people.	High	3	Brain injury (1), severe burns (1), lower limb orthopaedic trauma patients (1)	Lower limb injury (1)
3.5 <b>Peer support</b> Peer support is a source of insight and information for people after traumatic injury. Pees can help to normalise difficult experiences, offer empathy and be a source of inspiration.	High	3	Brain injury (1), hip-fracture (1), spinal cord injury (1)	Frail adults aged 65+ (1)
3.6 <b>Staff with specialist knowledge</b> During discharge preparation and transition to the community, people with traumatic injuries report that their healthcare professionals become less specialised, which decreases their confidence in rehabilitation services.	High	3	Brain injury (2), severe burns (1)	None
3.7 <b>Experiencing discontinuity</b> A lack of service coordination led to poor collaboration and communication between services (including poor transfer of patient's data). Due to this, transitions can be	Low	4	Brain injury (2), hip-fracture (1), spinal cord injury (1)	Frail adults aged 65+ (1)

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Themes and subthemes	CERQual quality	No. of studies	Populations covered	
			Contribution by injury type (number of studies)	Sub-groups as specified in the protocol (number of studies)
3.8 <b>Delays</b> Long waiting times and delays before starting community rehabilitation can cause people distress and decrease engagement with outpatient rehabilitation services.	Moderate	6	Brain injury (3), bone fracture (1), lower limb orthopaedic trauma patients (1), major trauma (1)	Lower limb injury (1)
3.9 <b>Accessibility</b> People found having to travel a lot for rehabilitation appointments unsatisfactory after discharge.	Low	1	Lower limb orthopaedic trauma patients (1)	Lower limb injury (1)
3.10 <b>Culturally familiar support staff</b> Aboriginal service users would prefer to receive support from aboriginal healthcare professionals.	Very low	1	Brain injury (1)	None
<b>4 Preparation for life after discharge</b>				
4.1 <b>Preparation for home while hospitalised</b> People with traumatic injuries appreciate healthcare professionals encouraging independence while still an inpatient. Rehabilitation exercises are effective if they are transferable to everyday activities.	Moderate	3	Brain injury (2), severe burns (1)	None
4.2 <b>Pre-discharge home visits</b> The reality of life after discharge is often different to people's assumptions. Home	High	2	Brain injury (1), severe burns (1)	None

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Themes and subthemes	CERQual quality	No. of studies	Populations covered	
			Contribution by injury type (number of studies)	Sub-groups as specified in the protocol (number of studies)
visits for people after traumatic injury can help set expectations and prepare for discharge.				
4.3 <b>Rehabilitation in the home versus in a hospital setting</b> People feel more comfortable and in control within their home, and is regarded favourably by people undergoing rehabilitation.	Moderate	2	Brain injury (1), hip-fracture (1)	Frail adults aged 65+ (1)
<b>5 Goals</b>				
5.1 <b>Patient goals</b> Clear goals can be highly motivating. Patients value encouragement to form clear, easily quantifiable goals, as well as plans to achieve them.	Moderate	7	Brain injury (3), hip-fracture (3), spinal cord injury (1)	Frail adults aged 65+ (3)
5.2 <b>The desire to return to prior functioning</b> The overarching goal for most patients is to return to their prior level functioning, or to have as much autonomy as possible. Many patients hold the belief that more 'higher-intensity' rehabilitation will lead to better results – although this might not be the case.	Moderate	5	Brain injury (4), spinal cord injury (1)	None
5.3 <b>Learning what to challenge and what to accept</b> After traumatic injury, people value encouragement and opportunities to fix what they can, encouragement to	Low	2	Brain injury (2)	None

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Themes and subthemes	CERQual quality	No. of studies	Populations covered	
			Contribution by injury type (number of studies)	Sub-groups as specified in the protocol (number of studies)
accept what they can't, and the opportunity to experiment in order to establish which is which.				
5.4 <b>Vocational goals</b> People may return to a previously-held job after trauma, and require support to negotiate returning with their employer. Others may have to search for entirely new work opportunities, requiring support and re-training to acquire skills for a new vocation.	Moderate	4	Brain injury (3), severe burns (1)	None

### 1 Clinical evidence: Children and young people

#### 2 Included studies

3 Four qualitative studies were identified for this review (Arshad 2015, Brown 2012,  
4 Foster 2019, and Wharewera-Mika 2016).

5 The studies were carried out in the following countries: UK (Arshad 2015), Australia  
6 (Brown 2012, Foster 2019), and New Zealand (Wharewera-Mika 2016).

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

#### 9 Excluded studies

10 Studies not included in this review with reasons for their exclusions are provided in  
11 appendix K.

#### 12 Summary of clinical studies included in the evidence review

13 A summary of the studies that were included in this review are presented in Table 5.

#### 14 Table 5: Summary of included studies

Study and aim of the study	Population	Methods	Themes
Arshad 2015	Parents of burn injured children: N=31	<ul style="list-style-type: none"> <li>Recruitment period: NR</li> </ul>	<ul style="list-style-type: none"> <li>Information: Injury-specific information</li> </ul>

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Study and aim of the study	Population	Methods	Themes
<p><b>Aim of the study</b> To evaluate the impact of a school reintegration programme by analysing data from two audits of the service</p>	<p>Children:</p> <ul style="list-style-type: none"> <li>• Baseline: N=8; male/female: 5/3; mean age (range): 11.75 (8-14) years</li> <li>• At 1 year follow-up: N=14; male/female: 5/9; mean age (range): 9.3 (4-15) years</li> <li>• At 2 years follow-up: N=9; male/female: 5/4; mean age (range): 8.5 (5-12) years</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Data collection &amp; analysis methods:</b> <ul style="list-style-type: none"> <li>○ Questionnaire</li> <li>○ Thematic analysis</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Service approach: Support with reintegration into school</li> </ul>
<p>Brown 2012</p> <p><b>Aim of the study</b> "To qualitatively explore the experiences, challenges and needs of parents of children with traumatic brain injury (TBI) in order to inform future intervention research through incorporation of participant knowledge and experience." (p. 1570)</p>	<p>Parents of children with a traumatic brain injury: N=10</p> <p>Children:</p> <ul style="list-style-type: none"> <li>• N=8; male/female: 6/2; mean age (range): 11.31 (5-17) years</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Recruitment period:</b> NR</li> <li>• <b>Data collection &amp; analysis methods:</b> <ul style="list-style-type: none"> <li>○ Focus group</li> <li>○ Thematic analysis</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Information: Injury-specific information</li> <li>• Socio-emotional support: Child's emotional and behavioural challenges</li> <li>• Socio-emotional support: Parents' own emotional challenges</li> <li>• Socio-emotional support: Male-specific emotional support needs</li> <li>• Socio-emotional support: Strain upon family cohesion</li> <li>• Socio-emotional support: Accumulative strain from having to engage with multiple services</li> <li>• Service approach: Supportive communication with professionals</li> <li>• Service approach: Peer support groups</li> <li>• Service approach: Support with reintegration into school</li> </ul>
<p>Foster 2019</p> <p><b>Aim of the study</b> "To explore parent experiences and psychosocial support needs in the 6 months following child critical injury." (p. 1083)</p>	<p>Parents of critically injured children: N=30</p> <p>Children:</p> <ul style="list-style-type: none"> <li>• N=23; male/female: 10/13; mean age (SD): 7.5 (4.1) years</li> <li>• Injuries: Injury Severity Score&gt;15 and/or requiring admission to the paediatric intensive care unit. <ul style="list-style-type: none"> <li>○ Transport related injury: N=16</li> <li>○ Fall, burn, or other mechanism: N=7</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Recruitment period:</b> NR</li> <li>• <b>Data collection &amp; analysis methods:</b> <ul style="list-style-type: none"> <li>○ Semi-structured interviews</li> <li>○ Thematic analysis</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Information: A point of contact</li> <li>• Information: About the services available</li> <li>• Socio-emotional support: Child's emotional and behavioural challenges</li> <li>• Socio-emotional support: Parents' own emotional challenges</li> <li>• Socio-emotional support: Strain upon family cohesion</li> <li>• Socio-emotional support: Accumulative strain from having to engage with multiple services</li> <li>• Service approach: Continuity</li> <li>• Service approach: A range of relevant and locally available services</li> </ul>
<p>Wharewera-Mika 2016</p> <p><b>Aim of the study</b></p>	<p>Caregivers of children who had traumatic head injuries acquired under the age of 2 years: N=21</p>	<ul style="list-style-type: none"> <li>• <b>Recruitment period:</b> NR</li> <li>• <b>Data collection &amp; analysis methods:</b></li> </ul>	<ul style="list-style-type: none"> <li>• Information: Injury-specific information</li> <li>• Information: A point of contact</li> <li>• Information: About the services</li> </ul>

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Study and aim of the study	Population	Methods	Themes
<p>“to describe the experiences of caregivers of children who sustained a serious head injury (particularly non-accidental head injury) before the age of 2 years” (p. 268)</p>	<p>Child patients:</p> <ul style="list-style-type: none"> <li>• N=15, sex not reported; age range: 3–15 years</li> </ul>	<ul style="list-style-type: none"> <li>○ Semi-structured interviews</li> <li>○ Thematic analysis</li> </ul>	<p>available</p> <ul style="list-style-type: none"> <li>• Socio-emotional support: Child’s emotional and behavioural challenges</li> <li>• Socio-emotional support: Parents’ own emotional challenges</li> <li>• Socio-emotional support: Strain upon family cohesion</li> <li>• Socio-emotional support: Accumulative strain from having to engage with multiple services</li> <li>• Service approach: Supportive communication with professionals</li> <li>• Service approach: Continuity</li> <li>• Service approach: A range of relevant and locally available services</li> <li>• Service approach: Peer support groups</li> </ul>

1 *N: Number; NR: Not reported; p: Page; SD: Standard deviation; TBI: Traumatic brain injury*

2 See the full evidence tables in appendix D. As this was a qualitative review, no meta-  
3 analysis was conducted (and so there are no forest plots in appendix E).

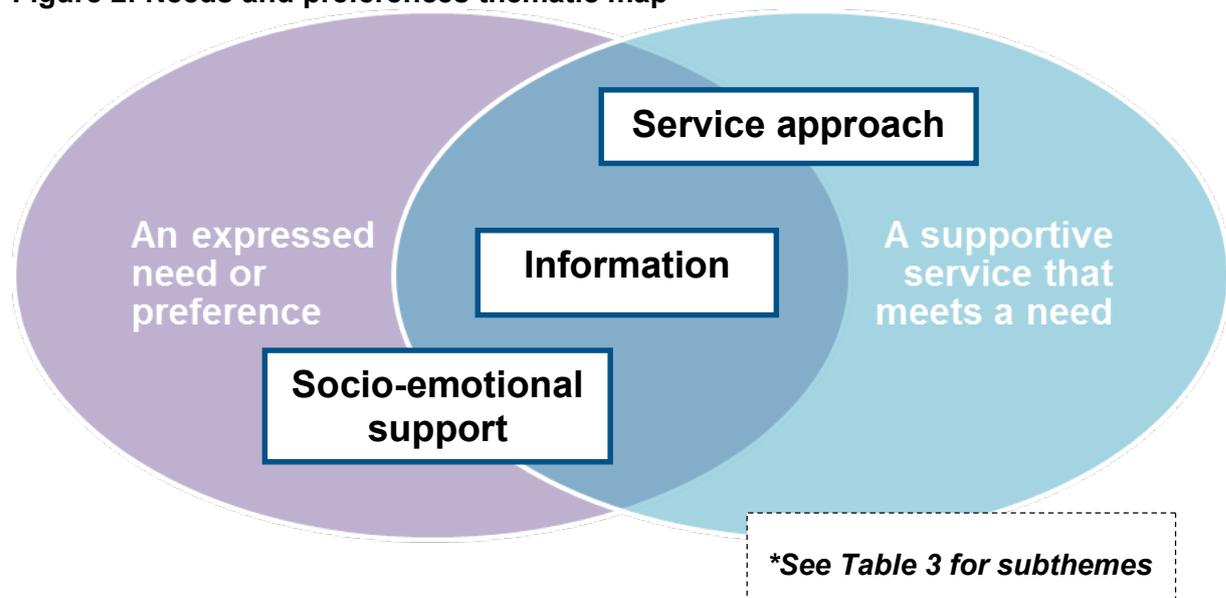
#### 4 **Results and quality assessment of clinical outcomes included in the** 5 **evidence review**

6 The quality of the evidence was assessed using GRADE-CERQual. See the clinical  
7 evidence profiles in appendix F.

#### 8 **Summary of the evidence**

9 The needs and preferences identified in the data fell under 3 main themes –  
10 information, socio-emotional support, and a service approach. Underneath these  
11 themes were 12 subthemes which are outlined in Table 6. The subthemes were  
12 identified for either the accidental injuries subgroup, or the non-accidental injury  
13 subgroup, or both. Figure 2 illustrates how each of the themes (and the respective  
14 subthemes) sit at a conceptual intersection. Based on the data, each theme either  
15 described a need that implies a corresponding service, or a service preference that  
16 implies a corresponding need, or else both.

**Figure 2: Needs and preferences thematic map**



**1 Table 6: Summary of themes and sub-themes**

Themes and subthemes	CERQual quality	No. of studies	Populations covered	
			Contribution by injury type (number of studies)	Sub-groups as specified in the protocol (number of studies)
<b>1 Information</b>				
1.1 <b>Injury-specific information</b> It is helpful to have as much information as possible about injuries, including what activities to include and which should be avoided.	High	3	Traumatic head injury (2), burn injuries (1)	Non-accidental injury (1)
1.2 <b>A point of contact</b> An identifiable (preferably known and trusted) contact, who can be contacted at reasonable times for help, information and support is highly valued by parents.	Moderate	2	Traumatic head injury (1), mix of critical injuries (1)	Non-accidental injury (1)
1.3 <b>About the services available</b> Parents appreciated having a comprehensive list of	Moderate	2	Traumatic head injury (1), mix of critical injuries (1)	Non-accidental injury (1)

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Themes and subthemes	CERQual quality	No. of studies	Populations covered	
			Contribution by injury type (number of studies)	Sub-groups as specified in the protocol (number of studies)
the local services and support available to them.				
<b>2 Socio-emotional support</b>				
2.1 <b>Child's emotional and behavioural challenges</b> After discharge from inpatient setting, parents reported various emotional and behavioural changes in their child. Parents say they struggle to develop and maintaining suitable parenting techniques to deal with these emotional and behavioural challenges.	Low	3	Traumatic head injury (2), mix of critical injuries (1)	Non-accidental injury (1)
2.2 <b>Parents' own emotional challenges</b> Parents face a range of challenging emotions after their child's traumatic injury. Parents appreciate encouragement to help them discuss their feelings with others.	Moderate	3	Traumatic head injury (2), mix of critical injuries (1)	Non-accidental injury (1)
2.3 <b>Male-specific emotional support needs</b> Fathers can have a particularly hard time with emotional coping after their child's traumatic injury. They may find it harder to ask for help and are more likely to rely upon denial.	Very low	1	Traumatic head injury (1)	None
2.4 <b>Strain upon family cohesion</b> Traumatic injuries can have a large strain	Low	3	Traumatic head injury (2), mix of critical injuries (1)	Non-accidental injury (1)

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Themes and subthemes	CERQual quality	No. of studies	Populations covered	
			Contribution by injury type (number of studies)	Sub-groups as specified in the protocol (number of studies)
upon the whole family, with each member learning to cope in their own way. This should not be overlooked.				
2.5 <b>Accumulative strain from having to engage with multiple services</b> Parents struggle to cope with the stressors of engaging administratively with multiple services (including insurance, financial support agencies, legal services, education services). Parents appreciate more support and guidance with the variety of organisations they need to contact and organise.	Low	3	Traumatic head injury (2), mix of critical injuries (1)	Non-accidental injury (1)
<b>3 Service approach</b>				
3.1 <b>Supportive communication with professionals</b> Parents appreciate healthcare professionals who communicate without rushing, are attentive and have good listening skills, are accommodating, and who are responsive to their individual preferences. Accessible language and jargon free language was appreciated.	Low	2	Traumatic head injury (2)	Non-accidental injury (1)
3.2 <b>Continuity</b> Parents appreciated ongoing support, smooth transitions, and good	Moderate	2	Traumatic head injury (1), mix of critical injuries (1)	Non-accidental injury (1)

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Themes and subthemes	CERQual quality	No. of studies	Populations covered	
			Contribution by injury type (number of studies)	Sub-groups as specified in the protocol (number of studies)
communication and referrals between services at transition-points.				
<p>3.3 <b>A range of relevant and locally available services</b></p> <p>Parents valued having local services that were local to them (including paediatricians, mental health professionals, and allied rehabilitation health professionals).</p>	Moderate	2	Traumatic head injury (1), mix of critical injuries (1)	Non-accidental injury (1)
<p>3.4 <b>Peer support groups</b></p> <p>Parents felt it'd be helpful to receive information on available peer support groups.</p>	Moderate	2	Traumatic head injury (2)	Non-accidental injury (1)
<p>3.5 <b>Support with reintegration into school</b></p> <p>Children and young people with traumatic injuries, as well as their parents or carers, appreciated having a service that communicated with schools about the injury and support needs of the injured child.</p>	Low	2	Traumatic head injury (1), burn injuries (1)	None

### 1 Economic evidence: Adults and children and young people

#### 2 Included studies

3 In the development of this qualitative review, targeted searches for evidence on cost-  
 4 effectiveness were planned. The committee was asked to consider whether a  
 5 recommendation represents a substantial change in practice and results in significant  
 6 resource impact and if so targeted searches around that area would be undertaken.  
 7 The committee could not identify a recommendation that would benefit from targeted  
 8 searches for the supporting economic evidence.

1 **Excluded studies**

2 No economic searches for this qualitative review were undertaken.

3 **Summary of studies included in the economic evidence review**

4 No economic searches for this qualitative review were undertaken.

5 **Economic model**

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

8 **The committee's discussion of the evidence**

9 **Interpreting the evidence**

10 ***The outcomes that matter most***

11 This was a qualitative review so the committee were unable to specify in advance the  
12 data that would be located. Instead they identified the following example main  
13 themes to guide the review and were aware that additional themes may have been  
14 identified:

15 Language

16 Information

17 Communication

18 ***The quality of the evidence***

19 The evidence was assessed using GRADE-CERQual methodology.

20 For adults, the evidence was found to range in quality from high to very low quality,  
21 with the majority being high and moderate quality. In some cases, the evidence was  
22 downgraded due to poor applicability (for example, where the themes were not based  
23 on any research from a UK context, and/or had only been identified in studies of  
24 populations with only one particular type of traumatic injury). Some downgrading for  
25 adequacy occurred when the richness or quantity of the data was low. Other issues  
26 resulting in downgrading were in the event of methodological problems that may  
27 have had an impact on the findings, e.g. unclear participant recruitment, data  
28 collection subject to recall bias, or inadequate data analysis, and/or for incoherence  
29 within the findings.

30 For children and young people, the evidence was found to range in quality from high  
31 to very low quality, with the majority being moderate and low quality. The evidence  
32 was downgraded due to poor applicability in cases where the themes were not based  
33 on any research from a UK context, and/or had only been identified amongst a  
34 population affected by only one particular type of traumatic injury. Some downgrading  
35 for adequacy occurred when the richness or quantity of the data was low. Other  
36 issues resulting in downgrading were in the event of methodological problems that  
37 may have had an impact on the findings (e.g. unclear or biased participant  
38 recruitment, and data collection subject to social desirability bias), and for  
39 incoherence within the findings.

1 The recommendations were drafted mostly based on the evidence but in some parts  
2 supplemented accordingly with the committee's own expertise.

### 3 **Benefits and harms**

4 High quality evidence from the theme 'Emotional support' from the adult review  
5 showed that trauma can have a detrimental impact on a person's emotional state,  
6 being a period of large change and confusing information. This was strengthened by  
7 additional low quality evidence from the theme 'Child's emotional and behavioural  
8 changes' from the children and young person population. These findings reinforced  
9 the committee's experience that emotionally supportive healthcare practitioners can  
10 have a large influence on a person's mood and confidence, increasing motivation  
11 and engagement with rehabilitation. The committee discussed how this supports their  
12 recommendation informed from the psychological interventions after traumatic injury  
13 evidence review, stating that all healthcare practitioners can and should provide  
14 psychological and emotional support for people after traumatic injury.

15 Moderate quality evidence from the theme 'Timely information delivery' from the adult  
16 review found that people may not remember or comprehend information given at  
17 certain points in the rehabilitation pathway (for example, if in pain or distress), which  
18 can affect their understanding of their rehabilitation options. Rehabilitation may either  
19 be limited or fail to progress until the patient understands the potential consequences  
20 of their treatment options and are comfortable in their choices. The committee  
21 discussed the fact that healthcare professionals should be aware of times when it is  
22 not appropriate to discuss rehabilitation needs.

23 [Rehabilitation] 'Goals' was a strong theme identified for support needs and  
24 preferences for adults after traumatic injury. Moderate quality evidence from the  
25 theme 'Patient goals' in the adult population showed that people found clear goals to  
26 be very motivating, but also were discouraged if the goals set by healthcare  
27 professionals did not align with their own motivations and what they found important  
28 in their lives. Moderate quality evidence from the themes 'Preparation for home while  
29 hospitalised' and 'Vocational goals' (also from the adult review) showed that  
30 rehabilitation goals are most effective when they are related directly to a person's  
31 daily life. The committee combined this evidence with their own expertise and  
32 experiences to recommend that rehabilitation goals should be developed with  
33 patients and their family members or carers to ensure that they are patient-centred  
34 and reflect what the person wants to achieve with rehabilitation. They should include  
35 both short-term and long-term goals because; achieving smaller short-term goals  
36 provides a measure of progress and motivation for people while longer-term goals  
37 represent a continued purpose. These should be reviewed regularly to make sure  
38 they still align with a person's abilities, preferences and circumstances. The  
39 committee also discussed moderate quality evidence from the theme 'The desire to  
40 return to prior functioning' and low quality evidence from the theme 'Learning what to  
41 challenge and what to accept', identified in the adult population. The former theme  
42 shows that most people wish to return to pre-injury levels of functioning and  
43 autonomy, and believe that a higher-intensity level of rehabilitation will allow them to  
44 reach it quicker. The latter theme shows that people undergoing rehabilitation face a  
45 number of different possible rehabilitation pathways and end-points, which may  
46 conflict with others. Therefore, people have to prioritise which goals are most  
47 important to them and this may mean having to accept not achieving other goals.  
48 Without either progress or acceptance, people can feel dissatisfied and de-motivated.  
49 Therefore, the committee recommended that healthcare professionals involved in  
50 rehabilitation goal settings have experience in helping people prioritise which goals  
51 are right for them, explaining how their rehabilitation plan can help them achieve

1 these, and understanding the psychological impact of goals on rehabilitation  
2 progress.

3 The committee discussed the large amount of evidence identified on how information  
4 and communication can be used to support people during rehabilitation after  
5 traumatic injury, combining it with their own experience and expertise. Moderate  
6 quality evidence from the themes 'Clear and accessible language' and 'Timely  
7 information delivery' in the adult review showed that people want their healthcare  
8 professionals to discuss their injuries and rehabilitation options using clear and  
9 jargon-free language, and that this should be delivered at times when they are able  
10 to understand and retain this information. Information given when a person is  
11 distressed (for example, directly after trauma), cognitively impaired (for example, with  
12 the presence of brain injury) or in pain often decreased their ability to remember this  
13 information fully and make rehabilitation decisions. Supporting the clear  
14 communication finding, the theme 'Injury-specific information' was identified in both  
15 the adult and children and young people populations (moderate quality evidence in  
16 the adult review and high quality in the child and young people review) and showed  
17 that people preferred information to be specific to their own injuries in order to reduce  
18 confusion and amount of information they have to understand and retain. Moderate  
19 quality evidence from the theme 'Patient-centred communication and care' in the  
20 adult review re-enforced that people want holistic and individualised rehabilitation  
21 care, adding that communication with healthcare professionals is especially important  
22 in delivering this. This was supported by low quality evidence from the theme  
23 'Supportive communication with professionals' in the children and young people  
24 populations. This is not simply to do with delivering individualised medical  
25 information, but also in the style of communication. The finding showed that people  
26 valued staff who are attentive, have good listening skills, and show they are  
27 responsive to their individual preferences. Low quality evidence from the theme  
28 'Consistency of information' in the adult review and moderate quality evidence from  
29 the theme 'Continuity' in the children and young people review showed that people  
30 found it frustrating when they were provided with conflicting information from multiple  
31 healthcare professionals and services, which decreased confidence in their  
32 rehabilitation care. The committee agreed with all the above findings, combining it  
33 with their own experience and expertise to develop several recommendations of how  
34 healthcare professionals should communicate with people undergoing rehabilitation  
35 after traumatic injuries, as well as their external support networks. These principles  
36 should be applied to all patient communication (including written information), and  
37 should be applied to the shared rehabilitation plan. The committee also signposted  
38 the NICE guidelines on [patient experience in adult NHS services](#) and improving  
39 babies, children and young peoples' healthcare experiences for more focused  
40 information on general communication and information principles, and shared-  
41 decision making.

42 There was high quality evidence from the theme 'Support extended to families' in the  
43 adult population that showed that, after traumatic injury and during rehabilitation,  
44 people view their families and carers as vital components of the care network. They  
45 appreciate when support is extended to these people. This was supported by  
46 moderate quality evidence from the theme 'Parents' own emotional challenges' from  
47 the child and young people review, which showed that parents face their own  
48 emotional challenges after a child's traumatic injury and they may need support to  
49 discuss and process their feelings. The committee discussed that they have made a  
50 variety of recommendations to involve family and carers in discussions, rehabilitation  
51 planning and preparation after discharge. However, they also acknowledge the  
52 important role that family and carers play in successful rehabilitation outcomes, often  
53 filling in service gaps and taking on a large caring role when discharged into the

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1 community. The committee agreed that this can have a physical and emotional  
2 impact on family members and carers, which should not be overlooked. Therefore,  
3 they recommended that carers should be advised of the support that is available to  
4 them (rather than supporting people undergoing rehabilitation after traumatic injuries)  
5 and signposted to the [NICE guideline on supporting adult carers](#) for more detailed  
6 information and recommendations.

7 Following on from recommendation 1.7.7 about providing a detailed verbal and  
8 written handover before discharge into the community (which was developed from  
9 evidence in other co-ordination reviews), the committee discussed what information  
10 should be included (beyond that covered by the rehabilitation plan) to best support a  
11 person's ongoing rehabilitation. High quality evidence from the theme 'Peer support'  
12 (in the adult population) and moderate quality evidence from the theme 'Peer support  
13 groups' (in the children and young people populations) showed that peer support is  
14 good source of information on lived experiences and inspiration for people.  
15 Supplementing this with low quality evidence from the theme 'Available services and  
16 support' from the adult review and moderate quality evidence from the theme 'About  
17 services available' in the children and young people review, the committee agreed  
18 that information on local groups, online forums and national charities be included in  
19 the handover. Moderate evidence from the theme 'Support with making discharge  
20 and post-discharge arrangements' in the adult report showed that people may find it  
21 difficult to engage with outpatient and community rehabilitation services and that they  
22 therefore appreciate assistance in contacting them and completing associated  
23 paperwork. This was supported by low quality evidence from the theme  
24 'Accumulative strain from having to engage with multiple services' in the children and  
25 young people populations. This theme showed that parents would appreciate more  
26 support and guidance when engaging with multiple services, which might include  
27 how to receive accommodations from their own employers. In the committee's  
28 experience, this is not something that rehabilitation units have extra resources to  
29 provide. However, they did agree that it was an important aspect to continuity of  
30 rehabilitation and recommended that information be provided on housing, benefits  
31 and independent advice organisations. Moderate quality evidence from the theme  
32 'Delays' in the adult review showed that waiting time and delays in starting  
33 community rehabilitation services often leads to distress and de-motivation in people.  
34 While the committee discussed that it is not possible to prevent delays, they agreed  
35 that people should be informed of the likely time period before their next community  
36 rehabilitation appointment, in order to set expectations. Again, the committee used  
37 the high quality evidence from the theme 'Support extended to families' in the adult  
38 review to recommend that the handover include advice for family members and  
39 carers on what to expect once people are back at home. This was supplemented by  
40 low quality evidence from the theme 'Strain upon family cohesion' from the children  
41 and young people review. This finding shows that a large amount of strain is felt by  
42 the entire family unit after a child's traumatic injury. Co-parents can face additional  
43 stressors on their relationship, and siblings may have to adjust to less time and  
44 attention from their parents. The committee discussed that information to family and  
45 carers should address this possible change in family dynamics, and include support  
46 avenues available to them, in order to ensure that they are not overlooked. The  
47 committee used their experience and expertise to highlight several other important  
48 areas for the rehabilitation handover, in order to ensure that information is holistic  
49 and comprehensive.

50 High quality evidence from the theme 'Pre-discharge home visits' in the adult  
51 population showed that people transferring back into the community find spending  
52 limited periods of time (for example, a day or weekend) at home prior to discharge  
53 helps to set expectations of life after leaving inpatient care and provide a gradual

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1 decrease in level of support. It also allows them to identify specific problems or  
2 challenging areas to address before being fully discharged home. This finding was  
3 supported by low quality evidence from the finding 'Experiencing discontinuity' in  
4 adults, which described that abrupt transitions between settings can lead to people  
5 feeling abandoned by healthcare services. The committee agreed that home visits  
6 can be beneficial, but that it is not always possible. For example, settings may not  
7 have resources available to arrange overnight home visits in a supported and safe  
8 way. The committee therefore recommended that joint inpatient and community team  
9 home visits should be conducted with rehabilitation patients before discharge, where  
10 possible. This allows possible issues to be identified and planned around  
11 accordingly. The committee highlighted that this is particularly helpful for people who  
12 will have significant ongoing needs, who are transitioning from a highly supported or  
13 long term rehabilitation setting. The committee agreed that overnight or weekend  
14 visits should be considered if there are any concerns about how people will manage  
15 at home after discharge. While there are some cases in which this might not be  
16 appropriate, (for example, the home is not currently suitable for their physical needs  
17 or the person does not feel comfortable) the committee agreed that an extended  
18 period spent in the home environment will better identify rehabilitation areas to  
19 concentrate on before discharge. However, the committee stressed that home visits  
20 should not be organised without considering the safety aspects. Healthcare  
21 professionals should involve service users in conversations about home visits. These  
22 discussions should include potential risks and a plan of how to deal with them. This is  
23 especially important if people live alone, as they may not have anyone available to  
24 assist them (for example, in the case of falls).

25 Moderate quality evidence from the theme 'Support with making discharge and post-  
26 discharge arrangements' in adults showed that people appreciated assistance with  
27 organising services for discharge and beyond. The committee discussed that these  
28 processes can often be complex, involving a lot of time and paperwork. Traumatic  
29 injuries (for example, decreased concentration span due to cognitive impairment) can  
30 be a barrier to this. The committee therefore recommended that relevant healthcare  
31 professionals, social care practitioners and education practitioners (as appropriate)  
32 should be informed, and that the person's eligibility for funded social care support  
33 including for families and carers should be established. Moreover, the NHS  
34 continuing healthcare checklist should also be used to establish the person's  
35 eligibility for a full continuing healthcare assessment before discharge. Low quality  
36 evidence from the theme 'Support with reintegration into school' from the children  
37 and young people review showed that injured children and their parents appreciated  
38 having a service that can communicate with schools and teachers about educational  
39 support needs. In order to encourage this, the committee recommended that  
40 healthcare professionals should establish eligibility for funded support using an  
41 education, health and social care plan. The committee also agreed to refer to the  
42 [NICE guideline on transition between inpatient hospital settings and community or](#)  
43 [care home settings for adults with social care needs.](#)

44 Moderate quality evidence from the theme 'Rehabilitation in the home versus in a  
45 hospital setting' from the adult review showed that people appreciated rehabilitation  
46 in their home setting, allowing them to feel in control and address any issues they  
47 may encounter in the community. The committee discussed that this finding is  
48 supported by low quality evidence from the theme 'Accessibility' in the adult  
49 population and moderate quality evidence from the theme 'A range of relevant and  
50 locally available services' in the children and young people populations. These  
51 findings show that people may be concerned if rehabilitation appointments require  
52 regular and far travel. Additional evidence on appointment flexibility and overcoming  
53 barriers to rehabilitation was also identified in other co-ordination reviews. However,

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1 they were aware that not everyone feels comfortable with using technology, has  
2 access to equipment for virtual appointments or has a home environment suitable for  
3 rehabilitation exercises. Therefore, they recommended considering arranging  
4 distance appointments where appropriate, but that healthcare professionals should  
5 be mindful that this might not always be the most suitable solution for everybody.

6 High quality evidence from the theme 'An identifiable point of contact' in the adult  
7 population and moderate quality evidence from the theme 'A point of contact' in the  
8 children and young people populations showed that people appreciated having an  
9 identified point of contact to give information and support during the rehabilitation  
10 process. The committee agreed that at discharge from hospital, people and their  
11 family or carers should be provided a single point of contact (for example, a clinical  
12 nurse specialist) for information, help and advice for a limited time period (for  
13 example, 3 months). This is because at discharge the person, their family or carers  
14 may require injury specific information, information about local rehabilitation services,  
15 follow-up or an advocate within acute and community services, which can be  
16 provided by a single point of contact. This finding was supported by several themes  
17 in other co-ordination reviews. The committee discussed that a central point of  
18 contact was very helpful in developing relationships with patients and their families,  
19 leading to a better rapport and increased trust in rehabilitation services. However,  
20 they discussed the practical limitations of applying this within the inpatient setting.  
21 Concerns were raised about patients assuming that they could contact a named  
22 healthcare professional at any time, regardless of shifts and annual leave. However,  
23 the committee highlighted that a central point of contact will be particularly important  
24 when patients transfer from inpatient to outpatient settings, when care is being  
25 handed over to community healthcare teams. This contact can be a team or service  
26 within a hospital, which will give support to patients and flexibility in staffing. They  
27 recommended that the hospital point of contact be available to patients for a limited  
28 period of time after discharge in order to improve continuity of care during this period.  
29 The committee gave an example of 3 months which was designed to encompass the  
30 transition period while still providing a stimulus to ensure healthcare is properly  
31 transferred to the appropriate setting.

32 High quality evidence from the theme 'Staff with specialist knowledge' showed that  
33 adults were discouraged from accessing community healthcare services for their  
34 rehabilitation needs. Community services are seen to have insufficient specialist  
35 expertise about their specific rehabilitation requirements, which affected the  
36 confidence of patients in accessing their facilities. This finding was supported by  
37 evidence from the co-ordination from inpatient to outpatient rehabilitation services  
38 evidence review. The committee discussed that the reason for this lack of specialist  
39 knowledge is not normally due to a lack of interest from healthcare staff. Rather,  
40 there is a lack of opportunities for them to gain expertise and practical experience  
41 with rare injuries, particularly where specific rehabilitation services are not available.  
42 Therefore, the committee recommended for health care professionals to have access  
43 to the training, advice and peer support needed to confidently provide rehabilitation  
44 services after complex trauma. This does not have to be provided in person, but can  
45 be delivered by virtual communication (for example, video conferences or e-mail). By  
46 increasing the number of healthcare professionals trained in specialist trauma  
47 rehabilitation, there is a greater likelihood that continuity within healthcare teams is  
48 possible.

49 Finally, the committee discussed the 2 remaining themes identified in this review.  
50 Very low quality evidence from the theme 'Culturally familiar support staff' in the adult  
51 population showed that people may prefer to receive support from healthcare  
52 professionals from the same cultural background. Very low quality evidence from the

1 theme 'Male specific emotional and support needs' in the children and young people  
2 population showed that fathers may have a particularly hard time with their emotions  
3 after a child's trauma, finding it more difficult to request support. Due to the quality of  
4 the evidence, the very specific populations both themes were identified in, and the  
5 feasibility issues of implementing recommendations , the committee decided not to  
6 make any recommendations in either area.

## 7 **Cost effectiveness and resource use**

8 There was no existing economic evidence in this area.

9 The committee explained that most of the recommendations in this area, e.g.  
10 agreeing on small steps/goals so that clinicians can monitor progress; advice and  
11 guidance are documented in the person's rehabilitation plan, passport, prescription or  
12 other records to promote consistency; skilled and competent multidisciplinary team;  
13 the timing of discussions; in pre-discharge involving the person in discussing the  
14 possible risks and how to manage them if they live alone represent principles of good  
15 practice for most service, and they do not expect these recommendations to result in  
16 additional resources to services.

17 The committee explained that basic psychological and emotional support is currently  
18 available across their services. Anyone within multidisciplinary teams usually delivers  
19 such support. The committee acknowledged that there might be additional training  
20 needs. However, services should be able to draw on existing expertise within their  
21 wider services.

22 The committee also discussed a single point of contact (e.g. a clinical nurse  
23 specialist) at discharge from the hospital to provide people and their family/carers  
24 with information, help and advice. It was explained that anyone could do this with a  
25 clinical background and that it doesn't have to be one particular person. This would  
26 be offered only for a limited time and are not expected to result in a resource impact  
27 on services.

28 The committee explained that the recommendation on continued follow-up after  
29 discharge from a hospital or community-based rehabilitation programmes represents  
30 standard practice. People are generally followed in an outpatient hospital  
31 department. The committee also discussed video conferencing and explained that an  
32 individual might have remote follow-up care/rehabilitation with their initial  
33 rehabilitation specialist.

34 The committee discussed the recommendation around videoconferencing and  
35 explained that this is already standard practice in some services. The committee also  
36 discussed that an individual might have follow-up care/rehabilitation with their initial  
37 rehabilitation specialist with videoconferencing. The committee member with an  
38 experience of trauma discussed that the use of technology might mean that  
39 rehabilitation is more accessible, i.e. not having to drive to appointments, some  
40 people cannot leave home, etc. Also, it allows individualised support with the original  
41 team.

42 The committee explained that the recommendation on training, teaching or advice to  
43 general rehabilitation staff by healthcare professionals with specialist knowledge of  
44 specific injuries and complex rehabilitation needs might result in a cost increase. The  
45 committee explained that support/training local therapists would take only half a day  
46 to a full day instead of a consultant's continuous support. The committee was of the  
47 view that this would be cost-saving. The committee also discussed potentially  
48 utilising videoconferencing to deliver such training, teaching or advice.

## DRAFT FOR CONSULTATION

Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

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- 1 The committee discussed the recommendations around pre-discharge, i.e. overnight
- 2 or weekend visits home and joint inpatient and community team home visits, and the
- 3 potential resource impact. The committee explained that this happens now and would
- 4 apply only to a small number of people.

### 5 **Recommendations supported by this evidence review**

- 6 This evidence review supports recommendations 1.1.3, 1.2.9, 1.3.1-1.3.3, 1.4.2
- 7 1.6.4, 1.6.7, 1.7.8, 1.8.8-11, 1.8.16, 1.8.18, 1.18.19, 1.10.14 in the NICE guideline.

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## DRAFT FOR CONSULTATION

Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

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# Appendices

## Appendix A – Review protocols

**Review protocol for review question: D.4a What are the support needs and preferences of adults who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?**

**Table 7: Review protocol for support needs and preferences of adults who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services**

Field	Content
PROSPERO registration number	CRD42019153352
Review title	Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for adults
Review question	What are the support needs and preferences of adults who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?
Objective	To identify the support needs and preferences of adults who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services
Searches	<p>The following databases will be searched:</p> <ul style="list-style-type: none"> <li>• Cochrane Central Register of Controlled Trials (CENTRAL)</li> <li>• Cochrane Database of Systematic Reviews (CDSR)</li> <li>• Embase</li> <li>• MEDLINE</li> </ul> <p>Searches will be restricted by:</p> <ul style="list-style-type: none"> <li>• Date: 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</li> <li>• Country: 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 (<a href="https://datahelpdesk.worldbank.org/knowledgebase/articles/906519">https://datahelpdesk.worldbank.org/knowledgebase/articles/906519</a>; 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.</li> <li>• Human studies</li> </ul> <p>The full search strategies for MEDLINE database will be published in the final review.</p>
Condition or domain being	Complex rehabilitation needs resulting from traumatic injury

## DRAFT FOR CONSULTATION

Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

Field	Content
Studied	<p>'Complex rehab needs' refers to 'multiple needs, and will always involve coordinated multidisciplinary input from 2 or more allied health professional disciplines, and also include the following:</p> <ul style="list-style-type: none"> <li>• Vocational or educational social support for the person to return to their previous functional level, including return to work, school or college</li> <li>• Emotional, psychological and psychosocial support</li> <li>• Equipment or adaptations</li> <li>• Ongoing recovery from injury that may change the person's rehabilitation needs (for example, restrictions of weight bearing, cast immobilisation in feature clinic)</li> <li>• Further surgery and readmissions to hospital</li> </ul> <p>Traumatic injury is defined as 'traumatic injury that requires admission to hospital at the time of injury.'</p>
Population	<p>Inclusion:</p> <ul style="list-style-type: none"> <li>• Adults (aged 18 years or above) who have complex rehabilitation needs after traumatic injury, including those with traumatic brain injury, sight loss and hearing loss, who have transferred from inpatient to outpatient or community rehabilitation services</li> </ul> <p>Exclusion:</p> <ul style="list-style-type: none"> <li>• Adults with traumatic injuries who do not require admission to hospital</li> </ul> <p>Adults with traumatic injury who are admitted to the ICU</p>
Phenomenon of interest	<p>Support needs and preferences when transferring from being an inpatient to being an outpatient or community-based patient, regarded by the population as important/not important</p> <p>Themes will be identified from the literature, but may include:</p> <ul style="list-style-type: none"> <li>• Language</li> <li>• Information</li> <li>• Communication</li> </ul>
Comparator/Reference standard/Confounding factors	Not applicable
Types of study to be included	<ul style="list-style-type: none"> <li>• Systematic reviews of qualitative studies</li> <li>• Qualitative studies (for example, interviews, focus groups, observations)</li> </ul>
Other exclusion criteria	<p>Study design:</p> <ul style="list-style-type: none"> <li>• Purely quantitative studies (including surveys with only descriptive quantitative data)</li> </ul> <p>Language:</p> <ul style="list-style-type: none"> <li>• Non-English</li> </ul> <p>Publication status:</p> <ul style="list-style-type: none"> <li>• Abstract only</li> </ul>
Context	<p>Settings -</p> <p>Inclusion:</p> <p>All inpatient, outpatient and community settings in which rehabilitation services following traumatic injury are provided</p>

## DRAFT FOR CONSULTATION

Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

Field	Content
	<p>Exclusion:</p> <ul style="list-style-type: none"> <li>Accident and emergency departments</li> <li>Critical care units</li> <li>Prisons</li> </ul>
Primary outcomes (critical outcomes)	<p>Themes will be identified from the literature pertaining to support needs and preferences when transferring from being an inpatient to being an outpatient or community-based patient, regarded by the population as important/not important.</p> <p>These themes may include:</p> <ul style="list-style-type: none"> <li>• Language</li> <li>• Information</li> <li>• Communication</li> </ul>
Secondary outcomes (important outcomes)	<p>Themes will be identified from the literature pertaining to support needs and preferences when transferring from being an inpatient to being an outpatient or community-based patient, regarded by the population as important/not important.</p> <p>These themes may include:</p> <ul style="list-style-type: none"> <li>• Language</li> <li>• Information</li> <li>• Communication</li> </ul>
Data extraction (selection and coding)	<p>All references identified by the searches and from other sources will be uploaded into STAR and de-duplicated. 0% 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).</p>
Risk of bias (quality) assessment	<p>Risk of bias will be assessed using the CASP qualitative checklist.</p>
Strategy for data synthesis	<p>NGA STAR software will be used for generating bibliographies/citations, study sifting and data extraction.</p> <p>Studies will be reviewed chronologically from most recent first to oldest.</p> <p>Thematic analysis of the data will be conducted and findings presented.</p> <p>The quality of the evidence will be assessed using GRADE-CERQual for each theme.</p>
Analysis of sub-groups	<p>The following subgroups were specified for this question for stratification of the data:</p> <ul style="list-style-type: none"> <li>• Upper limb / lower limb</li> <li>• People with pre-existing physical and/or mental health conditions (including substance misuse), physical and learning disability versus none</li> <li>• Non-English speakers versus English speakers</li> <li>• Homeless people versus not homeless</li> <li>• Non-UK residents versus UK residents</li> <li>• Age below 65 years / age above 65 years</li> <li>• Frail / not frail</li> <li>• Vulnerable adults or those who require safeguarding</li> </ul>
Type and method of review	<p>Qualitative</p>

## DRAFT FOR CONSULTATION

Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

Field	Content																					
Language	English																					
Country	England																					
Anticipated or actual start date	12/12/2019																					
Anticipated completion date	12/06/2020																					
Stage of review at time of this submission	<table border="1"> <thead> <tr> <th>Review stage</th> <th>Started</th> <th>Completed</th> </tr> </thead> <tbody> <tr> <td>Preliminary searches</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Piloting of the study selection process</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Formal screening of search results against eligibility criteria</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Data extraction</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Risk of bias (quality) assessment</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Data analysis</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Review stage	Started	Completed	Preliminary searches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Piloting of the study selection process	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Formal screening of search results against eligibility criteria	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Data extraction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Risk of bias (quality) assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Data analysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Risk of bias (quality) assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>																				
Data analysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>																				
Named contact	National Guideline Alliance																					
Review team members	National Guideline Alliance																					
Funding sources/sponsor	This systematic review is being completed by the National Guideline Alliance which receives funding from NICE.																					
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.																					
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: <a href="https://www.nice.org.uk/guidance/indevelopment/gid-ng10105">https://www.nice.org.uk/guidance/indevelopment/gid-ng10105</a>																					
Other registration details																						
Reference/URL for published Protocol	<a href="https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=153352">https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=153352</a>																					
Dissemination plans																						
Keywords																						
Details of existing review of same topic by same authors																						
Current review status																						
Additional information																						
Details of final publication	<a href="http://www.nice.org.uk">www.nice.org.uk</a>																					

CYP: Children and Young People, ICU: Intensive care unit

## Review protocol for review question: D.4a What are the support needs and preferences of children and young people who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?

**Table 8: Review protocol for support needs and preferences of children and young people who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services**

Field	Content
PROSPERO registration number	CRD42019153352
Review title	Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for children and young people
Review question	What are the support needs and preferences of children and young people who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?
Objective	To identify the support needs and preferences of children and young people who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services
Searches	<p>The following databases will be searched:</p> <ul style="list-style-type: none"> <li>• Cochrane Central Register of Controlled Trials (CENTRAL)</li> <li>• Cochrane Database of Systematic Reviews (CDSR)</li> <li>• Embase</li> <li>• MEDLINE</li> </ul> <p>Searches will be restricted by:</p> <ul style="list-style-type: none"> <li>• Date: 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 children and young people's 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</li> <li>• Country: 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 (<a href="https://datahelpdesk.worldbank.org/knowledgebase/articles/906519">https://datahelpdesk.worldbank.org/knowledgebase/articles/906519</a>; 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.</li> <li>• Human studies</li> </ul> <p>The full search strategies for MEDLINE database will be published in the final review.</p>
Condition or domain being studied	<p>Complex rehabilitation needs resulting from traumatic injury</p> <p>'Complex rehab needs' refers to 'multiple needs, and will always involve coordinated multidisciplinary input from 2 or more allied health professional disciplines, and also include the following:</p> <ul style="list-style-type: none"> <li>• Vocational or educational social support for the person to return to their previous functional level, including return to work, school or college</li> <li>• Emotional, psychological and psychosocial support</li> <li>• Equipment or adaptations</li> <li>• Ongoing recovery from injury that may change the person's rehabilitation needs (for example, restrictions of weight bearing, cast immobilisation</li> </ul>

## DRAFT FOR CONSULTATION

Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

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Field	Content
	<p>in feature clinic)</p> <ul style="list-style-type: none"> <li>• Further surgery and readmissions to hospital</li> </ul> <p>Traumatic injury is defined as 'traumatic injury that requires admission to hospital at the time of injury.'</p>
Population	<p>Inclusion:</p> <ul style="list-style-type: none"> <li>• 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, who have transferred from inpatient to outpatient or community rehabilitation services, and their families</li> </ul> <p>Exclusion:</p> <ul style="list-style-type: none"> <li>• Children and young people with traumatic injuries who do not require admission to hospital</li> <li>• Children and young people with traumatic injury who are admitted to the ICU</li> </ul>
Phenomenon of interest	<p>Support needs and preferences when transferring from being an inpatient to being an outpatient or community-based patient, regarded by the population as important/not important</p> <p>Themes will be identified from the literature, but may include:</p> <ul style="list-style-type: none"> <li>• Language</li> <li>• Information</li> <li>• Communication</li> </ul>
Comparator/Reference standard/Confounding factors	Not applicable
Types of study to be included	<ul style="list-style-type: none"> <li>• Systematic reviews of qualitative studies</li> <li>• Qualitative studies (for example, interviews, focus groups, observations)</li> </ul>
Other exclusion criteria	<p>Study design:</p> <ul style="list-style-type: none"> <li>• Purely quantitative studies (including surveys with only descriptive quantitative data)</li> </ul> <p>Language:</p> <ul style="list-style-type: none"> <li>• Non-English</li> </ul> <p>Publication status:</p> <ul style="list-style-type: none"> <li>• Abstract only</li> </ul>
Context	<p>Settings -</p> <p>Inclusion:</p> <p>All inpatient, outpatient and community settings in which rehabilitation services following traumatic injury are provided</p> <p>Exclusion:</p> <p>Accident and emergency departments</p> <p>Critical care units</p> <p>Prisons</p>

## DRAFT FOR CONSULTATION

Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

Field	Content
Primary outcomes (critical outcomes)	<p>Themes will be identified from the literature pertaining to support needs and preferences when transferring from being an inpatient to being an outpatient or community-based patient, regarded by the population as important/not important.</p> <p>These themes may include:</p> <ul style="list-style-type: none"> <li>• Language</li> <li>• Information</li> <li>• Communication</li> </ul>
Secondary outcomes (important outcomes)	<p>Themes will be identified from the literature pertaining to support needs and preferences when transferring from being an inpatient to being an outpatient or community-based patient, regarded by the population as important/not important.</p> <p>These themes may include:</p> <ul style="list-style-type: none"> <li>• Language</li> <li>• Information</li> <li>• Communication</li> </ul>
Data extraction (selection and coding)	<p>All references identified by the searches and from other sources will be uploaded into STAR and de-duplicated. 0% 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.</p>
Risk of bias (quality) assessment	<p>Risk of bias will be assessed using the CASP qualitative checklist.</p>
Strategy for data synthesis	<p>NGA STAR software will be used for generating bibliographies/citations, study sifting and data extraction.</p> <p>Studies will be reviewed chronologically from most recent first to oldest.</p> <p>Thematic analysis of the data will be conducted and findings presented.</p> <p>The quality of the evidence will be assessed using GRADE-CERQual for each theme.</p>
Analysis of sub-groups	<p>The following subgroups were specified for this question for stratification of the data:</p> <ul style="list-style-type: none"> <li>• Children and young people who are suspected of sustaining non-accidental injuries versus accidental injuries</li> <li>• Children and young people with parents known to social services versus not known</li> <li>• Children and young people with young (&lt; 20 years at birth of child) parents versus not young (≥ 20 years at birth of child)</li> <li>• Children and young people with parents from deprived backgrounds versus not deprived backgrounds</li> <li>• Children and young people with parents who have mental health issues versus none</li> <li>• Children and young people who require safeguarding versus do not require safeguarding</li> </ul> <p>No further subgroups were specified for this question for stratification of the data, however the committee is aware that the review covers a heterogeneous population, and if there is further incoherence in the findings, additional potential sources of it will be explored and include:</p> <ul style="list-style-type: none"> <li>• Upper limb / lower limb</li> <li>• 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</li> <li>• Children and young people whose parents are very involved in their rehabilitation/recovery (e.g., by staying overnight in hospital) versus not involved</li> <li>• Age (0-3 versus 4-7 versus 8-12 versus 13-17)</li> </ul>

## DRAFT FOR CONSULTATION

Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

Field	Content																					
Type and method of review	Qualitative																					
Language	English																					
Country	England																					
Anticipated or actual start date	12/12/2019																					
Anticipated completion date	15/06/2020																					
Stage of review at time of this submission	<table border="1"> <thead> <tr> <th>Review stage</th> <th>Started</th> <th>Completed</th> </tr> </thead> <tbody> <tr> <td>Preliminary searches</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Piloting of the study selection process</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Formal screening of search results against eligibility criteria</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Data extraction</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Risk of bias (quality) assessment</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Data analysis</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Review stage	Started	Completed	Preliminary searches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Piloting of the study selection process	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Formal screening of search results against eligibility criteria	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Data extraction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Risk of bias (quality) assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Data analysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	Preliminary searches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																			
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	Formal screening of search results against eligibility criteria	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																			
	Data extraction	<input checked="" type="checkbox"/>	<input type="checkbox"/>																			
	Risk of bias (quality) assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>																			
Data analysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>																				
Named contact	National Guideline Alliance																					
Review team members	National Guideline Alliance																					
Funding sources/sponsor	This systematic review is being completed by the National Guideline Alliance which receives funding from NICE.																					
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.																					
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: <a href="https://www.nice.org.uk/guidance/indevelopment/gid-ng10105">https://www.nice.org.uk/guidance/indevelopment/gid-ng10105</a>																					
Other registration details																						
Reference/URL for published protocol	<a href="https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=153353">https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=153353</a>																					
Dissemination plans																						
Keywords																						
Details of existing review of same topic by same authors																						
Current review status																						
Additional information																						
Details of final publication	<a href="http://www.nice.org.uk">www.nice.org.uk</a>																					

DRAFT FOR CONSULTATION

Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

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*CYP: Children and young people, ICU: Intensive care unit*

## Appendix B – Literature search strategies

### Literature search strategies for review question:

**D.4a What are the support needs and preferences of adults who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?**

**D.4b What are the support needs and preferences of children and young people who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?**

*A combined search was conducted for both review questions.*

*This search was also done in combination with the search for qualitative studies for the adult and the children and young people versions of questions D.1 “What are the best methods to coordinate rehabilitation services for adults/children and young people with complex rehabilitation needs after traumatic injury whilst they are an inpatient, including when transferring between inpatient settings?”, D.2 “What are the best methods to deliver and coordinate rehabilitation services and social services for adults/children and young people with complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient rehabilitation services”, and D.3 “What are the barriers and facilitators to accessing rehabilitation services, including follow-up, following discharge to the community for adults/children and young people with complex rehabilitation needs after traumatic injury?”.*

*Please note that health economics searches were not run for this question as it focused on qualitative evidence.*

### Review question search strategies

#### 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.

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#	Searches
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 "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-

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Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

#	Searches
	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	"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

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### Databases: Embase; and Embase Classic

Date of last search: 17/01/2020

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

DRAFT FOR CONSULTATION

Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

#	Searches
	and (hospital?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/
36	exp *AMPUTATION/ or *AMPUTE? 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/

## DRAFT FOR CONSULTATION

Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

#	Searches
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.
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/)

## DRAFT FOR CONSULTATION

Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

#	Searches
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.
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.

## DRAFT FOR CONSULTATION

Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

#	Searches
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.
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.

## DRAFT FOR CONSULTATION

Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

#	Searches
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.
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

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Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

#	Searches
	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 hospitalization* 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 hospitalization*) 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 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 hospitalization* 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

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#	Searches
#62	multidepartment* or jointdepartment* or interprofession* or multiprofession* or jointprofession*):ti,ab ((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 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

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#	Searches
#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'

## Appendix C – Clinical evidence study selection

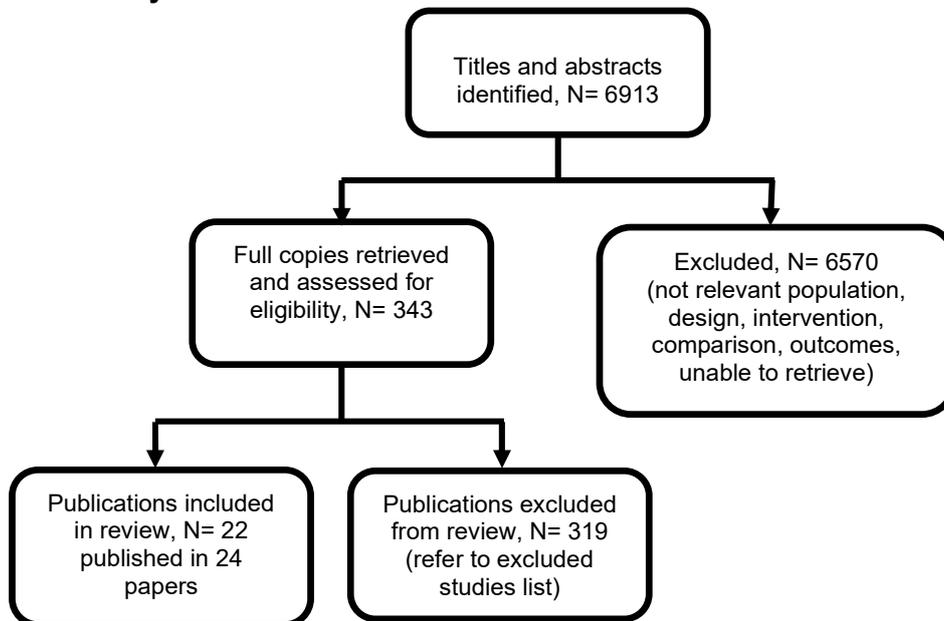
Clinical study selection for:

**D.4a What are the support needs and preferences of adults who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?**

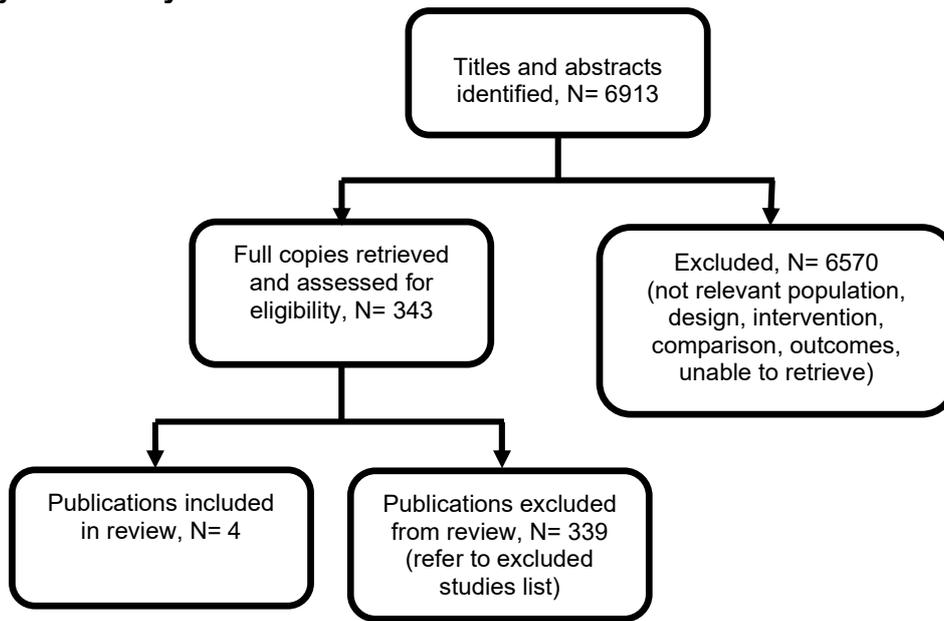
**D.4b What are the support needs and preferences of children and young people who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?**

*A combined search was conducted for both review questions.*

**Figure 3: Study selection flow chart**



**Figure 4: Study selection flow chart**



## Appendix D – Clinical evidence tables

### Clinical evidence tables for review question: D.4a What are the support needs and preferences of adults who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?

**Table 9: Clinical evidence tables**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
<p><b>Full citation</b> 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</p> <p><b>Ref Id</b> 1077019</p> <p><b>Country/ies where the study was carried out</b> UK</p> <p><b>Study type</b> Phenomenological qualitative study</p> <p><b>Study dates</b> June 2013 - February 2014</p>	<p><b>Recruitment strategy</b> Participants were recruited from a specialist 19-bed inpatient neurorehabilitation unit in an NHS teaching hospital, provided they had severe brain injury, could still speak and understand verbal language, were on the ward for at least 3 months, and were discharged to a home environment.</p> <p><b>Setting</b> The community, following discharge from in-patient rehabilitation</p> <p><b>Participant characteristics</b> Adults with traumatic brain injury: N=10 Male/female: 9/1 Mean age (range) = 63 (48-89) years Working age/retired = 5/5</p> <p><b>Data collection and analysis</b> Semi-structured interviews took place in the participant's own home one month after discharge, which were audiorecorded and transcribed verbatim. These were analysed</p>	<p><b>Findings (including author's interpretation)</b></p> <ul style="list-style-type: none"> <li>• Author theme: Moving forward <ul style="list-style-type: none"> <li>○ Example quote: "I recognise possibly that I'm still recovering. . . But I can't go on like it forever. . . . I'd like to get back to, hopefully, work where it's actually using my mind a bit [P5]" (p.1691)</li> </ul> </li> <li>• Author theme: Post-discharge experiences <ul style="list-style-type: none"> <li>○ Example quote: "The main source of consternation was delays in services commencing, no update on when they would commence and no point of contact" (p.1690)</li> </ul> </li> <li>• Author theme: Preparation for discharge <ul style="list-style-type: none"> <li>○ Example quote: "Nobody prepared me for home. . . . Nobody said, 'Well, what are you going to do when you get there? . . . I just needed a bit more guidance on how it was going to be [P1]" (p.1688)</li> </ul> </li> </ul>	<p><b>1. Was there a clear statement of the aims of the research?</b> Yes. "To explore the experiences of individuals who have had a severe traumatic brain injury (TBI) and their carers in the first month post-discharge from in-patient rehabilitation into living in the community" (p. 1683)</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Yes.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> Can't tell. The author specified their goal was not to reach data saturation.</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> Can't tell. No discussion, but researchers were not linked to the service staff.</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	<p>thematically in an inductive way by two researchers.</p>		<p><b>7. Have ethical issues been taken into consideration?</b> Yes. There was approval from and ethics board, and consent/ethics were adequately discussed.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Yes</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> High value for the current question. UK data.</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Minor</p> <p><b>Source of funding</b> Not industry funded</p> <p><b>Other information</b> None.</p>
<p><b>Full citation</b> 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</p> <p><b>Ref Id</b></p>	<p><b>Recruitment strategy</b> A national register was searched for people in the region who had experienced trauma which included vascular injury to one or both lower limbs, and these were invited to participate by mail.</p> <p><b>Setting</b> In the community</p> <p><b>Participant characteristics</b> Adults with lower extremity trauma with vascular injury: N=8</p>	<p><b>Findings (including author's interpretation)</b></p> <ul style="list-style-type: none"> <li>• Author theme: Experience of decisive encounters, relations, and need for interpersonal support <ul style="list-style-type: none"> <li>○ Example quote: "Some of the patients described their relatives having to bear a great burden during the whole rehabilitation period, and the healthcare system often concluding that there were</li> </ul> </li> </ul>	<p><b>1. Was there a clear statement of the aims of the research?</b> Yes. "to report patient experiences of their lives several years after their accidents, and to explore mechanisms of how to improve management" (p. 690)</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes.</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
<p>1181459</p> <p><b>Country/ies where the study was carried out</b> Sweden</p> <p><b>Study type</b> Phenomenological qualitative study</p> <p><b>Study dates</b> Not reported</p>	<p>Male/female: 5/3 Median age (range) = 35.5 (17-55) years Median years since accident (range) = 12 (4-17)</p> <p><b>Data collection and analysis</b> Semi-structured interviews were recorded and transcribed verbatim, and analysed by two researchers using a descriptive phenomenological method</p>	<p>family and friends as support. They expressed that not everyone wants to burden their relatives in a traumatic situation. They also stated that the closest family members were in need of support.” (p.693)</p>	<p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> No. Recruitment approach likely led to some sample bias.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> Can't tell. Doesn't discuss saturation.</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> Can't tell. No clear discussion, but researchers were not linked directly to any service provision.</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes. There was approval from and ethics board, and consent/ethics were adequately discussed.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Yes</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> Moderate value for the current question.</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Moderate</p> <p><b>Source of funding</b> Not industry funded</p> <p><b>Other information</b> None.</p>
<p><b>Full citation</b></p>	<p><b>Recruitment strategy</b></p>	<p><b>Findings (including author's</b></p>	<p><b>1. Was there a clear statement of the aims of the</b></p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
<p>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</p> <p><b>Ref Id</b> 1115813</p> <p><b>Country/ies where the study was carried out</b> UK</p> <p><b>Study type</b> General qualitative inquiry</p> <p><b>Study dates</b> Not reported</p>	<p>Participants were undergoing initial assessment for a UK based urban rehabilitation service for people with an acquired brain injury. Those included were the first available volunteers.</p> <p><b>Setting</b> In the community</p> <p><b>Participant characteristics</b> Adults with traumatic brain injury: N=10 Male/female: 9/1 Mean age (range)=35 (24-50) years Mean months since injury (range) = 17 (9-35)</p> <p><b>Data collection and analysis</b> Semi-structured interviews were audio-recorded, transcribed, and subject to a Conversation Analysis. Quantitative count of the words used was combined with an analysis of temporal terms and the surrounding themes.</p>	<p><b>interpretation)</b></p> <ul style="list-style-type: none"> <li>• Author theme: Vocabulary selection for the event itself             <ul style="list-style-type: none"> <li>○ Example quote: “Staff tended to use ‘head/brain injury’ in contrast to the use by people with TBI of ‘accident/crash’” (p.1356)</li> </ul> </li> </ul>	<p><b>research?</b> Yes. “To explore how traumatic brain injury (TBI) rehabilitation staff and adults who have sustained TBI refer during clinical interaction to the precipitating event.” (p. 1356)</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Can't tell. It is not explained why they didn't ask directly, or how they verified their conclusions.</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Can't tell. It is not clear how many service users declined to have their interviews recorded for use in the study.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> Yes.</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> Yes. The interview related to service provision, but the goal of the research was to investigate this in a naturalistic setting.</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes. There was approval from and ethics board, and consent/ethics were adequately discussed.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Can't tell</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			<p><b>10. How valuable is the research?</b> UK data. Limited value for the current question.</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Serious</p> <p><b>Source of funding</b> Not industry funded</p> <p><b>Other information</b> Analysis of qualitative data recorded in a naturalistic setting.</p>
<p><b>Full citation</b> 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</p> <p><b>Ref Id</b> 1109524</p> <p><b>Country/ies where the study was carried out</b> Australia</p> <p><b>Study type</b> General qualitative inquiry</p> <p><b>Study dates</b> July 2014 to July 2015</p>	<p><b>Recruitment strategy</b> A purposive sample of people from the Victorian State Trauma Registry were contacted (unclear how), and those who were interested were given info and invited to interview.</p> <p>For inclusion participants had to:</p> <ul style="list-style-type: none"> <li>• Be injured between 1st July 2011 - 30 June 2012</li> <li>• Be ages 17 years old and over</li> <li>• Be registered with Victorian State Trauma Registry (i.e. death related to injury [either at scene or in-hospital];</li> <li>• Admitted to ICU for more than 24 hours</li> <li>• Urgent surgery for intracranial/intrathoracic/intra-abdominal trauma</li> <li>• Urgent surgical fixation of pelvic or spinal fractures</li> </ul>	<p><b>Findings (including author's interpretation)</b></p> <ul style="list-style-type: none"> <li>• Author theme: Clarity of information <ul style="list-style-type: none"> <li>○ Example quote: "I suppose just a bit more of an overall understanding of what was (surgically) happening. So a bit more information, just of a general nature rather than specific medical sort of speak, just, I suppose in layman's terms. [ Male, 40–49yrs, non-transport head injury #568]" (p.6)</li> </ul> </li> <li>• Author theme: Community care <ul style="list-style-type: none"> <li>○ Example quote: "in many cases these appointments were not scheduled for several weeks post-discharge. During this time (between discharge and the doctor's appointment), patients reported needing information</li> </ul> </li> </ul>	<p><b>1. Was there a clear statement of the aims of the research?</b> Yes - To explore major trauma patient's experiences of communication with healthcare professionals in the initial 3 years post-injury, in hospital, rehabilitation and community settings.</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Can't tell. Unclear about methods of contact or followup</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> No. 3 years later, which gives a fuller picture but relies on memory only.</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	<ul style="list-style-type: none"> <li>Multiple traumatic injuries with an Injury Severity Score of over 12</li> </ul> <p>Patients with severe TBI or SCI who have been studied in another research study, and patients not able to converse in English were not eligible to participate.</p> <p><b>Setting</b> In the community</p> <p><b>Participant characteristics</b></p> <ul style="list-style-type: none"> <li>Adults with major trauma: N=65</li> <li>Male/female = 42/23</li> <li>Mean age (SD) = 50.7 (15.5) years</li> <li>Median length of hospital stay in days (IQR): 11 (5.4 - 26.5)</li> <li>Injury cause:</li> <li>Traumatic (N) = 65               <ul style="list-style-type: none"> <li>Motor vehicle = 22</li> <li>Fall = 12</li> <li>Motorcycle = 6</li> <li>Pedal cyclist = 6</li> <li>Other = 19</li> </ul> </li> </ul> <p><b>Data collection and analysis</b> Semi-structured interviews were audio recorded and transcribed, and subject to thematic analysis by the team</p>	<p>that related to medications, pain and wound management” (p.6)</p> <ul style="list-style-type: none"> <li>Author theme: Favourable communication attributes           <ul style="list-style-type: none"> <li>Example quote: “Just the interest that they took in me and just the thoroughness of it all really. I could discuss it with lots of doctors. There was lots of people there I could talk to, it was always good [Female_50–59yrs_road traffic injury_multiple fractures_hospital care_#169]” (p.8)</li> </ul> </li> <li>Author theme: Information coordination           <ul style="list-style-type: none"> <li>Example quote: “having come off the medication, I had a lot more comprehension and ability to focus, and being taken through everything then, I might have done things a bit differently in my next steps. [Male 40–49yrs, road traffic injury #611]” (p.8)</li> </ul> </li> <li>Author theme: Unfavourable communication attributes: dismissal of patient concerns           <ul style="list-style-type: none"> <li>Example quote: “My GP, I’m not happy at all... all he does is write out narcotics (prescriptions). It’s more than one at a time. They are different ones, and to take together. I was asleep nearly all day and night. I can’t do that...”</li> </ul> </li> </ul>	<p><b>6. Has the relationship between researcher and participants been adequately considered?</b> Can’t tell. No clear discussion, but researchers were not linked directly to any service provision.</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes - Study approved by The Monash University Human Research Ethics Committee and participating hospitals. Informed consent obtained prior to interviews.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Yes</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> 4.4 High value for the current question.</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Moderate</p> <p><b>Source of funding</b> Not industry funded</p> <p><b>Other information</b> None.</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
		<p>He doesn't even examine me... I feel as though I go in there and he just wants to get me out [Female_60-69yrs_non-transport injury_multiple injuries_community care_#980]" (p.9)</p>	
<p><b>Full citation</b> 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</p> <p><b>Ref Id</b> 1109654</p> <p><b>Country/ies where the study was carried out</b> Belgium</p> <p><b>Study type</b> General qualitative inquiry</p> <p><b>Study dates</b> January - April 2013</p>	<p><b>Recruitment strategy</b> Staff invited all patients meeting the inclusion criteria to participate. Face to face interviews were arranged by the research team with those that agreed and returned consent forms - anonymously to the service staff. For inclusion participants had to have a burn injury 6-24 months old and satisfy the legal criteria for admission to a Belgium burn centre (out of 6 centres). Patients with Lyell syndrome (toxic epidermal necrolysis or Staphylococcal scalded skin syndrome) were not eligible to participate.</p> <p><b>Setting</b> Home, following discharge from a burn centre</p> <p><b>Participant characteristics</b> Adults with severe burn injury: N = 15 Male/female = not reported Age of patients:</p> <ul style="list-style-type: none"> <li>• 18-30 years = 3</li> <li>• 31-40 years = 1</li> <li>• 41-65 years = 8</li> <li>• &gt;65 years = 3</li> </ul>	<p><b>Findings (including author's interpretation)</b></p> <ul style="list-style-type: none"> <li>• Author theme: Ambulatory care at home after discharge             <ul style="list-style-type: none"> <li>○ Example quote: "It would not be a bad idea to ask patients about experiences with a competent nurse to pass on her/his name. If someone in the same region needs care for burn injuries, that person can then more easily find an experienced professional." (p.7)</li> </ul> </li> <li>• Author theme: Initiatives to foster good practices in discharge planning are not widely implemented             <ul style="list-style-type: none"> <li>○ Example quote: "When I came home the first time my apartment was a mess; nothing had changed since I left. Burn wastes, not to mention the curtains, half of the walls were filthy, it was dirty, it was incredible!" (p. 5)</li> </ul> </li> <li>• Author theme: The crucial role of informal support after discharge             <ul style="list-style-type: none"> <li>○ Example quote: "Fortunately, we had a psychologist at the hospital, otherwise, I would</li> </ul> </li> </ul>	<p><b>1. Was there a clear statement of the aims of the research?</b> Yes - To explore the rehabilitation and aftercare experiences of severe burn patients and the views of allied healthcare professionals.</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Yes. Appropriate and well described.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> Yes. Well collected to the point of data saturation.</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> Yes.</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes. There was approval from and ethics board, and consent/ethics were adequately discussed.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Yes</p>

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Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	<p><b>Data collection and analysis</b> Semi-structured interviews and focus groups. Interviews with patients, and focus groups with professionals Focus groups and interviews were recorded and transcribed. The findings were analysed using inductive content analysis with constant comparison.</p>	<p>dare to say we wouldn't be a couple anymore" (p.7)</p>	<p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> Moderate value for the current question.</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> No or minor</p> <p><b>Source of funding</b> Not industry funded</p> <p><b>Other information</b> None.</p>
<p><b>Full citation</b> 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</p> <p><b>Ref Id</b> 1054482</p> <p><b>Country/ies where the study was carried out</b> UK</p> <p><b>Study type</b> Phenomenological qualitative study</p> <p><b>Study dates</b> Not reported</p>	<p><b>Recruitment strategy</b> Participants were people with severe traumatic brain injury who had spent at least 3 months on a neurological rehabilitation ward, recruited consecutively from those who consented upon discharge to home in the community.</p> <p><b>Setting</b> Home, after discharge from a neurological rehabilitation ward,</p> <p><b>Participant characteristics</b> Adults with severe traumatic brain injury and post-traumatic amnesia: N=18 Male/female: 13/5 Mean age (range) = 35 (17-60) years Months since injury = less than 18 months</p>	<p><b>Findings (including author's interpretation)</b></p> <ul style="list-style-type: none"> <li>• Author theme: Feelings and Emotions <ul style="list-style-type: none"> <li>○ Example quote: "The first time, the first day I came home, I was quite unprepared for the high degree of emotion. Everyone was concerned that I could walk up and down stairs on my own, climb in and out of the bath and all those sorts of things, but virtually no-one said anything about how I would react emotionally. [Ron]" (p.78)</li> </ul> </li> <li>• Author theme: Going Back to Work <ul style="list-style-type: none"> <li>○ Example quote: "Return to work was a priority for many individuals with brain injury in this study and, as such, was</li> </ul> </li> </ul>	<p><b>1. Was there a clear statement of the aims of the research?</b> Yes. "to explore transitions from hospital to the home over a period of one year" (p. 72)</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Can't tell. Recruitment is very vaguely described.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> Yes. Although doesn't discuss saturation.</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b></p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	<p><b>Data collection and analysis</b> Semi-structured interviews were conducted on several occasions after discharge, usually in the home. Data were recorded using a tape recorder and transcribed, and considered by the author from several lenses of interpretation in an iterative process, until the final themes were reached.</p>	<p>the priority during interventions. However, in some instances professional staff voiced concerns around readiness for return to work” (p.80)</p> <ul style="list-style-type: none"> <li>• Author theme: Moving forward               <ul style="list-style-type: none"> <li>○ Example quote: “In the early stages I had no problem with the hospital calling the shots. They said what I should do and where, and all the rest of it and I think that was entirely appropriate. . . . There’s me, I’d nearly been killed in a road accident, badly damaged as a result and not able to think for myself. I needed other people to take responsibility and I was given close direction at all stages, but then through the different stages of therapy, growing, not only in your ability to do things, but also in confidence and self-awareness, at what point do you then start to reclaim some sort of responsibility for your own? And I need the opportunity to do so. [Ron]” (p.80)</li> </ul> </li> <li>• Author theme: Preparing for Living at Home               <ul style="list-style-type: none"> <li>○ Example quote: “She (OT) saw me shower, when I was on my own . . . Just to prove to myself that I could do it, because I had no idea what I could do any more. I was a bit nervous of going into the supermarket as well, it was all new to me</li> </ul> </li> </ul>	<p>Yes. Researcher was also delivering the service; this is acknowledged explicitly in discussion of the findings but still means there is likely to be bias.</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes. There was approval from and ethics board, and consent/ethics were adequately discussed.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Yes</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> Moderate value for the current question. UK data.</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Minor</p> <p><b>Source of funding</b> Not industry funded</p> <p><b>Other information</b> None.</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
		<p>anyway, and then to see how people would react to me having one eye closed and wobbling about [Lisa]" (p.77)</p>	
<p><b>Full citation</b>                      Conneeley, Anne Louise, Exploring vocation following brain injury: a qualitative enquiry, Social Care and Neurodisability, 4, 6-16, 2013</p> <p><b>Ref Id</b>                      1109701</p> <p><b>Country/ies where the study was carried out</b>                      UK</p> <p><b>Study type</b>                      Phenomenological qualitative study</p> <p><b>Study dates</b>                      Not reported</p>	<p><b>Recruitment strategy</b>                      (see Coneeley 2012)</p> <p><b>Setting</b>                      (see Coneeley 2012)</p> <p><b>Participant characteristics</b>                      (see Coneeley 2012)</p> <p><b>Data collection and analysis</b>                      (see Coneeley 2012)</p>	<p><b>Findings (including author's interpretation)</b></p> <ul style="list-style-type: none"> <li>• Author theme: Insight, awareness and personal autonomy                             <ul style="list-style-type: none"> <li>○ Example quote: "It seems like, it doesn't matter how hard you try, you keep getting set-backs, so in the end you think, why bother?" (p.12)</li> </ul> </li> <li>• Author theme: Rehabilitation and return to work                             <ul style="list-style-type: none"> <li>○ Example quote: "Although return to work was not an option for all, great importance was often placed on vocational roles and intervention for these individuals was focussed on vocational goals." (p.11)</li> </ul> </li> </ul>	<p><b>1. Was there a clear statement of the aims of the research?</b>                      Yes. "to explore the transition to community life, in relation to vocational goals and aspirations, for 18 people with traumatic brain injury following the discharge from a neurological rehabilitation hospital" (p. 6)</p> <p><b>2. Is a qualitative methodology appropriate?</b>                      Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b>                      Yes</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b>                      Can't tell. Recruitment strategy was very vaguely described.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b>                      Yes. Although doesn't discuss saturation.</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b>                      Yes. Researcher was also delivering the service; this is acknowledged explicitly in discussion of the findings but still means there is likely to be bias.</p> <p><b>7. Have ethical issues been taken into consideration?</b>                      Yes. There was approval from and ethics board, and consent/ethics were adequately discussed.</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			<p><b>8. Was the data analysis sufficiently rigorous?</b> Yes</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> Moderate value for the current question. UK data.</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Minor</p> <p><b>Source of funding</b> Not industry funded</p> <p><b>Other information</b> None.</p>
<p><b>Full citation</b> 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</p> <p><b>Ref Id</b> 1179216</p> <p><b>Country/ies where the study was carried out</b> Australia</p> <p><b>Study type</b></p>	<p><b>Recruitment strategy</b> Patients with traumatic brain injury who had been recently referred to occupational therapy after discharge from an inpatient brain injury rehabilitation unit were approached.</p> <p><b>Setting</b> A day hospital's occupational therapy department</p> <p><b>Participant characteristics</b> Participants with severe traumatic brain injury: N=14 Male/female = not reported Mean age (SD) = 27.4 (10.7) years Mean days duration of post-traumatic amnesia (SD) = 85.6 (51.1) Average days in inpatient</p>	<p><b>Findings (including author's interpretation)</b></p> <ul style="list-style-type: none"> <li>• Author theme: Simulated real tasks <ul style="list-style-type: none"> <li>○ Example quote: "all those little exercises that they do at hospital don't help you write or chop [P5]" (p.1207)</li> </ul> </li> <li>• Author theme: Results in detail <ul style="list-style-type: none"> <li>○ Example quote: "this is my place . . . . I can do whatever I like [P15]" (p.1208)</li> </ul> </li> </ul>	<p><b>1. Was there a clear statement of the aims of the research?</b> Yes. "to explore the transition to community life, in relation to vocational goals and aspirations, for 18 people with traumatic brain injury following the discharge from a neurological rehabilitation hospital" (p. 6)</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Can't tell. It's likely many people weren't reached leading to a systematic bias.</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
<p>General qualitative inquiry</p> <p><b>Study dates</b> October 2005 - April 2007</p>	<p>rehabilitation (SD) = 134.2 (109.4)</p> <p><b>Data collection and analysis</b> Semi-structured interviews were audio-taped and transcribed, and the data was analysed using a manifest content analytic approach. Two researchers created the initial framework from an interview from each group, and then the framework was applied by one researcher to the subsequent scripts.</p>		<p><b>5. Was the data collected in a way that addressed the research issue?</b> Yes</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> No. Data was collected by the therapists that were delivering the service, and is likely to have influenced the participants.</p> <p><b>7. Have ethical issues been taken into consideration?</b> No. Approval from an ethics board is not discussed, and there is only one brief mention of consent.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Yes</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> Limited value for the current question.</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Minor</p> <p><b>Source of funding</b> Not industry funded</p> <p><b>Other information</b> None.</p>
<p><b>Full citation</b> Johnson, Rae A., Taggart, Susan B., Gullick, Janice G., Emerging from the trauma bubble: Redefining 'normal' after</p>	<p><b>Recruitment strategy</b> Purposive sample of English speaking adults with burn injury serious enough to require admittance to one of two burns units, taken from</p>	<p><b>Findings (including author's interpretation)</b></p> <ul style="list-style-type: none"> <li>• Author theme: Empowerment through self-care</li> </ul>	<p><b>1. Was there a clear statement of the aims of the research?</b> Yes. "to interpret the lived experience of hospitalisation and recovery following burn injury in Australia" (p. 1223)</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
<p>burn injury, Burns : journal of the International Society for Burn Injuries, 42, 1223-32, 2016</p> <p><b>Ref Id</b> 1091271</p> <p><b>Country/ies where the study was carried out</b> Australia</p> <p><b>Study type</b> Phenomenological qualitative study</p> <p><b>Study dates</b> Not reported</p>	<p>the patient list.</p> <p><b>Setting</b> Adult burns unit, following discharge</p> <p><b>Participant characteristics</b> Adults with burn injury: N = 11 Male/female = 8/3 Median age (range) = 42 (21-47) Median body surface area affected (range) = 25.3% (3-68%) Median days in hospital (range) = 34 (2-64)</p> <p><b>Data collection and analysis</b> Semi-structured interviews were audio-recorded and transcribed verbatim. and analysed inductively using Heideggerian phenomenology.</p>	<ul style="list-style-type: none"> <li>○ Example quote: “At first they left me to fend for myself and I’m thinking “Why are they doing that?” but . . . it’s a way of helping you. Obviously they knew my limits, they didn’t leave me in the deep end. . . I appreciated that because they pushed me along and made me more determined to set the goals they expected of me” (p.1228)</li> <li>● Author theme: Rethinking work</li> <li>○ Example quote: “The doctors wanted me to go straight back to work. . . I was having anxiety attacks, I lost a lot of confidence. . . I don’t even know if I want to go back into the kitchen. . . I just wished there was someone to talk to” (p.1228)</li> </ul>	<p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> No. Did not secure the numbers they were aiming for. Participants were required to attend a local health conference to participate.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> No. Focus group methodology risks biasing answers towards being socially acceptable. The methodology is likely to have inhibited individuals, and limited how deep discussions could go.</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> Can't tell. The researchers were not involved in service delivery, but it is likely that other focus-group participants were.</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Yes</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> Limited value for the current question.</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			<p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Serious</p> <p><b>Source of funding</b> Not industry funded</p> <p><b>Other information</b> None.</p>
<p><b>Full citation</b> 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 strategy, Brain Injury, 25, 142-52, 2011</p> <p><b>Ref Id</b> 1179860</p> <p><b>Country/ies where the study was carried out</b> Canada</p> <p><b>Study type</b> General qualitative inquiry</p> <p><b>Study dates</b> Not reported</p>	<p><b>Recruitment strategy</b> Recruitment letters were sent to Aboriginal clients recovering from acquired brain injury that were registered at relevant healthcare providers in the region, along with fliers posted at these locations. Participants were also recruited at local health conferences.</p> <p><b>Setting</b> Both groups took place as part of local health conferences at two regional locations.</p> <p><b>Participant characteristics</b> Aboriginal adults with acquired brain injury: N=3 (Traumatic brain injury: N=2) Male/female = 2/1 Age = Not reported Injury: Motor vehicle accident = 2, Stroke = 1</p> <p><b>Data collection and analysis</b> Patients were interviewed along with their carers and service workers in focus groups held as part of local health conferences. Sessions were</p>	<p><b>Findings (including author's interpretation)</b></p> <ul style="list-style-type: none"> <li>• Author theme: Participant suggestions to improve service delivery and transition             <ul style="list-style-type: none"> <li>○ Example quote: "We've been looking for an Aboriginal person to be on our board at X... we don't have anybody that's Aboriginal working ... they're trying to get somebody ... we service a lot of Aboriginal people and they're just not getting represented. You know it just really bothers me [Participant 15]" (p.148)</li> </ul> </li> </ul>	<p><b>1. Was there a clear statement of the aims of the research?</b> "To explore the barriers and enablers surrounding the transition from health care to home community settings for Aboriginal clients recovering from acquired brain injuries (ABI) in northwestern Ontario." (p. 142)</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> No. Did not secure the numbers they were aiming for. Participants were required to attend a local health conference to participate.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> No. Focus group methodology risks biasing answers towards being socially acceptable. The methodology is likely to have inhibited individuals, and limited how deep discussions could go.</p> <p><b>6. Has the relationship between researcher and</b></p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	<p>recorded and transcribed verbatim. Transcripts were coded and interpreted into themes using the Framework Method, developed and agreed between the research team.</p>		<p><b>participants been adequately considered?</b> Can't tell. The researchers were not involved in service delivery, but it is likely that other focus-group participants were.</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Yes</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> Limited value for the current question.</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Serious</p> <p><b>Source of funding</b> Not industry funded</p> <p><b>Other information</b> None.</p>
<p><b>Full citation</b> 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</p>	<p><b>Recruitment strategy</b> Involvement in a mentor program was offered to all adult (16+) users of the national rehabilitation services with moderate or severe traumatic brain injury, invited by word of mouth and leaflets from rehabilitation staff. Those that agreed to be interviewed were included in the study.</p> <p><b>Setting</b> Homes and community,</p>	<p><b>Findings (including author's interpretation)</b></p> <ul style="list-style-type: none"> <li>• Author theme: Mentors as a source of hope               <ul style="list-style-type: none"> <li>○ Example quote: "Because it helps you feel like you are understood and you are not the only person going through this trouble but there have been other people who have gone through similar things who are</li> </ul> </li> </ul>	<p><b>1. Was there a clear statement of the aims of the research?</b> Yes. "To explore the acceptability of peer mentoring for people with a traumatic brain injury (TBI) in New Zealand" (p. 1)</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
<p>Open, 8, e020672, 2018</p> <p><b>Ref Id</b> 1182410</p> <p><b>Country/ies where the study was carried out</b> New Zealand</p> <p><b>Study type</b> General qualitative inquiry</p> <p><b>Study dates</b> Not reported</p>	<p>across discharge from the rehabilitation unit</p> <p><b>Participant characteristics</b> Adults with traumatic brain injury: N=6 Male/female: 4/2 Age range = 18–46 years Injury severity: Moderate = 1, Severe = 5 Mean days as an in-patient (SD) = 72 (54.4) Ethnicity: Maori =2, New Zealand European = 4</p> <p><b>Data collection and analysis</b> Semi-structured interviews were audio-recorded and transcribed verbatim, and combined with field notes. Data was subject to content analysis, and themes were discussed and developed iteratively over several sessions between four researchers.</p>	<p>able to show you a glimpse of hope that life gets better [Mentee: Peter, 24]" (p.8)</p> <ul style="list-style-type: none"> <li>• Author theme: Mentors as experts <ul style="list-style-type: none"> <li>○ Example quote: "Mentees trusted their mentors and viewed them as experts because they had experienced a TBI and attended inpatient rehabilitation and were now actively participating in life roles" (p.7)</li> </ul> </li> <li>• Author theme: Sharing stories <ul style="list-style-type: none"> <li>○ Example quote: "It was very useful to have someone who has been through a similar accident to myself. It really meant a lot to me. [Mentee: Peter, 24]" (p.6)</li> </ul> </li> </ul>	<p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Can't tell. Vaguely described, unclear what bias may have been introduced.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> Yes</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> Can't tell. No clear discussion, but researchers were not linked directly to any service provision.</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes. There was approval from and ethics board, and consent/ethics were adequately discussed.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Yes</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> Moderate value for the current question.</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Minor</p> <p><b>Source of funding</b> Not industry funded</p> <p><b>Other information</b> None.</p>

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Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
<p><b>Full citation</b> 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</p> <p><b>Ref Id</b> 1110433</p> <p><b>Country/ies where the study was carried out</b> Australia</p> <p><b>Study type</b> General qualitative inquiry</p> <p><b>Study dates</b> October 2012 to November 2013</p>	<p><b>Recruitment strategy</b> Participants were adults with lower limb trauma, excluding those with traumatic brain injury and users of geriatric rehabilitation services, identified from a state register and asked to volunteer</p> <p><b>Setting</b> The community, following discharge</p> <p><b>Participant characteristics</b> Adults with trauma discharged from in-patient rehabilitation: N=36 Males/females: 18/18 Median (IQR) age = 43.2 (29.0-55.1) years Working prior to injury: N=32</p> <p><b>Data collection and analysis</b> Semi-structured interviews were recorded and transcribed verbatim. Thematic analysis was conducted by two other researchers over several discussions.</p>	<p><b>Findings (including author's interpretation)</b></p> <ul style="list-style-type: none"> <li>• Author theme: Follow-up provided after discharge <ul style="list-style-type: none"> <li>○ Example quote 1: "They just pretty much said to me that I was going to that other place for rehab. I just wanted to go somewhere closer to home, but they said there wasn't anything else. [Female, 52 years old, MTS, compensable, rehab]" (p.629)</li> <li>○ Example quote 2: "I guess for me the thing that was confusing about discharge is questions have been raised as to whether I would need to go to rehab, or whether I could go straight home, and over the course of a couple of days I continued to receive basically conflicting advice [Male, 31 years old, MTS, non-compensable, home]" (p.629)</li> </ul> </li> </ul>	<p><b>1. Was there a clear statement of the aims of the research?</b> Yes. "to investigate orthopaedic trauma patient experiences of discharge from the acute hospital and transition back into the community" (p. 625)</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Can't tell. Recruitment strategy is vaguely described, and may have introduced biases.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> Yes. Data collection continued until saturation was achieved.</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> Can't tell. No clear discussion, but researchers were not linked directly to any service provision.</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes. There was approval from and ethics board, and consent/ethics were adequately discussed.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Yes</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b></p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			<p>Limited value for the current question.</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Minor</p> <p><b>Source of funding</b> Not industry funded</p> <p><b>Other information</b> None.</p>
<p><b>Full citation</b> 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</p> <p><b>Ref Id</b> 1180086</p> <p><b>Country/ies where the study was carried out</b> Denmark</p> <p><b>Study type</b> General qualitative inquiry</p> <p><b>Study dates</b> Jan to Mar 2009</p>	<p><b>Recruitment strategy</b> Patients were recruited through therapists in public hospitals and municipalities across the region. Unsuccessful attempts were made to contact private service users.</p> <p><b>Setting</b> Participants were working-age adults being discharged to the community after rehabilitation for a fracture. They were offered to interview at their homes, their rehabilitation centre, or at the researcher's office.</p> <p><b>Participant characteristics</b> Adults with bone fractures: N=7 Male/female: 5/2 Median age (range) = 51 (32-60) years Range of months since injury = 2-24 Fractured upper extremity (simple/multiple) = 3 (2/1) Fractured lower extremity (simple/multiple) = 6 (5/1) Employment status: Returned to pre-injury work = 3, on sick leave = 1,</p>	<p><b>Findings (including author's interpretation)</b></p> <ul style="list-style-type: none"> <li>• Author theme: Management continuity             <ul style="list-style-type: none"> <li>○ Example quote: "I was totally helpless at home. . . I thought oh my God, do I have to wait for rehabilitation, I needed rehabilitation so much – because if I had got something from the hospital – if I had got help there and got some exercises to start with, I would have been much more tolerant with the waiting time. Then I would have been able to do something myself" (female patient with femur fracture involving the knee) (p. 181)</li> </ul> </li> </ul>	<p><b>1. Was there a clear statement of the aims of the research?</b> Yes. "to investigate orthopaedic trauma patient experiences of discharge from the acute hospital and transition back into the community" (p. 625)</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Can't tell. Poor description; likely biases and limitations that are not discussed or addressed.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> Yes. Participants were recruited by opportunity rather than until saturation.</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> Can't tell. No clear discussion, but researchers were not linked directly to any service provision.</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	<p>unemployed = 2, retired on medical grounds = 1</p> <p><b>Data collection and analysis</b> Individual semi-structured interviews were audio-taped and transcribed verbatim. These were analyzed inductively according to a grounded theory approach, between two researchers.</p>		<p><b>7. Have ethical issues been taken into consideration?</b> Can't tell. There is discussion of consent, but a caveat that Danish national law doesn't require permission from an ethics board for this type of study.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Yes</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> Moderate value for the current question</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Minor</p> <p><b>Source of funding</b> Not industry funded</p> <p><b>Other information</b> None.</p>
<p><b>Full citation</b> 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</p>	<p><b>Recruitment strategy</b> A purposive sample of adults (16+) with traumatic brain injury was drawn from a previous study, and also through service providers and patient support organisations, for a wide and varied sample.</p> <p><b>Setting</b> The community following discharge</p> <p><b>Participant characteristics</b> Adults with traumatic brain injury:</p>	<p><b>Findings (including author's interpretation)</b></p> <ul style="list-style-type: none"> <li>• Author theme: When to "challenge" and when to "accept"? <ul style="list-style-type: none"> <li>○ Example quote: "Many participants talked of coming to recognize that in terms of their recovery, there were some things they had to accept, while other aspects required that they challenge themselves. Getting</li> </ul> </li> </ul>	<p><b>1. Was there a clear statement of the aims of the research?</b> Yes. "To explore what helps and hinders recovery and adaptation after disabling traumatic brain injury (TBI) and make recommendations for improving service responsiveness." (p. 44)</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
<p><b>Ref Id</b> 1182735</p> <p><b>Country/ies where the study was carried out</b> New Zealand</p> <p><b>Study type</b> General qualitative inquiry</p> <p><b>Study dates</b> Not reported</p>	<p>N=40 Male/female: 28/12 Age bracket: 16 to 34 years: N=12, 35 to 64 years: N=19, over 65 years: N=9 Ethnicity: Maori = 7, European = 29, Asian = 2, Other = 2 Brain injury severity: Mild = 18, Moderate = 8, Severe = 14</p> <p><b>Data collection and analysis</b> Semi-structured interviews were transcribed, themes were drawn from the data using a constant comparative method, and developed within teams using grounded theory. Findings were then run by an external panel of service users for their feedback.</p>	<p>the balance between when to “accept” and when to “challenge” was difficult for many.” (p.49)</p>	<p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Yes. Purposive sampling was used to ensure a breadth of experience.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> Yes. In some cases participants had carers and relatives present to help with facilitation, which may have had some impact on reporting, but also maximised the variety in people that could participate.</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> Yes. Some discussion, and researchers were not linked directly to any service provision.</p> <p><b>7. Have ethical issues been taken into consideration?</b> Can't tell. Some discussion about consent, but no mention of approval by an ethics board, or other considerations.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Yes</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> Some insights relevant to the current topic</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Minor</p> <p><b>Source of funding</b> Not industry funded</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			<b>Other information</b> None.
<p><b>Full citation</b>                      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</p> <p><b>Ref Id</b>                      1110797</p> <p><b>Country/ies where the study was carried out</b>                      Australia</p> <p><b>Study type</b>                      General qualitative inquiry</p> <p><b>Study dates</b>                      Not reported</p>	<p><b>Recruitment strategy</b>                      Participants were a sub-group of a larger study into employment-age people with severe traumatic brain injury. Interview subjects were approached purposively to obtain diverse experiences.</p> <p><b>Setting</b>                      Mostly held at the Brain Injury Rehabilitation Program site, or in some cases by phone from the participants' home.</p> <p><b>Participant characteristics</b>                      Adults with brain injury: N=29 (traumatic brain injury: N=26)                      Male/female: 18/11                      Mean age (range) = 35.8 (19-66) years                      Mean years since injury (SD/range) = 3.7 (3.1/1-14)                      Cause of injury: traumatic brain injury = 26, cerebral vascular accident = 2, hypoxic brain injury = 1                      Pre-injury employment status: full-time employment = 20, part-time employment = 6, student = 1, not working = 2                      Post-injury employment status: full-time employment = 6, part-time employment = 10, student = 2, not working = 11</p> <p><b>Data collection and analysis</b>                      Semi-structured interviews scripts</p>	<p><b>Findings (including author's interpretation)</b></p> <ul style="list-style-type: none"> <li>• Author theme: Access                         <ul style="list-style-type: none"> <li>○ Example quote: "knowing that I've always got someone here (BIRP) that I can fall back to [participant 5, age 48, 2-5 years post extremely severe TBI]" (p.85)</li> </ul> </li> <li>• Author theme: Intervention                         <ul style="list-style-type: none"> <li>○ Example quote: "I thought about it and I thought about it ... it took me 4-5 months and then I decided on real estate [participant 25, age 28, 2-5 years post severe TBI]" (p.86)</li> </ul> </li> <li>• Author theme: Support                         <ul style="list-style-type: none"> <li>○ Example quote: "[the provider] helped put my resume together and listed with recruitment agencies but that's all. They cut me off as soon as I started working [participant 4, age 19, 1-2 years post severe TBI]" (p.85)</li> </ul> </li> </ul>	<p><b>1. Was there a clear statement of the aims of the research?</b>                      Yes. "to describe and contrast the VR experiences and issues of people who participated in different employment pathways: return to pre-injury employment, job seeking and those who had not worked since injury, from an Australian perspective" (p. 77-78)</p> <p><b>2. Is a qualitative methodology appropriate?</b>                      Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b>                      Yes</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b>                      Yes. Purposive sampling for a breadth of coverage.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b>                      Yes</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b>                      Yes</p> <p><b>7. Have ethical issues been taken into consideration?</b>                      Yes. There was approval from and ethics board, and consent/ethics were adequately discussed.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b>                      No. Analysis was done without transcripts, only by notes and recordings. It is not clear why.</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	<p>differed slightly for participants who had found work and those who hadn't. Two researchers were present to take notes in the interviews. Notes were verified using audio recordings. Data was analysed thematically by the research team.</p>		<p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> Limited value for the current question.</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Moderate</p> <p><b>Source of funding</b> Not industry funded</p> <p><b>Other information</b> None.</p>
<p><b>Full citation</b> 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</p> <p><b>Ref Id</b> 1110950</p> <p><b>Country/ies where the study was carried out</b> Sweden</p> <p><b>Study type</b> General qualitative inquiry</p> <p><b>Study dates</b> Not reported</p>	<p><b>Recruitment strategy</b> Patients were recruited from the sample of a previous study using SCI patients with neuropathic pain, invited to participate in this follow-up study.</p> <p><b>Setting</b> Not clearly defined but appears to be a range of SCI neuropathic pain treatment settings including hospital rehabilitation departments, and the community.</p> <p><b>Participant characteristics</b> Adults with spinal cord injury and neuropathic pain: N = 16 Mean age in years (range): 51 (31-69) Males/females: 10/6 Mean time since injury (range): 18 (6-33) years Injury cause:</p>	<p><b>Findings (including author's interpretation)</b></p> <ul style="list-style-type: none"> <li>• Author theme: Needs and requests <ul style="list-style-type: none"> <li>○ Example quote: "The patients wanted help and support from health care when learning to live with pain. Suggestions to facilitate this process were CBT, pain programs, peer contact and role models. Meeting and sharing experience with someone that knows how it feels, someone trustworthy who has come further in their process (as mentors, coaches) could be of great help" (p.156)</li> </ul> </li> </ul>	<p><b>1. Was there a clear statement of the aims of the research?</b> Yes - To explore the needs of patients and healthcare professionals for improving neuropathic pain management after SCI.</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes - Appropriate to explore the experiences and views of both patients and healthcare professionals.</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes - Design discussed and justified.</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> 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</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	<ul style="list-style-type: none"> <li>• Traumatic (N) = 13</li> <li>• Non-traumatic (N) = 3</li> </ul> <p>Level of injury</p> <ul style="list-style-type: none"> <li>• Cervical SCI (N) = 4</li> <li>• Thoracic SCI (N) = 10</li> <li>• Lumbar SCI (N) = 2</li> </ul> <p><b>Data collection and analysis</b>            Patients: 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 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. 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.</p>		<p>aims of the question, but lack of information on 'most experienced' physician criteria.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b>            Yes - Data collection methods described and justified. Topic guide was used (although this was developed and revised during the study). Data saturation not discussed.</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b>            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.</p> <p><b>7. Have ethical issues been taken into consideration?</b>            Yes – Informed consent received and ethical approval granted by Ethics Committee No. 2 in Stockholm.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b>            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.</p> <p><b>9. Is there a clear statement of findings?</b>            Yes – Adequate discussion of findings, and credibility discussed.</p> <p><b>10. How valuable is the research?</b>            4.1a Limited value for the current question.</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b>            4.1a Moderate concerns.</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			<p>4.3 Minor concerns</p> <p><b>Source of funding</b> Not industry funded</p> <p><b>Other information</b> None.</p>
<p><b>Full citation</b> 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 <b>Ref Id</b> 1180418</p> <p><b>Country/ies where the study was carried out</b> Australia</p> <p><b>Study type</b> Phenomenological qualitative study</p> <p><b>Study dates</b> Not reported</p>	<p><b>Recruitment strategy</b> A subgroup of volunteers were taken from a larger previous survey of adults with traumatic brain injury. Maximum variation sampling was used to obtain a range of experiences. No further specific inclusion or exclusion criteria reported.</p> <p><b>Setting</b> In the community, following discharge</p> <p><b>Participant characteristics</b> Adults with moderate–severe traumatic brain injury: N = 14 Male/female: 8/6 Age in years (N):</p> <ul style="list-style-type: none"> <li>• 18-25 = 2</li> <li>• 26-35 = 3</li> <li>• 36-45 = 3</li> <li>• 46-55 = 3</li> <li>• 56-65 = 3</li> </ul> <p><b>Data collection and analysis</b> Open interviews were audio recorded and transcribed, and then analysed using a thematic analysis.</p>	<p><b>Findings (including author's interpretation)</b></p> <ul style="list-style-type: none"> <li>• Author theme: Right service at the right time: Things could have been different             <ul style="list-style-type: none"> <li>○ Example quote: “Even if they had have been able to give us a list of services, it may have saved us a lot of drama and hassle and heartache” (p.1607)</li> </ul> </li> </ul>	<p><b>1. Was there a clear statement of the aims of the research?</b> Yes - “to explore patients’ and involved physicians’ needs and requests for improving their management of neuropathic pain following spinal cord injury (SCI)” (p. 151)</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes.</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes.</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Yes – Maximum variation sampling used to ensure wide range of accessibility levels.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> Yes.</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> Can't tell – Lack of information presented on researcher's bias and influence although mentioned that interviews were carried out with minimal input from researchers.</p> <p><b>7. Have ethical issues been taken into consideration?</b></p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			<p>Can't tell – No information given.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Can't tell – Adequate description of analysis but no mention of researcher influence.</p> <p><b>9. Is there a clear statement of findings?</b> Yes – Good description of findings and mention of participant validation.</p> <p><b>10. How valuable is the research?</b> Limited value for current question.</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Moderate concerns</p> <p><b>Source of funding</b> Not industry funded</p> <p><b>Other information</b> None.</p>
<p><b>Full citation</b> Odumuyiwa, Tolu, Improving access to social care services following acquired brain injury: a needs analysis, Journal of Long-Term Care, 164-175, 2019</p> <p><b>Ref Id</b> 1182919</p> <p><b>Country/ies where the study was carried out</b> UK</p> <p><b>Study type</b> General qualitative inquiry</p>	<p><b>Recruitment strategy</b> Participants were recruited through adverts on Twitter, Headway UK (both centrally and through local Headway chapters) and brain injury rehabilitation organisations throughout the UK. For inclusion participants had to have sustained an acquired brain injury (at any point) that led to a disability</p> <p><b>Setting</b> Community ABI rehabilitation services.</p> <p><b>Participant characteristics</b></p>	<p><b>Findings (including author's interpretation)</b></p> <ul style="list-style-type: none"> <li>• Author sub-theme: Lack of professional knowledge <ul style="list-style-type: none"> <li>○ Example quote: "My rehabilitation and that was kind of more about my medical needs rather than, long-term, you know, change. [P6]" (p.170)</li> </ul> </li> <li>• Author sub-theme: Organisational factors <ul style="list-style-type: none"> <li>○ Example quote: "Another obstacle to support included organisational practices that</li> </ul> </li> </ul>	<p><b>1. Was there a clear statement of the aims of the research?</b> Yes - "To improve understanding of 1) the long-term community rehabilitation needs of ABI survivors and their families, and 2) their experiences of community health and social care provision within the United Kingdom." (p. 164)</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes - Appropriate to explore the experiences and views of rehabilitation patients in accessing services.</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes - Design discussed and justified.</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
<p>(within mixed methods study)</p> <p><b>Study dates</b> Not reported</p>	<p>Questionnaire: Adults with acquired brain injury: N=19 (mostly traumatic injury although the exact number was not reported) Male/female: 10/9 Mean age in years (range) = 44.6 (29-72)</p> <p>Interviews: Adults with acquired brain injury: N=12 (mostly traumatic injury although the exact number was not reported) Male/female: 10/2 Mean age in years (range) = 45 (36-72)</p> <p><b>Data collection and analysis</b> Questionnaire: 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. Themes identified in this stage were used to inform a deductive framework for use in the analysis of stage 2.</p> <p>Interviews: At the end of the questionnaire, participants were given the opportunity to complete follow-up 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</p>	<p>prevented or discouraged active engagement with the family member” (p.171)</p> <ul style="list-style-type: none"> <li>• Author sub-theme: Types of services required             <ul style="list-style-type: none"> <li>○ Example quote: “You’d be a bit more in the system ... you’d have a follow up appointment...and they would know why you needed help, like they would know they would have you on file [P21]” (p.169)</li> </ul> </li> </ul>	<p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Yes – Wide variety of forums used to recruit participants.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> 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.</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> Can't tell - No information reported.</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes – Ethical approval granted by the University faculty ethics committee although informed consent poorly described.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> 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. Additionally, the findings of stage 1 were used to triangulate and validate the findings of stage 2. No discussion of researcher's bias.</p> <p><b>9. Is there a clear statement of findings?</b> Yes - Good description and discussion of findings, with relation back to the original research question. No discussion on credibility of findings.</p> <p><b>10. How valuable is the research?</b> 4.1a High value for the current question. UK data.</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	<p>telephone (carers and healthcare professionals). Interviews were analysed using a mixture of inductive and deductive thematic analysis.</p>		<p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Minor concerns.</p> <p><b>Source of funding</b> Not industry funded</p> <p><b>Other information</b> None.</p>
<p><b>Full citation</b> 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</p> <p><b>Ref Id</b> 1183040</p> <p><b>Country/ies where the study was carried out</b> Netherlands</p> <p><b>Study type</b> Phenomenological qualitative study</p> <p><b>Study dates</b> April 2016 to December 2017</p>	<p><b>Recruitment strategy</b> A purposive, representative sampling of consenting participants was drawn from a wider trial of community-living older adults who had completed rehabilitation after a hip fracture:</p> <p><b>Setting</b> Community</p> <p><b>Participant characteristics</b> Adults with a hip-fracture: N=19 Male/female: 7/12 Mean age (range) = 82 (65-94) years Living arrangement: Living alone in a senior residence = 3, Living alone in a home in the community = 16</p> <p><b>Data collection and analysis</b> Semi-structured interviews were recorded and transcribed verbatim, and analysed using a grounded theory (CGT) approach between the team.</p>	<p><b>Findings (including author's interpretation)</b></p> <ul style="list-style-type: none"> <li>• Author theme: Emotional support <ul style="list-style-type: none"> <li>○ Example quote: "I truly appreciated that there was a follow-up because you suddenly go from being at the nursing home to being at home all on your own, and so it was very nice that there was somebody I could talk to about what was disappointing or what was going well" (p.444)</li> </ul> </li> <li>• Author theme: Exercises and practical tips <ul style="list-style-type: none"> <li>○ Example quote: "She was interested in the activities I wanted to do; she gave me tips and stimulated me to do these things again. It truly helped me. Also, it helps that you can ask questions about things you come upon when you have to do it yourself again" (p.444)</li> </ul> </li> <li>• Author theme: Supporting and coaching <ul style="list-style-type: none"> <li>○ Example quote: "A majority of</li> </ul> </li> </ul>	<p><b>1. Was there a clear statement of the aims of the research?</b> Yes. "to gain insight into what older adults after hip fracture perceive as most beneficial to their recovery to everyday life" (p. 440)</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Yes. Purposive sample taken from a larger trial.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> Yes.</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> Can't tell. No clear discussion, but researchers were not linked directly to any service provision.</p> <p><b>7. Have ethical issues been taken into consideration?</b></p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
		<p>the participants appreciated the talks with and the support of other rehabilitants during their inpatient rehabilitation and found these contacts helpful in their recovery.” (p.444)</p>	<p>Yes. There was approval from and ethics board, and consent/ethics were adequately discussed.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Yes</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> Moderate value for the current question.</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> No or minor</p> <p><b>Source of funding</b> Not industry funded</p> <p><b>Other information</b> None.</p>
<p><b>Full citation</b> 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</p>	<p><b>Recruitment strategy</b> Participants were adults over 65 who were in rehabilitation following a hip fracture, identified from a national register (National Hip Fracture Database) by the medical and nursing staff who were responsible for maintaining the database at each site.</p> <p><b>Setting</b> Rehabilitation services and the community</p> <p><b>Participant characteristics</b> Adults with a hip fracture: N=13 Male/female: 9/4</p>	<p><b>Findings (including author’s interpretation)</b></p> <ul style="list-style-type: none"> <li>• Author theme: Coordination of services and sectors delivering the rehabilitation <ul style="list-style-type: none"> <li>○ Example quote: “The complexity in programme provision and the often poor communication between different sectors meant that rehabilitation was neither smooth nor seamless, and because of this lack of consistency, patients felt unsupported in their recovery.” (p.7)</li> </ul> </li> </ul>	<p><b>1. Was there a clear statement of the aims of the research?</b> Yes. “To develop an evidence and theory-based complex intervention for improving outcomes in elderly patients following hip fracture.” (p. 1)</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> No. Focus groups introduce greater social desirability, and may be less suited to service evaluation questions. It is not clear why this method was chosen.</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b></p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
<p><b>Ref Id</b> 1094878</p> <p><b>Country/ies where the study was carried out</b> UK</p> <p><b>Study type</b> General qualitative inquiry</p> <p><b>Study dates</b> Not reported</p>	<p>Age: Mean/SD/range not reported, but all patients were aged ≥ 65 years Months since hip-repair surgery = 3-12</p> <p><b>Data collection and analysis</b> Focus groups were held for patients and their carers, which were audio-recorded and transcribed. These were subject to thematic analysis by the team.</p>	<ul style="list-style-type: none"> <li>• Author theme: Reducing fear of falling and improving self-efficacy to exercise and perform activities of daily living               <ul style="list-style-type: none"> <li>○ Example quote: “You think you are going to fall all the time, erm... so it is just practice I think, just keep doing it, keep doing little bits and erm...I had the reassurance from the physiotherapist who said ‘no, by next summer you will be doing exactly what you were doing last summer [R1, female patient, FG1212]” (p.6)</li> </ul> </li> <li>• Author’s theme: The role of the therapist in providing reassurance about safe physical activities               <ul style="list-style-type: none"> <li>○ Example quote: "Once you have the information and the guidance on what to do, what not to do, I think we are intelligent enough to go away and do it, but it is just that initial guidance... we might be capable but you still need guidance. [Male patient, control group]" (p.6)</li> </ul> </li> </ul>	<p>No. Recruitment strategy is poorly described. Service staff were responsible for putting candidate-participants forward, which may introduce significant bias.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> Can't tell. It is not clear why a focus group approach was taken. Focus groups included carers which may also have influenced the results.</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> Can't tell. No clear discussion, but researchers were not linked directly to any service provision. It is not certain if this was clear to the participants.</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes. There was approval from and ethics board, and consent/ethics were adequately discussed.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Yes</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> Limited value for the current question. UK data.</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Moderate</p> <p><b>Source of funding</b> Not industry funded</p> <p><b>Other information</b> None.</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
<p><b>Full citation</b> 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</p> <p><b>Ref Id</b> 959672</p> <p><b>Country/ies where the study was carried out</b> UK</p> <p><b>Study type</b> General qualitative inquiry</p> <p><b>Study dates</b> June 2014 - March 2015</p>	<p><b>Recruitment strategy</b> (see Roberts 2017)</p> <p><b>Setting</b> (see Roberts 2017)</p> <p><b>Participant characteristics</b> (see Roberts 2017)</p> <p><b>Data collection and analysis</b> (see Roberts 2017)</p>	<p><b>Findings (including author's interpretation)</b></p> <ul style="list-style-type: none"> <li>• Author theme: The importance of goal setting <ul style="list-style-type: none"> <li>○ Example quote: "You feel as if you have got a goal to get to, because you have put it in that book and you have got a goal. [Female patient, intervention group]" (p.6)</li> </ul> </li> <li>• Author theme: The role of the therapist in providing reassurance about safe physical activities <ul style="list-style-type: none"> <li>○ Example quote: "[S]omebody I could have just picked up the phone and said, how about this, should this be happening. [Female patient, control group]" (p.6)</li> </ul> </li> </ul>	<p><b>1. Was there a clear statement of the aims of the research?</b> Yes. "To describe the implementation of an enhanced rehabilitation programme for elderly hip fracture patients with mental capacity, in a randomised feasibility study compared with usual rehabilitation. To compare processes between the two and to collect the views of patients, carers and therapy staff about trial participation." (p. 1)</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> No. Focus groups introduce greater social desirability, and may be less suited to service evaluation questions. It is not clear why this method was chosen.</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> No. Recruitment strategy is poorly described. Service staff were responsible for putting candidate-participants forward, which may introduce significant bias.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> Can't tell. It is not clear why a focus group approach was taken. Focus groups included carers which may also have influenced the results.</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> Can't tell. No clear discussion, but researchers were not linked directly to any service provision. It is not certain if this was clear to the participants.</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			<p><b>7. Have ethical issues been taken into consideration?</b> Yes. There was approval from and ethics board, and consent/ethics were adequately discussed.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Yes</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> Limited value for the current question. UK data.</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Moderate</p> <p><b>Source of funding</b> Not industry funded</p> <p><b>Other information</b> None.</p>
<p><b>Full citation</b> 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</p> <p><b>Ref Id</b> 1183311</p>	<p><b>Recruitment strategy</b> Participants were adults with a spinal cord injury. Purposeful sampling was used to recruit participants deemed 'information-rich sources' (although it is not explained what this means).</p> <p><b>Setting</b> Spinal cord injury rehabilitation facility</p> <p><b>Participant characteristics</b> Adults with spinal column injury: N=7 (traumatic injury: N=4) Male/female: 5/2</p>	<p><b>Findings (including author's interpretation)</b></p> <ul style="list-style-type: none"> <li>• Author theme: Beliefs that higher intensity leads to quicker recovery             <ul style="list-style-type: none"> <li>○ Example quote: "Participants were eager to participate in this program because they shared a common view that a higher training intensity in the early stage of recovery could help them achieve a quicker recovery" (p.822)</li> </ul> </li> <li>• Author theme: Positive health outcomes</li> </ul>	<p><b>1. Was there a clear statement of the aims of the research?</b> Yes. "to understand how participation in PALT impacted their lives, what aspects of PALT they perceived to work well, and what challenges they encountered while in the PALT program" (p. 820)</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes</p> <p><b>4. Was the recruitment strategy appropriate to the</b></p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
<p><b>Country/ies where the study was carried out</b> Canada</p> <p><b>Study type</b> Qualitative case study</p> <p><b>Study dates</b> Not reported</p>	<p>Mean age (SD) = 56.7 (5.8) years Means months since injury (SD) = 4 (1)</p> <p><b>Data collection and analysis</b> Semi-structured interviews were audio-recorded and transcribed verbatim, and analysed using to content analysis to develop themes by two researchers, checked by two others.</p>	<ul style="list-style-type: none"> <li>○ Example quote: “before I wouldn't even attempt it, because I didn't have any confidence, because I was scared of injury [participant 3]” (p.824)</li> <li>● Author theme: Setting goals               <ul style="list-style-type: none"> <li>○ Example quote: “I first started on the treadmill, where I think we were taking 20% of my weight, and I could barely walk 3 or 4 minutes without having to stop. Within probably 2 or 3 weeks, I was walking the full 20 minutes...that gives you so much more encouragement and is a boost to your whole overall being to see that you can do this” (p.824)</li> </ul> </li> <li>● Author theme: To regain prior function               <ul style="list-style-type: none"> <li>○ Example quote: “to get back to my prior life, to the most that I possibly can, and the fastest that I possibly can...ultimate goal was to try and get back to your previous level [participant 1]” (p.823)</li> </ul> </li> </ul>	<p><b>aims of the research?</b> Can't tell. Recruitment strategy is vaguely described, and may have introduced biases.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> Yes. Purposive sampling means the goal was not to reach saturation.</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> Yes</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes. There was approval from and ethics board, and consent/ethics were adequately discussed.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Yes</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> Moderate value for the current question.</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Minor</p> <p><b>Source of funding</b> Not industry funded</p> <p><b>Other information</b> None.</p>
<p><b>Full citation</b> Stott-Eveneshen, Sarah, Sims-</p>	<p><b>Recruitment strategy</b> Participants were a subgroup of a</p>	<p><b>Findings (including author's interpretation)</b></p>	<p><b>1. Was there a clear statement of the aims of the research?</b></p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
<p>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 &amp; geriatric medicine, 3, 2333721417697663, 2017</p> <p><b>Ref Id</b> 1183383</p> <p><b>Country/ies where the study was carried out</b> Canada</p> <p><b>Study type</b> General qualitative inquiry</p> <p><b>Study dates</b> Not reported</p>	<p>larger RCT study about adults aged over 65 and living in the community after a hip fracture. Participants were excluded if they had dementia or were unable to 10 meters with or without a mobility aid. Half had received clinical services from a specialist follow-up clinic, and half received usual care.</p> <p><b>Setting</b> The community</p> <p><b>Participant characteristics</b> Adults with a hip fracture: N=50 Male/Female: 18/32 Mean age (range) = 82 (65-98) years Range of months since fracture = 3-12</p> <p><b>Data collection and analysis</b> Semi-structured interviews were conducted at 6 months and 12 months after recruitment by three interviewers. A deductive analytic approach was used to create a coding framework aligned with the 3 aims of each interview question - participant goals and expectations for their recovery, participants ability to resume their prefracture activities, and their reasons for joining the study. From the data themes were identified between the team.</p>	<ul style="list-style-type: none"> <li>• Author theme: Access to Information and Resources             <ul style="list-style-type: none"> <li>○ Example quote: “The access to information is important . . . [there is a need] to promote the recovery programs, because many of us don’t know what to do or what is to be expected. Many of us are older and living alone; we can’t know what to do or where to go by ourselves. [Ruth, aged 82 years, living with a spouse, control group]” (p.3)</li> </ul> </li> <li>• Author theme: Recovery goals             <ul style="list-style-type: none"> <li>○ Example quote: “For some participants, these goals were specific (e.g., improving sleep habits, driving again, being able to do housework independently), yet fluid to change depending on how their recovery was progressing” (p.3)</li> </ul> </li> <li>• Author theme: Social Support and the Participant Experience             <ul style="list-style-type: none"> <li>○ Example quote: “It was nice to have someone rooting for me [and] gauging my level of activity [(Vivian, aged 66 years, living with a spouse, control group)]” (p.4)</li> </ul> </li> </ul>	<p>Yes. “study describes participants’ recovery goals, the facilitators and barriers in their pursuit of these goals, and their recommendations for rehabilitation programs.” (p. 2)</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Can’t tell. The recruitment strategy for the wider study, and the way this subgroup was selected, is not well described.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> Can't tell. Data taken from field notes, without recording or transcribing.</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> Can't tell. It is not clear about the link between the researchers and any service provision, or what the service users' understanding about this was.</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes. There was approval from and ethics board, and consent/ethics were adequately discussed.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Yes</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
			<p><b>10. How valuable is the research?</b> Moderate value for the current question</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Moderate</p> <p><b>Source of funding</b> Not industry funded</p> <p><b>Other information</b> None.</p>
<p><b>Full citation</b> 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</p> <p><b>Ref Id</b> 1111556</p> <p><b>Country/ies where the study was carried out</b> Australia</p> <p><b>Study type</b> General qualitative inquiry</p> <p><b>Study dates</b> Not reported</p>	<p><b>Recruitment strategy</b> Participants were consecutive discharges from a metropolitan brain injury rehab unit were recruited until saturation.</p> <p>For inclusion participants had to have a medical diagnosis of ABI, be aged 16 years or above, be expected to be discharged home after inpatient rehabilitation, be able to communicate adequately in English during interview, and be able to provide informed consent. Patients with pre-morbid neurological or psychological condition were excluded.</p> <p><b>Setting</b> At discharge from hospital, and then in the community.</p> <p><b>Participant characteristics</b> Adults with an acquired brain injury: N=20 (traumatic injury: N=16) • Male/female = 15/5</p>	<p><b>Findings (including author's interpretation)</b></p> <ul style="list-style-type: none"> <li>• Author theme: Balancing the service and support equation <ul style="list-style-type: none"> <li>○ Example quote: "Many participants reported that the process of organising support services was a difficult task that was often not completed as part of the discharge preparation process" (p.823)</li> </ul> </li> <li>• Author theme: Negotiating the rehabilitation maze <ul style="list-style-type: none"> <li>○ Example quote: "participants reported experiencing delays of between 3 and 4 weeks from the time of discharge to the commencement of outpatient/community-based rehabilitation. While participants typically stated that they wanted a break from rehabilitation initially after discharge, anything greater than a 2- week period was</li> </ul> </li> </ul>	<p><b>1. Was there a clear statement of the aims of the research?</b> Yes. "To explore the service and support needs of individuals with acquired brain injury (ABI) and their family caregivers during the transition phase from hospital to home." (p. 818)</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Yes. Clearly described.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> Yes. Data collected until saturation was reached.</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> Can't tell. No clear discussion, but researchers were not linked directly to any service provision.</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	<ul style="list-style-type: none"> <li>• Mean age (range) = 40.2 (17–63)</li> <li>• Injury cause (N): Motor vehicle accident = 7, Motor bike accident = 1, Assault = 1, Fall = 4, Other = 3, Non traumatic = 4</li> <li>• Length of stay in inpatient rehabilitation (N): &lt;3-months: 12, 3–6 months: 7, &gt;6-months: 1</li> </ul> <p><b>Data collection and analysis</b> Participants were interviewed prior to their discharge from hospital and again at 1 and 3 months post-discharge. Semi-structured interviews were conducted and were audio-recorded and transcribed, and subject to thematic analysis by consensus of the research team.</p>	<p>generally perceived as too long” (p.826)</p>	<p><b>7. Have ethical issues been taken into consideration?</b> Yes. There was approval from and ethics board, and consent/ethics were adequately discussed. 4.2 Yes - Informed consent received before interviews and ethical approval granted by the relevant committee at recruitment site and unnamed University.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Yes</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> Limited value for the current question.</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Minor</p> <p><b>Source of funding</b> Not industry funded</p> <p><b>Other information</b> None.</p>

ABI: Acquired brain injury; BIRP: Brain injury rehabilitation program; ICU: Intensive care unit; IQR: Inter-quartile range; N: Number; NA: Not applicable; NR: Not reported; p: Page; PALT: Personalized adapted locomotor training; RCT: Randomised controlled trial; SCI: Spinal cord injury; SD: Standard deviation; TBI: Traumatic brain injury; VR: Vocational rehabilitation

## Clinical evidence tables for review question: D.4b What are the support needs and preferences of children and young people who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?

**Table 10: Clinical evidence tables**

Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
<p><b>Full citation</b> 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</p> <p><b>Ref Id</b> 1073821</p> <p><b>Country/ies where the study was carried out</b> UK</p> <p><b>Study type</b> Qualitative study</p> <p><b>Study dates</b> Not reported</p>	<p><b>Recruitment strategy</b> Burn-injured children and their parents who volunteered to receive a school rehabilitation service, audited over three consecutive years.</p> <p><b>Setting</b> In schools</p> <p><b>Participant characteristics</b> Parents of burn injured children: N=31 Children: Initial baseline audit: N=8, male/female: 5/3, mean age (range) = 11.75 (8-14) years, mean TBSA (range) = 9.5% (3-24%), mean days hospital stay (range) = 10.8 (3-12) Follow-up audit 1 year after launch: N=14, male/female: 5/9, Mean age (range)=9.3 (4-15), mean TBSA (range) =8.8% (0.5-26%), mean days hospital stay (range)= 14.4(1-56) Follow-up audit 2 years after launch: N=9, male/female: 5/4, Mean age (range)=8.5 (5-12), mean TBSA (range)=4.9%(0.75-12), mean days hospital stay (range)= 11.4(1-47)</p> <p><b>Data collection and analysis</b> Audits involved a questionnaire given to parents about 'school return after</p>	<p><b>Findings (including author's interpretation)</b></p> <ul style="list-style-type: none"> <li>• Author theme: Increasing awareness <ul style="list-style-type: none"> <li>○ Example quote: "more aware of the treatment [name of child] received and the effect it may have had on her". (p.732)</li> </ul> </li> <li>• Author theme: Feeling supported <ul style="list-style-type: none"> <li>○ Example quote: "Seven comments were made with regards to the SRP helping the child settle back into school, and reducing their worries around going back to school." (p.732)</li> </ul> </li> </ul>	<p><b>1. Was there a clear statement of the aims of the research?</b> Yes. To evaluate the impact of a school reintegration programme by analysing data from two audits of the service.</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Can't tell. Full questionnaire not presented.</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Can't tell. It is not clear how many non-responses there were to the invitation for interview participation.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> No. Questionnaires with fixed questions give little scope to prompt elaboration.</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> No. The parents were users of the service, and the honesty of their feedback may have been influenced by the apparent lack of anonymity,</p> <p><b>7. Have ethical issues been taken into consideration?</b> Can't tell. There was approval from and ethics board, but little other discussion of consent or ethics.</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
	<p>burn injury' which they returned by post. Qualitative responses were transcribed and then underwent thematic analysis, coded by at least two clinicians, with themes subsequently agreed between them.</p>		<p><b>8. Was the data analysis sufficiently rigorous?</b> Yes</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> UK context. Moderate value for the current question.</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Serious</p> <p><b>Source of funding</b> Not industry funded</p> <p><b>Other information</b> NA</p>
<p><b>Full citation</b> Brown, F., Sofronoff, K., Whittingham, K., Boyd, R., McKinlay, L., Parenting a child with a traumatic brain injury: A focus group study, <i>Developmental Medicine and Child Neurology</i>, 54, 24-25, 2012</p> <p><b>Ref Id</b> 415225</p> <p><b>Country/ies where the study was carried out</b> Australia</p> <p><b>Study type</b> Qualitative study</p>	<p><b>Recruitment strategy</b> Full-time carers for children who had sustained at least moderate traumatic brain injury and were 12 years or younger at the time of injury were identified from a rehabilitation services database and contacted to request participation. Out of 36 potential candidates there were 27 contacted, and 16 of these expressed interest.</p> <p><b>Setting</b> In hospital, on university campus, or in two parent's cases by phone.</p> <p><b>Participant characteristics</b> Parents of children with a traumatic brain injury: N=10</p>	<p><b>Findings (including author's interpretation)</b></p> <ul style="list-style-type: none"> <li>• Author theme: Disappointment, loss and self-esteem <ul style="list-style-type: none"> <li>○ Example quote: "Further, parents emphasized the impact that these difficulties had on children's self-esteem and the consequent sadness and frustration." (p.1573)</li> </ul> </li> <li>• Author theme: Effective parenting becomes more challenging <ul style="list-style-type: none"> <li>○ Example quote: "I would go off my tree about this, because I was getting so sick of having to do everything for [child with ABI], without realizing that she wasn't deliberately trying to set</li> </ul> </li> </ul>	<p><b>1. Was there a clear statement of the aims of the research?</b> Yes. "To qualitatively explore the experiences, challenges and needs of parents of children with traumatic brain injury (TBI) in order to inform future intervention research through incorporation of participant knowledge and experience." (p. 1570)</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Can't tell. Recruitment strategy is vaguely described, and may have introduced biases.</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
<p><b>Study dates</b> Not reported</p>	<p>Child patients: N=8, male/female: 6/2, Mean age (range)=11.31 (5-17) years Mean age at injury (SD) = 3.27 (2.81) years Severity of TBI: Severe = 4, Moderate = 4 Receives educational assistance (yes/no): 6/2 Accidental/non-accidental injury: 5/3 (note: 2 of these are suspected but not confirmed)</p> <p><b>Data collection and analysis</b> Three focus groups were conducted with parents which were audio recorded and transcribed, and the findings were analysed thematically.</p>	<p>out to upset me, it's just that she actually forgot (Stepfather, Sarah)." (p. 1576)</p> <ul style="list-style-type: none"> <li>• Author theme: TBI has a wide-ranging impact on a child               <ul style="list-style-type: none"> <li>○ Example quote: "He'll just lash out for no apparent reason, and . . . you're just on your guard all the time because you don't know what's going to happen . . . [Mother, Seth]" (p.1573)</li> </ul> </li> <li>• Author theme: Perceptions of support, connection and empowerment               <ul style="list-style-type: none"> <li>○ Example quote: "I wanted to meet other people . . . I wanted to meet someone else who sort of got it instead of, just doctors saying . . . it's like what do you know? Your kid doesn't. Like you know, you can tell me what you've heard, but you can't tell me what the real deal is. Like, you know, someone else that feels it . . . (Mother, Dale)" (p. 1578)</li> </ul> </li> <li>• Author theme: Relationships with family and friends               <ul style="list-style-type: none"> <li>○ Example quote: "Parents describe the broader impact on the entire family system including extended family." (p.1577)</li> </ul> </li> <li>• Author theme: Parents' emotional experience is intense, overwhelming and ongoing               <ul style="list-style-type: none"> <li>○ Example quote: "I found that . . . my husband . . . really needed</li> </ul> </li> </ul>	<p><b>5. Was the data collected in a way that addressed the research issue?</b> Yes, with data collected until saturation.</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> Can't tell. No clear discussion, but researchers were not linked directly to any service provision.</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes. There was approval from and ethics board, and consent/ethics were adequately discussed.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Yes</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> High value for the current question.</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Moderate</p> <p><b>Source of funding</b> Not industry funded</p> <p><b>Other information</b> No data was presented separately for accidental vs non-accidental injury</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
		<p>someone to talk to, and they were all supporting me . . . there's nothing for the men. They're treated rather badly, ignored . . . in hindsight I think that a lot more could've been done for the men [Mother, Sarah]" (p.1575)</p> <ul style="list-style-type: none"> <li>• Author theme: Burden of care               <ul style="list-style-type: none"> <li>○ Example quote: "We had the legal stuff as well, which, you know, that's never a smooth process . . . It was just such a huge . . . stress and debacle [Mother, Anna]" (p.1576)</li> </ul> </li> <li>• Author theme: Parents' strategies for coping               <ul style="list-style-type: none"> <li>○ Example quote: "Parents also discussed the importance of talking about their feelings. Although several parents reported that it had been difficult for them to do so, in hindsight they wished they had" (p. 1579)</li> </ul> </li> </ul>	
<p><b>Full citation</b> 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</p> <p><b>Ref Id</b> 1109985</p> <p><b>Country/ies where the study</b></p>	<p><b>Recruitment strategy</b> Purposive sample of parents of critically injured children recruited from four hospitals as part of a prospective longitudinal study. Children all had an Injury Severity Score&gt;15 and/or required admission to the paediatric intensive care unit.</p> <p><b>Setting</b> In the community following hospital discharge</p>	<p><b>Findings (including author's interpretation)</b></p> <ul style="list-style-type: none"> <li>• Author theme: Integrating back into home life               <ul style="list-style-type: none"> <li>○ Example quote: "You just worry about everything . . . I know that a blood clot can't form or re-form now, but those thoughts have entered my mind. Is everything totally okay in her head, underneath that skull, you know, is everything working? (Mother, 9 year old)"</li> </ul> </li> </ul>	<p><b>1. Was there a clear statement of the aims of the research?</b> Yes. "To qualitatively explore the experiences, challenges and needs of parents of children with traumatic brain injury (TBI) in order to inform future intervention research through incorporation of participant knowledge and experience." (p. 1570)</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b></p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
<p><b>was carried out</b> Australia</p> <p><b>Study type</b> Qualitative study</p> <p><b>Study dates</b> Not reported</p>	<p><b>Participant characteristics</b> Parents of critically injured children: N=30 Child patients: N=23, male/female: 10/13, Mean age (SD)=7.5 (4.1) Injuries: Transport related injury: N=16 Fall, burn, or other mechanism: N=7</p> <p><b>Data collection and analysis</b> Semi-structured interviews were audio recorded and transcribed verbatim, and analysed by two researchers using thematic analysis</p>	<p>(p. 1084)</p> <ul style="list-style-type: none"> <li>• Author theme: Coping with child injury as a family               <ul style="list-style-type: none"> <li>○ Example quote: “your surgeons and your nurses and your doctors become your little family when you’re down there’ (Mother, 1 year old).” (p.1086)</li> </ul> </li> <li>• Author theme: Family factors               <ul style="list-style-type: none"> <li>○ Example quote: “Availability of support to enable parent/family members to take child to follow up appointments and rehabilitation” (p. 1085)</li> </ul> </li> <li>• Author theme: Navigating resources to meet family needs               <ul style="list-style-type: none"> <li>○ Example quote: “We haven’t had any OT [occupational therapist] for a couple of months, mainly because of where we live. We’re a couple of hours from [capital city], but not many OTs are available and certainly not paediatric and hand OTs [Mother, 10 year old]” (p.1086)</li> </ul> </li> <li>• Author theme: Social, environment and community factors               <ul style="list-style-type: none"> <li>○ Example quote: "Knowledge of and ability to access local community rehabilitation and support services" (p.1085)</li> </ul> </li> </ul>	<p>Yes</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Yes. Purposive sampling was used, the strategy was well described and appropriate.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> Yes</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> Can't tell. No clear discussion, but researchers were not linked directly to any service provision.</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes. There was approval from and ethics board, and consent/ethics were adequately discussed.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Yes</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> High value for the current question.</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> No or minor</p> <p><b>Source of funding</b> Not industry funded</p> <p><b>Other information</b> NA</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
<p><b>Full citation</b> 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</p> <p><b>Ref Id</b> 1183622</p> <p><b>Country/ies where the study was carried out</b> New Zealand</p> <p><b>Study type</b> Qualitative study</p> <p><b>Study dates</b> Not reported</p>	<p><b>Recruitment strategy</b> Participants were taken from a larger cross-sectional study on the incidence of hypopituitarism following head injury sustained in early childhood, who expressed an interest when approached by the study team. For inclusion the injury had to have occurred in the first 5 years of life, and the child had to be more 3 years old when joining the study.</p> <p><b>Setting</b> A family-friendly community outpatient facility.</p> <p><b>Participant characteristics</b> Caregivers of children who had traumatic head injuries acquired under the age of 2 years: N=21 Ethnicity: Māori/Non-Māori = 11/10 Relation of caregiver to injured child: mother = 9, father = 3, grandparent = 4, other = 5 Child patients: N=15, Age range=3-15 Time since injury: 2-5 years = 2, 5-10 years = 5, &gt;10years = 8 Accidental/non-accidental injury = 2/13</p> <p><b>Data collection and analysis</b> Semi-structured interviews were audio-recorded and transcribed. Results were subject to a thematic analysis, and themes were developed among the team.</p>	<p><b>Findings (including author's interpretation)</b></p> <ul style="list-style-type: none"> <li>• Author theme: Access to services and other supports <ul style="list-style-type: none"> <li>○ Example quote: "I think that we both want to say a huge thanks to Starship Hospital you know and particularly to (the paediatrician), because how he fought for her, he went to court for her, for this girl and he testified in a court situation and he doesn't shy away from the hard stuff. You know, it's just really, really amazing to have . . . those sort of people who are there yeah and looking after the difficult ones. (016)" (p. 275)</li> </ul> </li> <li>• Author theme: Accident Compensation Corporation and other government-funded support services. <ul style="list-style-type: none"> <li>○ Example quote: "Where access did occur, this included services and support from paediatricians, clinical psychologists and counsellors, neuropsychologists, occupational therapists, speech language therapists and physiotherapists" (p.275)</li> </ul> </li> <li>• Author theme: Dealing with emotional and behavioural challenges post-injury <ul style="list-style-type: none"> <li>○ Example quote: "Most consistently reported were persisting emotional and behavioural problems shown by</li> </ul> </li> </ul>	<p><b>1. Was there a clear statement of the aims of the research?</b> Yes. "to describe the experiences of caregivers of children who sustained a serious head injury (particularly non-accidental head injury) before the age of 2 years" (p. 268)</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Can't tell. Recruitment strategy is vaguely described, and may have introduced biases.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> Yes. Collection until thematic saturation.</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> Can't tell. No clear discussion, but researchers were not linked directly to any service provision.</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes. There was approval from and ethics board, and consent/ethics were adequately discussed.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Yes</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b></p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
		<p>the child, especially difficulties with mood regulation” (p.272)</p> <ul style="list-style-type: none"> <li>• Author theme: Experiences of support               <ul style="list-style-type: none"> <li>○ Example quote: “All we had was a lot of therapists telling me what to do. I remember at the very first meeting I was so angry at all of them, and it was such an awkward meeting ‘cause they (could) tell I was angry . . . with people telling you how to teach him to eat, to dress and more from that role, but not asking me ‘what did we want?’ (004) (p. 278)</li> </ul> </li> <li>• Author theme: Financial support               <ul style="list-style-type: none"> <li>○ Example quote: “Most participants accessed financial support through the Government’s Child Disability Allowance. However, most did not find the service as helpful as they had hoped” (p.276)</li> </ul> </li> <li>• Author theme: Information               <ul style="list-style-type: none"> <li>○ Example quote: "Well, the bewilderment and shock in the beginning, and lack of understanding, and lack of information, so that we could never put it in to context and find out information and get our head around the whole thing. The worry about ongoing effects and the constant watchfulness, we’ve all had that . . . that watchfulness and fear. [014]" (p.279)</li> </ul> </li> </ul>	<p>High value for the current question.</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Minor</p> <p><b>Source of funding</b> Not industry funded</p> <p><b>Other information</b> The majority of children (13/15) had experienced a non-accidental head injury, and so the authors did not analyse data separately for these groups. Specific numbers are not given, but it is mentioned that several of these families were in contact with social services.</p>

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Study details	Methods and participants	Results	Risk of bias assessment using the CASP qualitative checklist
		<ul style="list-style-type: none"><li>• Author theme: The emotional impact on families and caregivers.<ul style="list-style-type: none"><li>○ Example quote: "this stuffed our marriage big time. I had to choose, to follow his career (the partner) or her (the child). I felt like that decision was left to me. And so I just chose my daughter [018]" (p.274)</li></ul></li></ul>	

*N: Number; NA: Not applicable; NR: Not reported; OT: Occupational therapist; p: Page; SD: Standard deviation; SRP: School reintegration program; TBI: Traumatic brain injury; TBSA: Total body surface area*

## Appendix E – Forest plots

**Forest plots for review question: D.4a What are the support needs and preferences of adults who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?**

Not applicable as this was a qualitative question.

**Forest plots for review question: D.4b What are the support needs and preferences of children and young people who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?**

Not applicable as this was a qualitative question.

## Appendix F – GRADE-CERQual tables

### GRADE-CERQual tables for review question: D.4a What are the support needs and preferences of adults who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?

Table 11: Summary of evidence (GRADE-CERQual): 1 Information

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
<b>1.1 Injury-specific information</b>							
6 <sup>1</sup>	Semi-structured interviews (4), focus groups (2)	<p>Patients appreciated having as much relevant information as possible about their specific injuries – such as the state of their injuries, what to expect of their recovery trajectory, what not to expect, and how to use physical aides. They particularly valued clear guidance about which activities are to be encouraged and which are risky or should be avoided. Such information may have been delivered before but often needs repeating, especially where there are cognitive deficits.</p> <p><i>“Once you have the information and the guidance on what to do, what not to do, I think we are intelligent enough to go away and do it, but it is just that initial guidance... we might be capable but you still need guidance. [Male patient, control group]” (Roberts 2018 , p.6)</i></p>	Moderate concerns <sup>2</sup>	Minor concerns <sup>3</sup>	No or very minor concerns	No or very minor concerns	MODERATE
<b>1.2 Available services and support</b>							

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Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
1 (O'Callaghan 2012)	Semi-structured interviews + questionnaires	Patients appreciated having a comprehensive list of the local services and support available to them.  <i>"Even if they had have been able to give us a list of services, it may have saved us a lot of drama and hassle and heartache"</i> (O'Callaghan 2012, p.1607)	Minor concerns <sup>4</sup>	No or very minor concerns	Moderate concerns <sup>5</sup>	Moderate concerns <sup>6</sup>	LOW
<b>1.3 Consistency of information</b>							
1 (Kimmel 2016)	Semi-structured interviews	Patients found it confusing and frustrating when they received conflicting or contradictory information from within the same service or from different services.  <i>"over the course of a couple of days I continued to receive basically conflicting advice [Male, 31 years old, MTS, non-compensable, home]"</i> (Kimmel 2016, p.629)	Minor concerns <sup>7</sup>	No or very minor concerns	Moderate concerns <sup>8</sup>	Moderate concerns <sup>6</sup>	LOW

1 Lindahl 2013, Odumuyiwa 2019, Roberts 2017, Roberts 2018, Singh 2018, Stott-Eveneshen 2017.

2 The methodological limitations of the studies ranged from minor to moderate as per the CASP qualitative study checklist, with most of the supporting data coming from studies downgraded for vague descriptions of their recruitment strategies, plus other methodological biases such as not audio recording interviews or from the use of focus group methodology. In combination it was felt these methodological problems would have a moderate impact on confidence in a finding about experiences of information provision.

3 The evidence was downgraded for coherence of findings as the finding was an amalgamation of a few varying but related experiences.

4 The methodological limitations of this study were rated as moderate as per the CASP qualitative study checklist due to a reasonable chance of observer bias within the study and a lack of clarity around ethical considerations. For this finding it was considered that these would have a minor impact on the confidence we had in the finding, because the ethical issues are a problem that seemed unlikely to impact upon the finding of available services as that is a topic that is quite morally neutral.

5 Evidence was downgraded for applicability as none of the evidence came from the UK and was only based on a population with traumatic brain injury - a condition which may have particular service needs.

6 Evidence was downgraded for adequacy of data as the findings were based on one study only with a moderate sample size and moderate descriptive detail relating to this theme.

7 The methodological limitations of this study were rated as minor as per the CASP qualitative study checklist due to vague reporting about the recruitment strategy which may have affected the findings.

8 Evidence was downgraded for applicability as none of the evidence came from the UK and was only based on a population with orthopaedic trauma - a condition which may have particularly complex information needs.

**Table 12: Summary of evidence (GRADE-CERQual): 2 Communication**

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
<b>2.1 Clear and accessible language</b>							
2 <sup>1</sup>	Semi-structured interviews (2)	<p>Patients appreciated clear and jargon-free communication when talking with professionals. Professionals should note that patients may have their own preferred ways of referring to the incidents that have happened, or to the injuries they have sustained.</p> <p><i>"I suppose just a bit more of an overall understanding of what was (surgically) happening. So a bit more information, just of a general nature rather than specific medical sort of speak, just, I suppose in layman's terms.[ Male, 40–49yrs, non-transport head injury #568]" (Braaf 2018, p.6)</i></p>	Moderate concerns <sup>2</sup>	Minor concerns <sup>3</sup>	No or minor concerns	Minor concerns <sup>4</sup>	MODERATE
<b>2.2 Patient-centred communication and care</b>							
5 <sup>5</sup>	Semi-structured interviews (4), open interviews (1)	<p>Patients appreciate an approach to care that is patient-centred rather than one-size-fits-all, and staff communication styles are central to this. They value staff that take their time without rushing, are attentive and have good listening skills, and who are responsive to their individual preferences. They want to have their unique needs and experiences heard and taken seriously in relation to goals and preferences, as well as treatment (for example pain relief). Patients are negatively affected by staff</p>	Minor concerns <sup>6</sup>	Moderate concerns <sup>7</sup>	No or minor concerns	No or minor concerns	MODERATE

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Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		<p>that are not sensitive to their circumstances, their preferences or their dignity. Special considerations and tact may be needed regarding communication in the presence of carers and relatives, or when there are difficult discussions related to them.</p> <p><i>“Just the interest that they took in me and just the thoroughness of it all really. I could discuss it with lots of doctors. There was lots of people there I could talk to, it was always good [Female_50–59yrs_road traffic injury_multiple fractures_hospital care_#169]” (Braaf 2018, p.8)</i></p>					
<b>2.3 Timely information delivery</b>							
2 <sup>8</sup>	Semi-structured interviews (2)	<p>Good timing is important when communicating key information. Patients may not remember or have understood information that had been given to them at an earlier point, and they often reported that they hadn't been given all the information and insights that they needed. Information is harder to retain while distressed, feeling overloaded, or when taking certain medications, and so they may need key information explained several times.</p> <p><i>“having come off the medication, I had a lot more comprehension and ability to focus, and being</i></p>	Moderate concerns <sup>9</sup>	Minor concerns <sup>3</sup>	No or minor concerns	Minor concerns <sup>4</sup>	MODERATE

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Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		<i>taken through everything then, I might have done things a bit differently in my next steps. [Male 40–49yrs, road traffic injury #611]” (Braaf 2018, p.8)</i>					

1 Braaf 2018, Body 2013.

2 The methodological limitations of the studies ranged from moderate to serious as per the CASP qualitative study checklist, and it is likely that significant biases were introduced affecting this finding such as sample bias and the long time that had passed in one study, and the indirect methods of data collection used by the other.

3 The evidence was downgraded for coherence of findings as the finding was an amalgamation of a few varying but related experiences.

4 Evidence was downgraded for adequacy of data, as the findings were based on two studies only with moderate sample sizes and moderate descriptive detail relating to this theme.

5 Braaf 2018, Lindahl 2013, Norrbrink 2016, Odumuyiwa 2019, Singh 2018.

6 The methodological limitations of the studies ranged from minor to moderate as per the CASP qualitative study checklist, and some vagueness or unaddressed bias in the recruitment strategies used and around steps to reduce common biases meant the evidence was downgraded.

7 The evidence was downgraded for coherence of findings as the theme was a composite of several findings, not all closely related, but with the headline theme in common.

8 Braaf 2018, Odumuyiwa 2019.

9 The methodological limitations of the studies were rated moderate as per the CASP qualitative study checklist, and it is likely that some significant biases were introduced affecting this finding for which the authors only gave vague details about steps to address them.

**Table 13: Summary of evidence (GRADE-CERQual): 3 Support**

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
<b>3.1 Support with making discharge and post-discharge arrangements</b>							
4 <sup>1</sup>	Semi-structured interviews (3), semi-structured interviews + questionnaires (1)	Support with organising services for discharge and post-discharge is appreciated. Injury related disabilities and deficits, including cognitive impairments and analgesic side effects, can impair a patients’ ability to engage well with the formal and procedural processes needed.  “Many participants reported that the process of organising support services was a difficult task that was often not completed as part	Moderate concerns <sup>2</sup>	Minor concerns <sup>3</sup>	No or very minor concerns	No or very minor concerns	MODERATE

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Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		<i>of the discharge preparation process.” (Turner 2011, p.823)</i>					
<b>3.2 An identifiable point of contact</b>							
7 <sup>4</sup>	Semi-structured interviews (4), open interviews (1), focus groups (1), interviews & focus groups (1)	<p>Having an identifiable contact point, preferably a known and trusted professional or practitioner, who can be contacted at reasonable times for help, information and support is highly valued.</p> <p><i>“[S]omebody I could have just picked up the phone and said, how about this, should this be happening. [Female patient, control group]” (Roberts 2018 , p.6)</i></p>	Minor concerns <sup>5</sup>	Minor concerns <sup>3</sup>	No or very minor concerns	No or very minor concerns	HIGH
<b>3.3 Emotional support</b>							
7 <sup>6</sup>	Semi-structured interviews (5), focus groups (1), interviews (1)	<p>The emotional trauma from traumatic injury is highly detrimental to quality of life and a significant barrier to progress with rehabilitation goals. The transition to home is an especially emotive time, and supportive staff can provide a significant boost to patients’ motivation and confidence. Patients value support with their emotional and psychological difficulties, including low confidence and self-esteem, fear, anxiety, depression, and other psychological symptoms.</p> <p><i>“before I wouldn’t even attempt it, because I didn’t have any confidence, because I was scared of injury [participant 3]” (Singh</i></p>	Minor concerns <sup>7</sup>	Minor concerns <sup>3</sup>	No or very minor concerns	No or very minor concerns	HIGH

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Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		2018, p.824)					
<b>3.4 Support extended to families</b>							
3 <sup>8</sup>	Semi-structured interviews (2), interviews (1)	<p>The families and informal carers of patients are seen by patients as a vital support network. They appreciate when support is holistic/systemic, and extends to meet the support needs of their close family and carers.</p> <p><i>“Fortunately, we had a psychologist at the hospital, otherwise, I would dare to say we wouldn’t be a couple anymore” (Christiaens 2015, p.7)</i></p>	Minor concerns <sup>7</sup>	Minor concerns <sup>3</sup>	No or very minor concerns	No or very minor concerns	HIGH
<b>3.5 Peer support</b>							
3 <sup>9</sup>	Semi-structured interviews (2), open interviews (1)	<p>Peer support is valued by patients. Because they are at a later stage of rehabilitation they are a source of insight and of information. Also they help to normalise difficult experiences, and can offer very genuine empathy, and even inspiration to patients.</p> <p><i>“It was very useful to have someone who has been through a similar accident to myself. It really meant a lot to me. [Mentee: Peter, 24]” (Kersten 2018, p.6)</i></p>	Minor concerns <sup>10</sup>	No or very minor concerns	No or very minor concerns	No or very minor concerns	HIGH
<b>3.6 Staff with specialist knowledge</b>							
3 <sup>11</sup>	Semi-structured interviews (2), interviews (1)	<p>In the early stages of hospitalisation patients report seeing practitioners with a very specialist knowledge about their condition. But as patients approach discharge and transition to the community it is reported</p>	Minor concerns <sup>12</sup>	No or very minor concerns	No or very minor concerns	No or very minor concerns	HIGH

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Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		<p>that the professionals supporting them tend to be less specialised. Ideally they would like for the professionals working with them to have at least some baseline knowledge about their specific condition, or else at least one person within the care team.</p> <p><i>“It would not be a bad idea to ask patients about experiences with a competent nurse to pass on her/his name. If someone in the same region needs care for burn injuries, that person can then more easily find an experienced professional.” (Christiaens 2015, p.7)</i></p>					
<b>3.7 Experiencing discontinuity</b>							
4 <sup>13</sup>	Semi-structured interviews (2), focus groups (1), interviews + focus groups (1)	<p>Experiencing a feeling of discontinuity across settings and services led to patient dissatisfaction. A lack of holistic vision and service coordination led to siloed staff, services with limited remits, and poor collaboration and communication between services (including poor transfer of patient’s data). As a result endings and transitions are often abrupt and can feel like abandonment to patients.</p> <p><i>“You’d be a bit more in the system ... you’d have a follow up appointment...and they would know why you needed help, like they would know they would have you on file [P21]” (Odumuyiwa</i></p>	Moderate concerns <sup>2</sup>	Moderate concerns <sup>14</sup>	No or very minor concerns	No or very minor concerns	LOW

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Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		2019, p.169)					
<b>3.8 Delays</b>							
6 <sup>15</sup>	Semi-structured interviews (5), semi-structured interviews + questionnaires (1)	<p>Discharge from hospital is an important time for patients and they report wanting to progress with rehabilitation and to empower themselves. Waiting times and delays to the initiation of community rehabilitation services were sometimes reported to last many weeks, causing distress and confusion in the meantime.</p> <p><i>“I was totally helpless at home. . . I thought oh my God, do I have to wait for rehabilitation, I needed rehabilitation so much – because if I had got something from the hospital – if I had got help there and got some exercises to start with, I would have been much more tolerant with the waiting time. Then I would have been able to do something myself” (female patient with femur fracture involving the knee). (Lindahl 2013, p. 181)</i></p>	Minor concerns <sup>12</sup>	Moderate concerns <sup>14</sup>	No or very minor concerns	No or very minor concerns	MODERATE
<b>3.9 Accessibility</b>							
1 (Kimmel 2016)	Semi-structured interviews (1)	<p>Following discharge patients were distressed by follow-up rehabilitation appointments that require them to travel far and/or often.</p> <p><i>“They just pretty much said to me that I was going to that other place for rehab. I just wanted to go somewhere closer to home,</i></p>	Minor concerns <sup>16</sup>	No or very minor concerns	Moderate concerns <sup>17</sup>	Moderate concerns <sup>18</sup>	LOW

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Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		<i>but they said there wasn't anything else. [Female, 52 years old, MTS, compensable, rehab]" (Kimmel 2016, p.629)</i>					
<b>3.10 Culturally familiar support staff</b>							
1 (Keightley 2011)	Semi-structured interviews (1)	Canadian aboriginal service users would prefer to receive support from aboriginal service staff.  "We've been looking for an Aboriginal person to be on our board at X... we don't have anybody that's Aboriginal working ... they're trying to get somebody ... we service a lot of Aboriginal people and they're just not getting represented. You know it just really bothers me [Participant 15]" (Keightley 2011, p.148)	Moderate concerns <sup>19</sup>	No or very minor concerns	Moderate concerns <sup>20</sup>	Serious concerns <sup>21</sup>	VERY LOW

1 Braaf 2018, O'Callaghan 2012, Odumuyiwa 2019, Turner 2011.

2 The methodological limitations of the studies ranged from minor to moderate as per the CASP qualitative study checklist, but mostly moderate ratings due to vagueness or unaddressed bias around participant recruitment methods and other methodological problems such as recall bias or crude analytical methods identified in the studies that were not clearly accounted for.

3 The evidence was downgraded for coherence of findings as the finding was an amalgamation of a few varying but related experiences.

4 Braaf 2018, Lindahl 2013, McRae 2016, Norrbrink 2016, Roberts 2018, Stott-Eveneshen 2017, Turner 2011.

5 The methodological limitations of the studies ranged from minor to moderate as per the CASP qualitative study checklist, but mostly minor due to vagueness around participant recruitment methods which may have some impact on this finding.

6 Bernhoff 2016, Christaens 2015, Conneeley 2012, Pol 2019, Roberts 2017, Singh 2018, Stott-Eveneshen 2017.

7 The methodological limitations of the studies ranged from very minor to moderate as per the CASP qualitative study checklist, but mostly minor due to vagueness around participant recruitment methods which may have some impact on this finding.

8 Bernhoff 2016, Christaens 2015, Odumuyiwa 2019.

9 Kersten 2018, Pol 2019, Norrbrink 2016.

10 The methodological limitations of the studies ranged from very minor to minor as per the CASP qualitative study checklist, but mostly minor due to vagueness around participant recruitment methods which may have some impact on this finding.

11 Christaens 2015, Keightley 2011, Odumuyiwa 2019.

12 The methodological limitations of the studies ranged from very minor to moderate as per the CASP qualitative study checklist, and while two studies were limited by sample size or poorly described methods, this was offset by a study that identified this finding with very good methodology.

13 Lindahl 2013, McRae 2016, Roberts 2017, Odumuyiwa 2019.

14 The evidence was downgraded for coherence of findings as the theme was a composite of several findings, not all closely related, but with the headline theme in common.

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15 Abrahamson 2017, Braaf 2018, Kimmel 2016, Lindahl 2013, O’Callaghan 2012, Turner 2011.

16 The methodological limitations of this study were rated as minor as per the CASP qualitative study checklist due to vague reporting about the recruitment strategy which may have affected the findings.

17 Evidence was downgraded for applicability as none of the evidence came from the UK and was only based on a population with orthopaedic trauma - a condition which may have particularly complex information needs.

18 Evidence was downgraded for adequacy of data as the findings were based on one study only with a moderate sample size and moderate descriptive detail relating to this theme.

19 The methodological limitations of this study were rated as moderate as per the CASP qualitative study checklist due to focus group methodology that was used amongst groups dominated by practitioners and carers, which is likely to have a power imbalance and affect the honest reporting of service users about their care.

20 Evidence was downgraded for applicability as none of the evidence came from the UK and was only based on a population with acquired brain injury, of which only two had traumatic injury, plus this is a condition which may have quite specific care needs.

21 Evidence was downgraded for adequacy of data as the findings were based on one study only with a limited sample size and limited descriptive detail relating to this theme.

**Table 14: Summary of evidence (GRADE-CERQual): 4 Preparation for life after discharge**

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
<b>4.1 Preparation for home while hospitalised</b>							
3 <sup>1</sup>	Semi-structured interviews (2), focus groups (1)	<p>Patients appreciated an approach that encouraged independence from early and didn't shelter them whilst still in hospital – even if it was challenging at first. Rehabilitative exercises as an inpatient should be directly transferable to the tasks and challenges that individuals will face in their home environment.</p> <p><i>“all those little exercises that they do at hospital don't help you write or chop [P5]” (Doig 2011, p.1207)</i></p>	Minor concerns <sup>2</sup>	Moderate concerns <sup>3</sup>	No or very minor concerns	No or very minor concerns	MODERATE
<b>4.2 Pre-discharge home visits</b>							
2 <sup>4</sup>	Semi-structured interviews (1), interviews (1)	<p>After a lengthy time in hospital many patients have expectations that their lives will return to normal upon discharge to home, but are disheartened by the reality and number of challenges they face when they get there. Patient home visits prior to full discharge (e.g. for just a day, or over the</p>	No or very minor concerns	Minor concerns <sup>5</sup>	No or very minor concerns	Minor concerns <sup>6</sup>	HIGH

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Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		<p>weekend) allow for a more gradual adjustment process and make the process less abrupt. They also offer an opportunity to identify and address specific problems or difficulties in preparation for full discharge. Services should follow up on identified home-difficulties promptly.</p> <p><i>“When I came home the first time my apartment was a mess; nothing had changed since I left. Burn wastes, not to mention the curtains, half of the walls were filthy, it was dirty, it was incredible! So, I went back for the week-end but was unable to do the cleaning; therefore I left my apartment as it was. Fortunately, there is a big convenience store across the street. I bought ready-made meals so I only had to heat-it to have something to eat. When I returned to the hospital Sunday evening they asked me ‘Did it go well?’ then I said ‘It went pretty well, ... yes, ... but, ... I lived all the week-end in a pigsty, cooking was nearly impossible because I could not properly use my fingers, etc. Next week-end, same story, and on Tuesday or Wednesday they let me go home.”</i> (Christiaens 2015, p.5)</p>					
<b>4.3 Rehabilitation in the home versus in a hospital setting</b>							
2 <sup>7</sup>	Semi-structured interviews (2)	Rehabilitation while in their own home is regarded favourably. It is	Minor concerns <sup>2</sup>	Minor concerns <sup>5</sup>	Minor concerns <sup>8</sup>	Minor concerns <sup>6</sup>	MODERATE

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Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		<p>in an environment where patients feel more in control, and specific tasks that are troubling to them can be addressed within context.</p> <p><i>“this is my place . . . . I can do whatever I like [P15]” (Doig 2011, p.1208)</i></p>					

1 Conneeley 2012, Doig 2011, Johnson 2016.

2 The methodological limitations of the studies were minor as per the CASP qualitative study checklist, mostly due to vagueness around participant recruitment methods which may have some impact on this finding.

3 The evidence was downgraded for coherence of findings as the theme was a composite of several findings, not all closely related, but with the headline theme in common.

4 Abrahamson 2017, Christiaens 2015.

5 The evidence was downgraded for coherence of findings as the finding was an amalgamation of a few varying but related experiences.

6 Evidence was downgraded for adequacy of data, as the findings were based on two studies only with moderate sample sizes and moderate descriptive detail relating to this theme.

7 Doig 2011, Pol 2018.

8 Evidence was downgraded for applicability as none of the evidence came from a UK context or health and social care setting and this could be relevant to this finding.

**Table 15: Summary of evidence (GRADE-CERQual): 5 Goals**

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
<b>5.1 Patient goals</b>							
7 <sup>1</sup>	Semi-structured interviews (6), focus groups (1)	<p>Clear goals can be highly motivating; patients value encouragement to form clear goals and plans to achieve them. It is especially helpful to set goals that can be easily quantified. Support staff who help patients to focus upon and realise their goals are highly appreciated. However, patients are also very sensitive to professionals whose goals do not align with theirs. Patients goals tend to be holistic and long-term, and they are easily disheartened</p>	Minor concerns <sup>2</sup>	Moderate concerns <sup>3</sup>	No or very minor concerns	No or very minor concerns	MODERATE

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Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		<p>when professionals only focused on short term or 'tick-box' goals.</p> <p><i>"You feel as if you have got a goal to get to, because you have put it in that book and you have got a goal. [Female patient, intervention group]" (Roberts 2018, p.6)</i></p>					
<b>5.2 The desire to return to prior functioning</b>							
5 <sup>4</sup>	Semi-structured interviews (5)	<p>The overarching goal for most patients is to return to their prior level functioning, and to move from a place of greater dependence upon others to having as much autonomy as possible. They appreciate being offered to discuss all possible opportunities to be proactive in meeting this goal. Many patients hold the belief that more 'higher-intensity' rehabilitation will lead to better results – although this might not be the case.</p> <p><i>"to get back to my prior life, to the most that I possibly can, and the fastest that I possibly can...ultimate goal was to try and get back to your previous level [participant 1]" (Singh 2018, p.823)</i></p>	Minor concerns <sup>2</sup>	Moderate concerns <sup>3</sup>	No or very minor concerns	No or very minor concerns	MODERATE
<b>5.3 Learning what to challenge and what to accept</b>							
2 <sup>5</sup>	Semi-structured interviews (2)	<p>At the point of discharge patients are working to establish which deficits will be possible to restore and are worth the effort, and which they must learn to accept. Patients value encouragement and opportunities to fix what they</p>	Minor concerns <sup>6</sup>	Minor concerns <sup>7</sup>	Moderate concerns <sup>8</sup>	Minor concerns <sup>9</sup>	LOW

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Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		<p>can, encouragement to accept what they can't, and the opportunity to experiment in order to establish which is which. If patients aren't able to see either progress or find acceptance then they are likely to feel defeated and dissatisfied.</p> <p><i>"Many participants talked of coming to recognize that in terms of their recovery, there were some things they had to accept, while other aspects required that they challenge themselves"</i> (McPherson 2018, p.49)</p>					
<b>5.4 Vocational goals</b>							
4 <sup>10</sup>	Semi-structured interviews (2), focus groups (1), interviews and focus groups (1)	<p>Returning to work is an important goal for many working-age patients. They considered it an indicator of their identity, capability, self-sufficiency, and it gives them a sense of purpose and of contributing to society. Some rehabilitation professionals may be overly risk-averse towards vocational goals; while others may be overly insistent on returning to work for patients who don't feel able. Some people may return to a previous job, and require support to negotiate returning and adjustments with their employer. Others may have to search for entirely new work opportunities – requiring new identities, support with job searches, and re-training for a completely new vocation to the</p>	Minor concerns <sup>11</sup>	Moderate concerns <sup>3</sup>	No or very minor concerns	No or very minor concerns	MODERATE

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Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		<p>one they previously had skills for.</p> <p><i>“I thought about it and I thought about it ... it took me 4–5 months and then I decided on real estate [participant 25, age 28, 2–5 years post severe TBI]” (McRae 2016, p.86)</i></p>					

- 1 Abrahamson 2017, Odumuyiwa 2019, Pol 2019, Roberts 2018, Singh 2018, Stott-Eveneshen 2017, Turner 2011.
- 2 The methodological limitations of the studies ranged from very minor to moderate as per the CASP qualitative study checklist, but mostly minor due to vagueness around participant recruitment methods which may have some impact on this finding.
- 3 The evidence was downgraded for coherence of findings as the theme was a composite of several findings, not all closely related, but with the headline theme in common.
- 4 Abrahamson 2017, Conneeley 2012, Conneeley 2013, Singh 2018, Turner 2011.
- 5 Conneeley 2013, McPherson 2018
- 6 The methodological limitations of the studies ranged from minor to moderate as per the CASP qualitative study checklist mostly due to vagueness of description around recruitment, analysis and ethical considerations.
- 7 The evidence was downgraded for coherence of findings as the finding was an amalgamation of a some varying but related experiences.
- 8 The finding was downgraded for applicability as the evidence only came from a population with traumatic brain injury and this may be a finding that is quite specific to this population.
- 9 Evidence was downgraded for adequacy of data, as the findings were based on two studies only with moderate sample sizes and moderate descriptive detail relating to this theme.
- 10 Conneeley 2012, Conneeley 2013, Johnson 2016, McRae 2016.
- 11 The methodological limitations of the studies ranged from minor to moderate as per the CASP qualitative study checklist due to vagueness or poor justification for the analytical methods used, plus vagueness of the recruitment strategy

**GRADE-CERQual tables for review question: D.4b What are the support needs and preferences of children and young people who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?**

**Table 16: Summary of evidence (GRADE-CERQual): 1 Information**

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
<b>1.1 Injury-specific information</b>							
3 <sup>1</sup>	Semi-structured interviews (1), Questionnaire (1),	Parents appreciated having as much relevant information as possible about their specific injuries – such as their	Minor concerns <sup>2</sup>	No or very minor concerns	No or very minor concerns	Minor concerns <sup>3</sup>	HIGH

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Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
	Focus groups (1)	<p>exact nature, what to expect of their recovery trajectory, what not to expect, which activities are to be encouraged, and which are risky or should be avoided. If they do not receive it from professionals they may seek it from friends, peers and the internet.</p> <p><i>"Well, the bewilderment and shock in the beginning, and lack of understanding, and lack of information, so that we could never put it in to context and find out information and get our head around the whole thing. The worry about ongoing effects and the constant watchfulness, we've all had that . . . that watchfulness and fear. [014]" (Wharewera-Mika 2016, p.279)</i></p>					
<b>1.2 A point of contact</b>							
2 <sup>4</sup>	Semi-structured interviews (2)	<p>Having an identifiable contact point, preferably a known and trusted professional or practitioner, who can be contacted at reasonable times for help, information and support is highly valued by parents.</p> <p><i>"I think that we both want to say a huge thanks to Starship Hospital you know and particularly to (the paediatrician), because how he fought for her, he went to court for her, for this girl and he testified in a court situation and he doesn't shy away from the hard stuff. You know, it's just really, really amazing to have . . . those sort of people who are there yeah and looking after the difficult ones. (016)" (Wharewera-Mika 2016, p. 275)</i></p>	No or very minor concerns	Minor concerns <sup>5</sup>	Minor concerns <sup>6</sup>	Minor concerns <sup>3</sup>	MODERATE
<b>1.3 About the services available</b>							

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Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
2 <sup>4</sup>	Semi-structured interviews (2)	Parents appreciated having a comprehensive list of the local services and support available to them.  "Knowledge of and ability to access local community rehabilitation and support services" (Foster 2019, p.1085)	No or very minor concerns	No or very minor concerns	Minor concerns <sup>6</sup>	Moderate concerns <sup>7</sup>	MODERATE

1 Arshad 2015, Brown 2012, Wharewera-Mika 2016.

2 The methodological limitations of the study were minor as per the CASP qualitative study checklist, primarily due to the likelihood of selection bias from opportunistic methods of recruitment

3 Evidence was downgraded for adequacy of data because although the findings were based on three studies with moderate sample size they gave very little supportive first-order quotes relating to this theme.

4 Foster 2019, Wharewera-Mika 2016.

5 The evidence was downgraded for coherence of findings as the theme was a composite of a few quite different but related experiences.

6 Evidence was downgraded for applicability as none of the evidence came from the UK's cultural and emotional context or services and support system.

7 Evidence was downgraded for adequacy of data as the findings were based on two studies only with a modest sample size and limited descriptive detail or supportive first-order quotes relating to this theme.

**Table 17: Summary of evidence (GRADE-CERQual): 2 Socio-emotional support**

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
<b>2.1 Child's emotional and behavioural challenges</b>							
3 <sup>1</sup>	Semi-structured interviews (2), focus groups (1)	Following discharge to the community parents report noticing emotional and behavioural changes in their child after traumatic injury. They may be more withdrawn, show more sadness or frustration, and may have lower self-esteem; or alternatively, they may be more challenging, frustrated and perhaps aggressive. Such changes may be a direct symptom of some injuries (e.g. brain injury) and parents may struggle to differentiate behaviour which is symptomatic and that which isn't. Parents say they struggle to develop	Minor concerns <sup>2</sup>	Minor concerns <sup>3</sup>	Moderate concerns <sup>4</sup>	No or very minor concerns	LOW

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Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		<p>and maintaining suitable parenting techniques to deal with these emotional and behavioural challenges. Also their own feelings of guilt or sympathy for the child may make imposing authority feel harder. Parents would appreciate more support with how to understand and manage challenging behaviour.</p> <p><i>“I would go off my tree about this, because I was getting so sick of having to do everything for [child with ABI], without realizing that she wasn’t deliberately trying to set out to upset me, it’s just that she actually forgot (Stepfather, Sarah).” (Brown 2012, p. 1576)</i></p>					
<b>2.2 Parents’ own emotional challenges</b>							
3 <sup>1</sup>	Semi-structured interviews (2), focus groups (1)	<p>Parents face a range of challenging emotions in the aftermath of a child’s traumatic injury. These may include anger, fear, worry for the future, guilt and self-blame, and loss for the ‘original’ child and/or the ‘potential’ child. Anger may be directed at the self or at others. They may also feel anguish or shame as a result of how others respond to their child’s injury and appearance. Even though it’s hard and they may resist, parents say it is important to discuss their feelings with others – and they appreciate support and encouragement to do so.</p> <p><i>“You just worry about everything . . . I know that a blood clot can’t form or reform now, but those thoughts have entered my mind. Is everything totally</i></p>	Minor concerns <sup>2</sup>	Minor concerns <sup>3</sup>	Minor concerns <sup>5</sup>	No or very minor concerns	MODERATE

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Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		<i>okay in her head, underneath that skull, you know, is everything working? (Mother, 9 year old)" (Foster 2019, p. 1084)</i>					
<b>2.3 Male-specific emotional support needs</b>							
1 (Brown 2012)	Focus groups (1)	<p>Mothers and fathers both reported that men have a particularly hard time with emotional coping after their child's traumatic injury. They may find it harder to ask for help and are more likely to rely upon denial. Professionals may need to utilise specific strategies to engage and support men.</p> <p><i>"I found that . . . my husband . . . really needed someone to talk to, and they were all supporting me . . . there's nothing for the men. They're treated rather badly, ignored . . . in hindsight I think that a lot more could've been done for the men [Mother, Sarah]" (Brown 2012, p.1575)</i></p>	Moderate concerns <sup>6</sup>	No or very minor concerns	Moderate concerns <sup>4</sup>	Moderate concerns <sup>7</sup>	VERY LOW
<b>2.4 Strain upon family cohesion</b>							
3 <sup>1</sup>	Semi-structured interviews (2), focus groups (1)	<p>Parents report a great deal of strain upon the entire family system as a result of the traumatic injury, continuing into the post-discharge period. Each individual must learn to accept and cope with the events in their own way, plus face all the subsequent changes and additional stressors. The quality of relationship between co-parents is easily strained and can decline, both for parents who are together and those who are separated. Siblings of an injured child may struggle with the circumstances, plus less available time and attention from their parents. Relationship with extended family can</p>	Minor concerns <sup>2</sup>	Moderate concerns <sup>8</sup>	Minor concerns <sup>5</sup>	No or very minor concerns	LOW

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Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		<p>also be negatively affected, and parents may struggle to accept their support. Parents report a need for more education and support to address these challenges.</p> <p><i>"this stuffed our marriage big time. I had to choose, to follow his career (the partner) or her (the child). I felt like that decision was left to me. And so I just chose my daughter [018]" (Wharewera-Mika 2016, p.274)</i></p>					
<b>2.5 Accumulative strain from having to engage with multiple services</b>							
3 <sup>5</sup>	Semi-structured interviews (2), open interviews (1)	<p>In addition to the emotional strains of their child's injury and increased care requirements needed by their child, parents struggle to cope with the stressors of engaging administratively with multiple services and institutions. These can include insurance claims, financial support agencies, legal proceedings, further medical and rehabilitation specialists, contacting schools, and seeking leave or accommodation from their own employers. Parents would appreciate more support, guidance and understanding with the variety of domains they need to organise.</p> <p><i>"We had the legal stuff as well, which, you know, that's never a smooth process . . . It was just such a huge . . . stress and debacle [Mother, Anna]" (Brown 2012, p.1576)</i></p>	Minor concerns <sup>2</sup>	Moderate concerns <sup>8</sup>	Minor concerns <sup>3</sup>	Minor concerns <sup>9</sup>	LOW

<sup>1</sup> Brown 2012, Foster 2019, Wharewera-Mika 2016.

<sup>2</sup> The methodological limitations of the studies ranged from very minor to moderate as per the CASP qualitative study checklist, with some of the supporting data coming from studies affected by vague descriptions about recruitment plus the problem with social desirability bias when employing focus-group methodology.

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- 3 The evidence was downgraded for coherence of findings as the theme was a composite of several varying but related experiences.
- 4 Evidence was downgraded for applicability as none of the evidence came from the UK and a significant proportion of the evidence was based on children affected by traumatic brain injury - as a condition which may have particular needs including a stronger relationship with children’s behaviour.
- 5 Evidence was downgraded for applicability as none of the evidence came from the UK’s cultural and emotional context or services and support system.
- 6 The methodological limitations of this study were rated moderate as per the CASP qualitative study checklist due to only vague descriptions about recruitment, plus the problem with social desirability bias when employing focus-group methodology.
- 7 Evidence was downgraded for adequacy of data as the findings were based on one study only with a moderate sample size and moderate descriptive detail relating to this theme.
- 8 The evidence was downgraded for coherence of findings as the theme was a composite of several findings, not all closely related, but with the headline theme in common
- 9 Evidence was downgraded for adequacy of data because although the findings were based on three studies with moderate sample size they gave very little supportive first-order quotes relating to this theme.

**Table 18: Summary of evidence (GRADE-CERQual): 3 Service approach**

Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
<b>3.1 Supportive communication with professionals</b>							
2 <sup>1</sup>	Semi-structured interviews (1), focus groups (1)	<p>Parents appreciate communication as well as a general approach to care that is service-user centred. They value staff that take their time talking to them without rushing, are attentive and have good listening skills, are accommodating, and who are responsive to their individual preferences. Where the accident was non-accidental the parents perceived that staff were hostile towards them. Accessible language and jargon free language was appreciated.</p> <p><i>“All we had was a lot of therapists telling me what to do. I remember at the very first meeting I was so angry at all of them, and it was such an awkward meeting ‘cause they (could) tell I was angry . . . with people telling you how to teach him to eat, to dress and more from that role, but not asking me ‘what did we want?’ (004)” (Wharewera-Mika 2016, p. 278)</i></p>	Minor concerns <sup>2</sup>	Minor concerns <sup>3</sup>	Moderate concerns <sup>4</sup>	Minor concerns <sup>5</sup>	LOW
<b>3.2 Continuity</b>							

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Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
2 <sup>6</sup>	Semi-structured interviews (2)	<p>Discontinuity across settings and services led to dissatisfaction. Parents reported abrupt endings and transitions, with services dropping off or ending suddenly. Funding was often cited as a reason. Ongoing support, smooth transitions, and good communication and referrals between services at transition-points was appreciated.</p> <p><i>“your surgeons and your nurses and your doctors become your little family when you’re down there’ (Mother, 1 year old).” (Foster 2019, p.1086)</i></p>	No or very minor concerns	Moderate concerns <sup>7</sup>	Minor concerns <sup>8</sup>	Minor concerns <sup>5</sup>	MODERATE
<b>3.3 A range of relevant and locally available services</b>							
2 <sup>6</sup>	Semi-structured interviews (2)	<p>Parents valued having services that were local to them, and that didn’t require them to travel far and/or often. The range of services needed may include paediatricians, clinical psychologists and counsellors, neuropsychologists, occupational therapists, speech language therapists and physiotherapists. It was appreciated if the staff had some specialist knowledge about their child’s injury and symptoms. Dissatisfaction was increased by services that were far away, did not cover their range of needs, or who had limited understand or facilities for their child’s specific injury.</p> <p><i>“We haven’t had any OT [occupational therapist] for a couple of months, mainly because of where we live. We’re a couple of hours from [capital city], but not many OTs are available and certainly not paediatric and hand OTs [Mother, 10 year old]” (Foster 2019,</i></p>	No or very minor concerns	Minor concerns <sup>3</sup>	Minor concerns <sup>8</sup>	Minor concerns <sup>5</sup>	MODERATE

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Study information		Description of Theme or Finding	CERQUAL Quality Assessment				
Number of studies	Design (No. of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		p.1086)					
<b>3.4 Peer support groups</b>							
2 <sup>1</sup>	Semi-structured interviews (1), focus groups (1)	<p>Parents felt it'd be helpful to receive support, insights and of information from others who had been through similar experiences. They could help to normalise the difficult experiences, and offer genuine empathy. If groups are available then parents would like professionals to highlight them.</p> <p><i>"I wanted to meet other people . . . I wanted to meet someone else who sort of got it instead of, just doctors saying . . . it's like what do you know? Your kid doesn't. Like you know, you can tell me what you've heard, but you can't tell me what the real deal is. Like, you know, someone else that feels it . . . (Mother, Dale)." (Brown 2012, p.1578)</i></p>	Minor concerns <sup>2</sup>	No or very minor concerns	Moderate concerns <sup>4</sup>	Minor concerns <sup>5</sup>	MODERATE
<b>3.5 Support with reintegration into school</b>							
2 <sup>9</sup>	Questionnaire (1), focus groups (1)	<p>Injured children and parents appreciated having a service that spoke with schools and teachers, and even with their fellow pupils, about the injury and support needs of the injured child.</p> <p><i>"Seven comments were made with regards to the SRP helping the child settle back into school, and reducing their worries around going back to school." (Arshad 2015, p.732)</i></p>	Moderate concerns <sup>10</sup>	Minor concerns <sup>3</sup>	No or very minor concerns	Minor concerns <sup>11</sup>	LOW

1 Brown 2012, Wharewera-Mika 2016.

2 The methodological limitations of the studies ranged from minor to moderate as per the CASP qualitative study checklist, with some of the supporting data coming from studies affected by vague descriptions about recruitment and/or at risk of social desirability bias when employing focus-group methodology.

3 The evidence was downgraded for coherence of findings as the theme was a composite of several varying but related experiences.

4 Evidence was downgraded for applicability as none of the evidence came from the UK and all of the evidence was based on children affected by traumatic brain injury which is a condition that may have very particular needs

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*5 Evidence was downgraded for adequacy of data, as the findings were based on only two studies only with moderate sample sizes and moderate descriptive detail relating to this theme.*

*6 Foster 2019, Wharewera-Mika 2016.*

*7 The evidence was downgraded for coherence of findings as the theme was a composite of several findings, not all closely related, but with the headline theme in common.*

*8 Evidence was downgraded for applicability as none of the evidence came from the UK's cultural and emotional context or services and support system.*

*9 Arshad 2015, Brown 2012.*

*10 The methodological limitations of the two studies were either moderate or serious as per the CASP qualitative study checklist. Both studies were limited by vague descriptions about recruitment and methodology. One study employed focus-group methodology which can suppress minority views or increase the effects of social desirability bias on findings. The other used survey methodology which do not allow for researchers to clarify or expand upon their responses, leading to misinterpretations. Although social desirability bias was a problem for these studies, it was not considered likely to have affected this particular theme and so there was no further downgrade for this theme.*

*11 Evidence was downgraded for adequacy of data as the findings were based on two studies only with a moderate sample size and limited descriptive detail or supportive first-order quotes relating to this theme.*

## **Appendix G – Economic evidence study selection**

### **Economic study selection for:**

**D.4a What are the support needs and preferences of adults who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?**

**D.4b What are the support needs and preferences of children and young people who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?**

No economic searches were undertaken for this qualitative review.

## **Appendix H – Economic evidence tables**

### **Economic evidence tables for review question: D.4a What are the support needs and preferences of adults who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?**

No economic searches were undertaken for this qualitative review.

### **Economic evidence tables for review question: D.4b What are the support needs and preferences of children and young people who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?**

No economic searches were undertaken for this qualitative review.

## **Appendix I – Economic evidence profiles**

### **Economic evidence profiles for review question: D.4a What are the support needs and preferences of adults who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?**

No economic searches were undertaken for this qualitative review.

### **Economic evidence profiles for review question: D.4b What are the support needs and preferences of children and young people who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?**

No economic searches were undertaken for this qualitative review.

## **Appendix J – Economic analysis**

### **Economic evidence tables for review question: D.4a What are the support needs and preferences of adults who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?**

No economic analysis was undertaken for this review question.

### **Economic evidence tables for review question: D.4b What are the support needs and preferences of children and young people who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?**

No economic analysis was undertaken for this review question.

## Appendix K – Excluded studies

### Excluded clinical and economic studies for review question: D.4a What are the support needs and preferences of adults who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?

#### Clinical studies

**Table 19: Excluded studies and reasons for their exclusion**

Study	Reason for Exclusion
Adams, Deana, Dahdah, Marie, Coping and adaptive strategies of traumatic brain injury survivors and primary caregivers, <i>NeuroRehabilitation</i> , 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, <i>Injury</i> , 47, 2655-2663, 2016	Population not in PICO: 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, <i>Archives of Physical Medicine and Rehabilitation</i> , 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", <i>Australian Social Work</i> , 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, <i>Journal of Burn Care and Research</i> , 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, <i>Brain Injury</i> , 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), <i>Journal of Clinical Nursing</i> , 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, <i>Journal of Spinal Cord Medicine</i> , 37, 626, 2014	Conference abstract.
Armstrong, E., Missing voices: Aboriginal stories of stroke and traumatic brain injury, <i>International Journal of Stroke</i> , 12, 14, 2017	Conference abstract.

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Study	Reason for Exclusion
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.
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, 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., Slaney, 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	No qualitative data on phenomena of interest.

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Study	Reason for Exclusion
Open, 4, e005668, 2014	
Bergmark, Lisa, Westgren, Ninni, Asaba, Eric, Returning to work after spinal cord injury: exploring young adults' early expectations and experience, <i>Disability and Rehabilitation</i> , 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, <i>Rehabilitation nursing : the official journal of the Association of Rehabilitation Nurses</i> , 44, 247-253, 2019	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
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, <i>Professional case management</i> , 21, 22-4, 2016	Study not conducted in one of the countries included in the review protocol.
Boschen, K., Gerber, G., Gargaro, J., Comparison of outcomes and costs of 2 publicly-funded community-based models of acquired brain injury services, <i>Archives of Physical Medicine and Rehabilitation</i> , 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, <i>Annals of Physical and Rehabilitation Medicine</i> , 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, <i>Disability and health journal</i> , 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 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, <i>Disability and Rehabilitation</i> , 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, <i>Occupational Therapy in Health Care</i> , 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, <i>British Journal of Neurosurgery</i> , 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, <i>Disability and Rehabilitation</i> , 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'	Study not conducted in one of the countries included in the review protocol.

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Study	Reason for Exclusion
perceptions, <i>Rehabilitation Psychology</i> , 61, 221â 230, 2016	
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, <i>NeuroRehabilitation</i> , 41, 483-499, 2017	Study not conducted in one of the countries included in the review protocol.
Browne, C., Living with traumatic brain injury: Views of survivors and family members, <i>Brain Injury</i> , 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, <i>Journal for healthcare quality : official publication of the National Association for Healthcare Quality</i> , 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, <i>Brain Injury</i> , 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, <i>Social Work in Health Care</i> , 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, <i>American Journal of Respiratory and Critical Care Medicine</i> . 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, <i>Disability and Rehabilitation</i> , 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, <i>Brain Injury</i> , 31 (6-7), 974, 2017	Conference abstract.
Cahow, C., Gassaway, J., Rider, C., Joyce, J. P., Bogenschutz, 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, <i>Journal of Spinal Cord Medicine</i> , 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, <i>Disability and Health</i>	DStudy did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.

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Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

Study	Reason for Exclusion
Journal, 11, 267-273, 2018	
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.
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	TThe 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.
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 into a manualized goal self-management intervention for veterans with mTBI, Archives of Physical Medicine and	Conference abstract.

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Study	Reason for Exclusion
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.
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	PoPopulation not in PICO: 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 PICO: Emergency department.
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

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Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

Study	Reason for Exclusion
	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, <i>Psychology, health &amp; medicine</i> , 16, 463-74, 2011	Population not in PICO: 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, <i>Journal of Head Trauma Rehabilitation</i> , 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, <i>Archives of Physical Medicine and Rehabilitation</i> , 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, <i>Pain and therapy</i> , 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, <i>Spinal cord</i> , 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, <i>Brain Impairment</i> , 14, 159-160, 2013	Conference abstract.
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, <i>Journal of Safety Research</i> , 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, <i>Disability and Rehabilitation</i> , 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, <i>Brain Injury</i> , 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, <i>Osteoporosis international : a journal established as result of cooperation between the European Foundation for Osteoporosis and the National Osteoporosis Foundation of the USA</i> , 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, <i>Osteoporosis International</i> , 25, S308, 2014	Conference abstract.
Dwyer, Aoife, Heary, Caroline, Ward, Marcia, MacNeela, Pdraig, Adding insult to brain injury: young adults' experiences of residing in nursing homes following acquired brain injury, <i>Disability and Rehabilitation</i> , 41, 33-43, 2019	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following

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Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

Study	Reason for Exclusion
	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, <i>Journal of Head Trauma Rehabilitation</i> , 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, <i>Social Care and Neurodisability</i> , 1, 32-40, 2010	DStudy 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, <i>Brain Injury</i> , 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, <i>Brain Impairment</i> , 19, 336, 2018	Conference abstract.
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, <i>Journal of Rehabilitation Research and Development</i> , 51, 1311-24, 2014	Study not conducted in one of the countries included in the review protocol.
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, <i>Injury</i> , 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, <i>Injury</i> , 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, <i>Journal of Head Trauma Rehabilitation</i> , 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, <i>Neurorehabilitation and Neural Repair</i> , 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, <i>Disability and Rehabilitation</i> , 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, <i>Journal of Spinal Cord Medicine</i> , 36, 546-547, 2013	Conference abstract.
Freeman, Claire, Cassidy, Bernadette, Hay-Smith, E. Jean C., Beauregard, Beisecker Chan Craig DeSanto-Madeya Dickson Dixon Eil Esmail Esmail Fisher Fronck 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	Study did not examine phenomena of interest.

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Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

Study	Reason for Exclusion
and intimacy in acute spinal cord injury rehabilitation: An interpretative phenomenological analysis, <i>Sexuality and Disability</i> , 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, <i>Archives of Physical Medicine and Rehabilitation</i> , 94, e8, 2013	Conference abstract.
Gagliardi, Anna R., Nathens, Avery B., Exploring the characteristics of high-performing hospitals that influence trauma triage and transfer, <i>The journal of trauma and acute care surgery</i> , 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?, <i>Physiotherapy (United Kingdom)</i> , 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, <i>The journal of spinal cord medicine</i> , 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, <i>Pediatric Emergency Care</i> , 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 Eisenhardt Fredendall Frei Gronroos Hanne Johnston Lamontagne Lamontagne Larsson Meredith Metters Metters Miles Ouwens Patricio Swanborn Vander Laane Voss Westert Yin Young Zomerdijs, Front-office/back-office configurations and operational performance in complex health services, <i>Brain Injury</i> , 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, <i>The Journal of Head Trauma Rehabilitation</i> , 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, <i>Brain Injury</i> , 26, 909-20, 2012	The majority of participants had not experienced traumatic injury and results not presented separately for target population.
Glintborg, C., Hansen, T., De La Mata Benites, M., Supporting transitions in neurorehabilitation. A pathway to improved psychosocial outcomes, <i>Brain Injury</i> , 30, 565-566, 2016	Conference abstract.
Glintborg, Charlotte, Hansen, Tia G. B., Bech, Bech Braun Brenner Creswell Ellervik Engel Ghaziani Glintborg Glintborg Glintborg Glintborg Hackett Haggerty Hald Hall Holm Jorge	The majority of participants had not experienced traumatic injury and results not presented

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Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

Study	Reason for Exclusion
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, <i>NeuroRehabilitation</i> , 38, 99-113, 2016	separately for target population.
Goel, R., Fruth, S., Geigle, P., Santurri, L., Abzug, J., Telerehabilitation for Individuals With Spinal Cord Injury: Is it Feasible?, <i>Archives of Physical Medicine and Rehabilitation</i> , 100, e203-e204, 2019	Conference abstract.
Goldsmith, Helen, McCloughen, Andrea, Curtis, Kate, The experience and understanding of pain management in recently discharged adult trauma patients: A qualitative study, <i>Injury</i> , 49, 110-116, 2018	No qualitative data on phenomena of interest.
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, <i>Journal of Clinical Nursing</i> , 27, 1589-1598, 2018	Study did not examine rehabilitation.
Gourdeau, Jenna, Fingold, Alissa, Colantonio, Angela, Mansfield, Elizabeth, Stergiou-Kita, Mary, Workplace accommodations following work-related mild traumatic brain injury: what works?, <i>Disability and Rehabilitation</i> , 1-10, 2018	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following discharge.
Gravell, R., Brumfit, S., Body, R., Hope and engagement following acquired brain injury: A qualitative study, <i>Brain Injury</i> , 31, 721-722, 2017	Conference abstract.
Guilcher, S., Overall, 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, <i>Archives of Physical Medicine and Rehabilitation</i> , 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, <i>Journal of burn care &amp; research : official publication of the American Burn Association</i> , 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, <i>Medical Problems of Performing Artists</i> , 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, <i>Brain Injury</i> , 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, <i>Spinal Cord</i> , 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, <i>Brain Injury</i> , 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, <i>Journal of Head Trauma Rehabilitation</i> , 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	Study not conducted in one of the countries included in the review

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Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

Study	Reason for Exclusion
traumatic brain injury in a rural setting: supports and barriers across the continuum of care, <i>Disability and Rehabilitation</i> , 39, 2071-2080, 2017	protocol.
Hartley, Naomi A., Spinal cord injury (SCI) rehabilitation: systematic analysis of communication from the biopsychosocial perspective, <i>Disability and Rehabilitation</i> , 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, <i>Archives of Physical Medicine and Rehabilitation</i> , 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, <i>Archives of Physical Medicine and Rehabilitation</i> , 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, <i>Topics in Spinal Cord Injury Rehabilitation</i> , 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, <i>Scandinavian Journal of Disability Research</i> , 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?, <i>Journal of the American College of Surgeons</i> , 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, <i>The journal of spinal cord medicine</i> , 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), <i>Brain Impairment</i> , 19, 292-293, 2018	Conference abstract.
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, <i>Archives of Physical Medicine and Rehabilitation</i> , 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, <i>Archives of Physical Medicine and Rehabilitation</i> , 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, <i>Osteoporosis International</i> , 27, S678, 2016	Conference abstract.
Holloway, Mark, Motivational interviewing and acquired brain injury, <i>Social Care and Neurodisability</i> , 3, 122-130, 2012	Narrative review.

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Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

Study	Reason for Exclusion
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 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.
Jeyathevan, Gaya, Cameron, Jill I., Craven, B. Catharine, Jaglal, Susan B., Identifying Required Skills to Enhance Family	The focus was not specific to participants who had experienced

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Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

Study	Reason for Exclusion
Caregiver Competency in Caring for Individuals With Spinal Cord Injury Living in the Community, Topics in Spinal Cord Injury Rehabilitation, 25, 290-302, 2019	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.
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.
Kellezi, Blerina, Beckett, Kate, Earthy, Sarah, Barnes, Jo, Slaney, 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, 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.
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.
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.
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.

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Study	Reason for Exclusion
Koehmstedt, Christine, Lydick, Susan E., Patel, Drasti, Cai, Xincheng, 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 Exploratory Study, Journal of trauma nursing : the official	Setting not in PICO: Emergency department.

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Study	Reason for Exclusion
journal of the Society of Trauma Nurses, 26, 312-322, 2019	
Letts, L., Martin Ginis, K. A., Faulkner, G., Colquhoun, H., Levac, D., Gorczyński, 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, 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 Rindfleisch Sanders Strauss Walton Williamson, 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., Perseus, 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	Included studies did not meet the inclusion criteria for dates.
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., Ciccio, 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 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,	Study did not examine rehabilitation.

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Study	Reason for Exclusion
Nursing in critical care, 23, 68-74, 2018	
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., Theadom, A., Wilkinson-Meyers, L., The experience of recovery-a qualitative study, Brain Injury, 26, 493-494, 2012	Conference abstract.
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.
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	Study not conducted in one of the countries included in the review

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Study	Reason for Exclusion
outcomes among amputees with lower limb loss at Walter Reed National Military Medical Center, Journal of rehabilitation medicine, 50, 86-93, 2018	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, 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	Study did not examine rehabilitation while an inpatient, when transferring, or seeking to access rehabilitation following

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Study	Reason for Exclusion
and rehabilitation managers: an opportunity for improved care delivery, <i>BMC Neurology</i> , 16, 11, 2016	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, <i>BMC Neurology</i> , 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, The impact of simulated multidisciplinary Trauma Team Training on team performance: A qualitative study, <i>Australasian emergency care</i> , 22, 1-7, 2019	Study did not examine rehabilitation.
Murphy, Margaret, McCloughen, Andrea, Curtis, Kate, Using theories of behaviour change to transition multidisciplinary trauma team training from the training environment to clinical practice, <i>Implementation science : IS</i> , 14, 43, 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, <i>Brain Impairment</i> , 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, <i>Brain Impairment</i> , 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, <i>Brain Injury</i> , 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, <i>The Canadian journal of neurological sciences. Le journal canadien des sciences neurologiques</i> , 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, <i>Brain Injury</i> , 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, <i>Archives of Neuroscience</i> , 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 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, <i>Disability and Rehabilitation: An International, Multidisciplinary Journal</i> , 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	Population not in PICO: Study did not mention that the patients

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Study	Reason for Exclusion
interpretative phenomenological analysis, Disability and Rehabilitation, 35, 1164-1173, 2013	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, 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 Penschansky 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.
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., Dillstone, 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.
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 focus was not specific to participants who had experienced traumatic injury and the results

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Study	Reason for Exclusion
the community setting: A qualitative review, <i>Brain Injury</i> , 30, 241-51, 2016	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, <i>Clinical rehabilitation</i> , 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.
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, <i>Brain Injury</i> , 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, <i>Annals of Physical and Rehabilitation Medicine</i> , 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, <i>Journal of gerontological nursing</i> , 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, <i>Developmental Medicine and Child Neurology</i> , 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?, <i>Archives of Physical Medicine and Rehabilitation</i> , 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, <i>Australian Occupational Therapy Journal</i> , 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, <i>Topics in Spinal Cord Injury Rehabilitation</i> , 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.
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, <i>Brain Injury</i> , 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, <i>Journal of Neuroscience Nursing</i> , 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, <i>Spinal cord series and cases</i> , 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, <i>BMC health services research</i> , 17, 443, 2017	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.

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Study	Reason for Exclusion
Ryerson Espino, S., Kelly, E., Riordan, A., Zebracki, K., Vogel, L., Personal and family experiences of caregivers of children with SCI, <i>Developmental Medicine and Child Neurology</i> , 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, <i>Spinal Cord</i> , 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, <i>Osteoporosis international : a journal established as result of cooperation between the European Foundation for Osteoporosis and the National Osteoporosis Foundation of the USA</i> , 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, <i>Chiropractic &amp; manual therapies</i> , 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, <i>Journal of Rehabilitation Medicine</i> , 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, <i>Intensive &amp; critical care nursing</i> , 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, <i>Medicine</i> , 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, <i>Patient preference and adherence</i> , 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, <i>Orthopedic nursing</i> , 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, <i>Adapted physical activity quarterly : APAQ</i> , 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, <i>Brain Impairment</i> , 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, <i>Disability and Health Journal</i> , 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,	The focus was not specific to participants who had experienced

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Study	Reason for Exclusion
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, <i>BMJ Open</i> , 8, e021418, 2018	traumatic injury and the results not presented separately for target population.
Slomoc, M., Christiansen, B., Sveen, U., Soberg, H. L., Users' experiential knowledge as a base for evidence-based practice in inter-professional rehabilitation, <i>Brain Injury</i> , 30, 580-581, 2016	Conference abstract.
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, <i>Brain Injury</i> , 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, <i>Spinal Cord</i> , 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), <i>Journal of Head Trauma Rehabilitation</i> , 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, <i>Disability and Rehabilitation</i> , 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, <i>BMC Health Services Research</i> , 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, <i>Brain Injury</i> , 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, <i>Journal of trauma nursing : the official journal of the Society of Trauma Nurses</i> , 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, <i>Journal of Burn Care and Research</i> , 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, <i>Brain Injury</i> , 28, 774-775, 2014	Conference abstract.
Strandberg, T., Materne, M., Returning to working life after acquired brain injury-The rehabilitation-process, possibilities and hindrance for participation, <i>Brain Injury</i> , 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, <i>Injury prevention : journal of the International Society for Child and</i>	A study protocol only. No data presented.

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Study	Reason for Exclusion
Adolescent Injury Prevention, 16, e3, 2010	
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 transition phase from hospital to home following acquired brain injury: a journey of discovery, Neuropsychological rehabilitation, 21, 64-91, 2011	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
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	Study not conducted in one of the countries included in the review protocol.

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Study	Reason for Exclusion
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	
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 Velde, 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, Developmental Medicine and Child Neurology, 1), 34, 2014	Conference abstract.
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.
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	Conference abstract.

Study	Reason for Exclusion
Rehabilitation, 91, e19, 2010	
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.
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

No economic searches were undertaken for this qualitative review.

## Excluded clinical and economic studies for review question: D.4b What are the support needs and preferences of children and young people who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?

## Clinical studies

**Table 20: Excluded studies and reasons for their exclusion**

Study	Reason for Exclusion
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,	Population not in PICO: Study did not mention that the patients

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Study	Reason for Exclusion
Therese S., Indicators of injury recovery identified by patients, family members and clinicians, <i>Injury</i> , 47, 2655-2663, 2016	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, <i>Archives of Physical Medicine and Rehabilitation</i> , 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-Young, Women and traumatic brain injury: "It's not visible damage", <i>Australian Social Work</i> , 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, <i>Journal of Burn Care and Research</i> , 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, <i>Brain Injury</i> , 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), <i>Journal of Clinical Nursing</i> , 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, <i>Journal of Spinal Cord Medicine</i> , 37, 626, 2014	Conference abstract.
Armstrong, E., Missing voices: Aboriginal stories of stroke and traumatic brain injury, <i>International Journal of Stroke</i> , 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, <i>Disability and Rehabilitation</i> , 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, <i>Brain Impairment</i> , 20, 120-136, 2019	No qualitative data on phenomena of interest.

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Study	Reason for Exclusion
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, <i>Rand health quarterly</i> , 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, <i>Social Work in Health Care</i> , 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, <i>Journal of Applied Rehabilitation Counseling</i> , 42, 3-11, 2011	Study not conducted in one of the countries included in the review protocol.
Barclay, Linda, McDonald, Rachael, Lentin, Primrose, Social and community participation following spinal cord injury: a critical review, <i>International journal of rehabilitation research. Internationale Zeitschrift fur Rehabilitationsforschung. Revue internationale de recherches de readaptation</i> , 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, <i>Australian occupational therapy journal</i> , 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, <i>The New Zealand medical journal</i> , 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., Slaney, 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), <i>BMJ Open</i> , 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, <i>Disability and Rehabilitation</i> , 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, <i>Rehabilitation nursing : the official journal of the Association of Rehabilitation Nurses</i> , 44, 247-253, 2019	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
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, <i>Professional case management</i> , 21, 22-4, 2016	Study not conducted in one of the countries included in the review protocol.
Boschen, K., Gerber, G., Gargaro, J., Comparison of outcomes	Conference abstract.

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Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

Study	Reason for Exclusion
and costs of 2 publicly-funded community-based models of acquired brain injury services, Archives of Physical Medicine and Rehabilitation, 91, e59, 2010	
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 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.
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	Study not conducted in one of the countries included in the review protocol.

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Study	Reason for Exclusion
healthcare quality : official publication of the National Association for Healthcare Quality, 38, 255-263, 2016	
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., Aeppli, 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.
Cahow, C., Gassaway, J., Rider, C., Joyce, J. P., Bogenschutz, 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 SCIR rehab 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.
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.

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Study	Reason for Exclusion
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, <i>Journal of Clinical Nursing</i> , 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, <i>Journal of Parenteral and Enteral Nutrition</i> , 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, <i>JPEN. Journal of parenteral and enteral nutrition</i> , 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, <i>Journal of Burn Care and Research</i> , 37, S244, 2016	Conference abstract.
Christie, Nicola, Beckett, Kate, Earthy, Sarah, Kellezi, Blerina, Sloney, Jude, Barnes, Jo, Jones, Trevor, Kendrick, Denise, Seeking support after hospitalisation for injury: a nested qualitative study of the role of primary care, <i>The British journal of general practice : the journal of the Royal College of General Practitioners</i> , 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, <i>Journal of Transport &amp; Health</i> , 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, <i>Archives of Physical Medicine and Rehabilitation</i> , 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, <i>Brain Injury</i> , 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, <i>Journal of patient experience</i> , 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, <i>Archives of Physical Medicine and Rehabilitation</i> , 98, e132, 2017	Conference abstract.
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, <i>Journal of Paediatrics and Child Health</i> , 52, 832-6, 2016	Study did not examine the phenomena of interest.

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Study	Reason for Exclusion
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, <i>Journal of Head Trauma Rehabilitation</i> , 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, <i>Journal of Rehabilitation Research and Development</i> , 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, <i>Journal of Burn Care and Research</i> , 33, 595-605, 2012	Population not in PICO: 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, <i>Australasian emergency nursing journal : AENJ</i> , 18, 42-8, 2015	Setting not in PICO: Emergency department.
Dams-O'Connor, K., Landau, A., De Lore, J. S., Hoffman, J., Access, barriers, and health care quality after brain injury: Insiders' perspectives, <i>Archives of Physical Medicine and Rehabilitation</i> , 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, <i>Brain Injury</i> , 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, <i>Cognitive behaviour therapy</i> , 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, <i>Scandinavian Journal of Occupational Therapy</i> , 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, <i>Psychology, health &amp; medicine</i> , 16, 463-74, 2011	Population not in PICO: 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, <i>Journal of Head Trauma Rehabilitation</i> , 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, <i>Archives of Physical Medicine and Rehabilitation</i> , 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, <i>Pain and therapy</i> , 7, 179-192, 2018	Setting not in PICO: Emergency settings.

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Study	Reason for Exclusion
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.
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., Goberman-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., Goberman-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, Pdraig, 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.
Ford, James H., 2nd, Wise, Meg, Krahn, Dean, Oliver, Karen	Study not conducted in one of the

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Study	Reason for Exclusion
Anderson, Hall, Carmen, Sayer, Nina, Family care map: Sustaining family-centered care in Polytrauma Rehabilitation Centers, <i>Journal of Rehabilitation Research and Development</i> , 51, 1311-24, 2014	countries included in the review protocol.
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, <i>Injury</i> , 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, <i>Injury</i> , 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, <i>Journal of Head Trauma Rehabilitation</i> , 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, <i>Neurorehabilitation and Neural Repair</i> , 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, <i>Disability and Rehabilitation</i> , 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, <i>Journal of Spinal Cord Medicine</i> , 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, <i>Sexuality and Disability</i> , 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, <i>Archives of Physical Medicine and Rehabilitation</i> , 94, e8, 2013	Conference abstract.
Gagliardi, Anna R., Nathens, Avery B., Exploring the characteristics of high-performing hospitals that influence trauma triage and transfer, <i>The journal of trauma and acute care surgery</i> , 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?, <i>Physiotherapy (United Kingdom)</i> , 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, <i>The journal of spinal cord medicine</i> , 34, 67-75,	Study did not examine phenomena of interest.

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Study	Reason for Exclusion
2011	
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 Eisenhardt Fredendall Frei Gronroos Hanne Johnston Lamontagne Lamontagne Larsson Meredith Metters Metters Miles Ouwens Patricio Swanborn Vander Laane Voss Westert Yin Young Zomerdiijk, 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-Sprante 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.
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, Charlotte, 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, 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.
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.
Gourdeau, Jenna, Fingold, Alissa, Colantonio, Angela, Mansfield, Elizabeth, Stergiou-Kita, Mary, Workplace	Study did not examine rehabilitation while an inpatient,

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Study	Reason for Exclusion
accommodations following work-related mild traumatic brain injury: what works?, <i>Disability and Rehabilitation</i> , 1-10, 2018	when transferring, or seeking to access rehabilitation following discharge.
Gravell, R., Brumfit, S., Body, R., Hope and engagement following acquired brain injury: A qualitative study, <i>Brain Injury</i> , 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, <i>Archives of Physical Medicine and Rehabilitation</i> , 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, <i>Journal of burn care &amp; research : official publication of the American Burn Association</i> , 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, <i>Medical Problems of Performing Artists</i> , 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, <i>Brain Injury</i> , 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, <i>Spinal Cord</i> , 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, <i>Brain Injury</i> , 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, <i>Journal of Head Trauma Rehabilitation</i> , 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, <i>Disability and Rehabilitation</i> , 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, <i>Disability and Rehabilitation</i> , 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, <i>Archives of Physical Medicine and Rehabilitation</i> , 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, <i>Archives of Physical Medicine and Rehabilitation</i> , 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, <i>Topics in Spinal Cord Injury Rehabilitation</i> , 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	It was not clear how many participants had experienced a

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Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

Study	Reason for Exclusion
dysfunctions following acquired brain injury, Scandinavian Journal of Disability Research, 20, 152-161, 2018	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.
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.

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Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

Study	Reason for Exclusion
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, <i>Brain Injury</i> , 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, <i>Military Medicine</i> , 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, <i>Disability and Rehabilitation</i> , 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, <i>Ethnicity &amp; health</i> , 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, <i>Disability and Rehabilitation</i> , 34, 1820-6, 2012	Population not in PICO: Study did not mention that the patients were transferred to outpatient or 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, <i>Disability and Rehabilitation</i> , 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, <i>Disability and Rehabilitation</i> , 1-8, 2019	The focus was not specific to participants who had experienced traumatic injury and the results not presented separately for target population.
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, <i>Topics in Spinal Cord Injury Rehabilitation</i> , 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, <i>Disability and Rehabilitation</i> , 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, <i>Injury</i> , 49, 983-989, 2018	Study not conducted in one of the countries included in the review protocol.
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, <i>Annals of Physical and Rehabilitation Medicine</i> , 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, <i>Brain Injury</i> , 30, 567, 2016	Conference abstract.

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Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

Study	Reason for Exclusion
Keck, Casey S., Creaghead, Nancy A., Turkstra, Lyn S., Vaughn, Lisa M., Kelchner, Lisa N., Pragmatic skills after childhood traumatic brain injury: Parents' perspectives, <i>Journal of communication disorders</i> , 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, <i>Canadian journal of neuroscience nursing</i> , 32, 25-35, 2010	Mixed setting and population, results not presented separately for the target settings and population.
Kellezi, Blerina, Beckett, Kate, Earthy, Sarah, Barnes, Jo, Slenev, 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, <i>Injury</i> , 46, 564-71, 2015	It was not clear how many participants had experienced a traumatic injury; results not presented separately for target population.
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, <i>Spinal Cord</i> , 48, 15-20, 2010	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, <i>Annals of Physical and Rehabilitation Medicine</i> , 57, e212-e213, 2014	Conference abstract.
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, <i>Rural and remote health</i> , 14, 2764, 2014	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, <i>Journal of clinical nursing</i> , 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, <i>Brain Sciences</i> , 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, <i>Brain Injury</i> , 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, <i>PLoS ONE</i> , 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, <i>Trauma (United Kingdom)</i> , 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, <i>American Journal of Occupational Therapy</i> , 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, <i>Brain Injury</i> , 28, 535,	Conference abstract.

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Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

Study	Reason for Exclusion
2014	
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 Exploratory Study, Journal of trauma nursing : the official journal of the Society of Trauma Nurses, 26, 312-322, 2019	Setting not in PICO: Emergency department.
Letts, L., Martin Ginis, K. A., Faulkner, G., Colquhoun, H., Levac, D., Gorczyński, 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, 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'	Mixed population, cannot separate or confirm which patients were hospitalised and match the population of interest.

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Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

Study	Reason for Exclusion
perspectives, Work: Journal of Prevention, Assessment & Rehabilitation, 55, 831-839, 2016	
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., Perseus, 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	Included studies did not meet the inclusion criteria for dates.
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.

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Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

Study	Reason for Exclusion
McDermott, Garret L., McDonnell, Anne Marie, Acquired brain injury services in the Republic of Ireland: experiences and perceptions of families and professionals, <i>Brain Injury</i> , 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, <i>Disability and Rehabilitation</i> , 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, <i>Disability and Rehabilitation</i> , 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, <i>Brain Injury</i> , 28, 712, 2014	Conference abstract.
McPherson, K., Theadom, A., Wilkinson-Meyers, L., The experience of recovery-a qualitative study, <i>Brain Injury</i> , 26, 493-494, 2012	Conference abstract.
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, <i>Topics in Spinal Cord Injury Rehabilitation</i> , 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, <i>Archives of Physical Medicine and Rehabilitation</i> , 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.
Meixner, Cara, O'Donoghue, Cynthia R., Witt, Michelle, Accessing crisis intervention services after brain injury: a mixed methods study, <i>Rehabilitation psychology</i> , 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, <i>Journal of rehabilitation medicine</i> , 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, <i>Journal of rehabilitation medicine : official journal of the UEMS European Board of Physical and Rehabilitation Medicine</i> , 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, <i>Brain Injury</i> , 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,	Study did not examine phenomena of interest.

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Service coordination: Support needs and preferences following discharge to out-patient or community rehabilitation services for people with complex rehabilitation needs after traumatic injury

Study	Reason for Exclusion
Disability and Rehabilitation, 1-12, 2019	
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.
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.
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.
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	Conference abstract.

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Study	Reason for Exclusion
brain injury during the period of transition from hospital to home, <i>Brain Impairment</i> , 14, 159, 2013	
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, <i>Brain Injury</i> , 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, <i>The Canadian journal of neurological sciences. Le journal canadien des sciences neurologiques</i> , 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, <i>Brain Injury</i> , 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, <i>Archives of Neuroscience</i> , 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 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, <i>Disability and Rehabilitation: An International, Multidisciplinary Journal</i> , 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, <i>Disability and Rehabilitation</i> , 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, <i>Brain Injury</i> , 28, 577-578, 2014	Conference abstract.
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, <i>Brain Impairment</i> , 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, <i>Injury</i> , 47,	Study did not examine phenomena of interest.

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Study	Reason for Exclusion
1966-74, 2016	
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.
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., Dillstone, 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.
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.
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	Study not conducted in one of the countries included in the review

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Study	Reason for Exclusion
fracture in older adults, Journal of gerontological nursing, 39, 43-52, 2013	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.
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	Study not conducted in one of the countries included in the review protocol.

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Study	Reason for Exclusion
chiropractor to the multidisciplinary rehabilitation team, Chiropractic & manual therapies, 26, 29, 2018	
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.
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.
Smith, Bridget M., Martinez, Rachael N., Evans, Charlesnika T., Saban, Karen L., Balbale, Salva, Proeschler, 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.

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Study	Reason for Exclusion
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), <i>Journal of Head Trauma Rehabilitation</i> , 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, <i>Disability and Rehabilitation</i> , 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, <i>BMC Health Services Research</i> , 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, <i>Brain Injury</i> , 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, <i>Journal of trauma nursing : the official journal of the Society of Trauma Nurses</i> , 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, <i>Journal of Burn Care and Research</i> , 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, <i>Brain Injury</i> , 28, 774-775, 2014	Conference abstract.
Strandberg, T., Materne, M., Returning to working life after acquired brain injury-The rehabilitation-process, possibilities and hindrance for participation, <i>Brain Injury</i> , 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, <i>Injury prevention : journal of the International Society for Child and Adolescent Injury Prevention</i> , 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, <i>Disability and Rehabilitation</i> , 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, <i>Brain Injury</i> , 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, <i>Brain Injury</i> , 30, 1590-1598, 2016	Study not conducted in one of the countries included in the review protocol.
Thruswell, 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, <i>Spinal Cord</i> , 56, 1084-1094, 2018	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.

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Study	Reason for Exclusion
Todis, Bonnie, McCart, Melissa, Glang, Ann, Hospital to school transition following traumatic brain injury: A qualitative longitudinal study, <i>NeuroRehabilitation</i> , 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, <i>Brain Impairment</i> , 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, <i>International journal of integrated care</i> , 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, <i>Neurorehabilitation and Neural Repair</i> , 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, <i>Neuropsychological rehabilitation</i> , 21, 64-91, 2011	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following discharge.
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, <i>Journal of Rehabilitation Medicine</i> , 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, <i>Brain Injury</i> , 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, <i>Disability and Rehabilitation</i> , 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, <i>Special Issue: Family support and adjustment following acquired brain injury: An international perspective.</i> , 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, <i>Disability and Rehabilitation</i> , 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, <i>Indian journal of palliative care</i> , 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	Population not in PICO: Study did not mention that the patients were transferred to outpatient or community services following

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Study	Reason for Exclusion
from hospital to home, Disability and Rehabilitation, 34, 491-502, 2012	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, Developmental Medicine and Child Neurology, 1), 34, 2014	Conference abstract.
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.
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	Conference abstract.

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Study	Reason for Exclusion
therapeutic alliance in community brain injury rehabilitation, <i>Brain Impairment</i> , 18, 362, 2017	
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, <i>Archives of Physical Medicine and Rehabilitation</i> , 97, e71, 2016	Conference abstract.
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, <i>Telemedicine journal and e-health : the official journal of the American Telemedicine Association</i> , 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, <i>Disability and Rehabilitation</i> , 37, 1825-33, 2015	No qualitative data on phenomena of interest.

### Economic studies

No economic searches were undertaken for this qualitative review.

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## **Appendix L – Research recommendations**

**Research recommendations for review question: D.4a What are the support needs and preferences of adults who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?**

No research recommendations were made for this review question.

**Research recommendations for review question: D.4b What are the support needs and preferences of children and young people who have complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient or community rehabilitation services?**

No research recommendations were made for this review question.