GRADE and GRADE-CERQual tables for review question: D.2b What are the best methods to deliver and coordinate rehabilitation services and social services for children and young people with complex rehabilitation needs after traumatic injury when they transfer from inpatient to outpatient rehabilitation services?

GRADE tables for quantitative evidence

Table 36: Clinical evidence profile for coordination of rehabilitation and social services when transferring from inpatient to outpatient services: family-supported rehabilitation versus clinician-delivered rehabilitation in TBI

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Family-supported rehabilitation	Clinician-delivered rehabilitation	Relative (95% CI)	Absolute		
Changes in ADL (measured using SARAH scale; scale note reported; better indicated by higher values) - At 12 months (post-intervention)												
1 (Braga 2005)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	38	34	-	MD 0.5 higher (0.05 to 0.95 higher)	VERY LOW	IMPORTANT

ADL: Activities of daily living; CI: Confidence interval; MD: Mean difference
1 Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2
2 95% CI crosses 1 MID (for SARAH scale +/- 0.65)

GRADE-CERQual tables for qualitative evidence

Table 37: GRADE-CERQual evidence profile for theme 1: Compatibility of healthcare disciplines

Study information		Description of Theme or Finding	GRADE-CERQual Quality Assessment				
Number of studies	Design (Number of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
1.1 Setting common goals							
1 (Rashid 2018)	Semi-structured focus groups (1)	While MDTs are crucial to successful rehabilitation, information is not always shared between team members. In order to increase coordination between disciplines during discharge,	Moderate concerns[1]	No/very minor concerns	Moderate concerns[2]	Serious concerns[3]	VERY LOW

Study information		Description of Theme or Finding	GRADE-CERQual Quality Assessment				
Number of studies	Design (Number of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
		healthcare professionals should endeavour to set goals that are common across healthcare settings. To do this successfully, they should understand the full medical history and rehabilitation needs of each patient. Progress should be monitored using standardised measurements, including quality of life. *No quotes presented for this theme.*					

MDT: Multidisciplinary team
1 Evidence was downgraded due to moderate concerns regarding risk of bias in study designs as assessed using CASP Qualitative checklist
2 Evidence was downgraded for applicability as no data came from UK settings and the population being investigated was children with acquired brain injury (which can include traumatic and non-traumatic aetiology)
3 Evidence was downgraded for adequacy of data, as the findings were based on one study only with poor presentation of supporting first-order quotes

Table 38: GRADE-CERQual evidence profile for theme 2: Resources

Study information		Description of Theme or Finding	GRADE-CERQual Quality Assessment				
Number of studies	Design (Number of studies)		Methodological Limitations	Coherence of findings	Applicability of evidence	Adequacy of Data	Overall Confidence
2.1 Case workers							
1 (Rashid 2018)	Semi-structured focus-groups	MDTs may not be suitable for families that have poor advocacy skills and family-centred care is not always practiced by all healthcare professionals involved in rehabilitation. A designated case worker can act as an additional resource for families during discharge, acting as a	Moderate concerns[1]	No/very minor concerns	Moderate concerns[2]	Serious concerns[3]	VERY LOW

Study information		Description of Theme or Finding	GRADE-CERQual Quality Assessment				
Number of studies	**Design (Number of studies)**		**Methodological Limitations**	**Coherence of findings**	**Applicability of evidence**	**Adequacy of Data**	**Overall Confidence**
		knowledgeable intermediary between healthcare staff and families. *'for our complex cases with so many people involved there is the illusion that somebody will have their eyes on the child when discharged' (p. 128, Rashid 2018)*					
2.2 Importance of community support							
1 (Rashid 2018)	Semi-structured focus groups	Families who have a child with ABI can help support other families re-integrate into the community after discharge. Social media can facilitate this by building stronger connections between parents/carers or support groups. *'When families become so strong and find the time to volunteer and give back to the community by assisting others, it is inspiring and rewarding and means that the system did well.' (p. 128, Rashid 2018)*	Moderate concerns[1]	No/very minor concerns	Moderate concerns[2]	Serious concerns[3]	VERY LOW

ABI: Acquired brain injury; MDT: Multidisciplinary team; p: Page
1 Evidence was downgraded due to moderate concerns regarding risk of bias in study designs as assessed using CASP Qualitative checklist
2 Evidence was downgraded for applicability as no data came from UK settings and the population being investigated was children with acquired brain injury (which can include traumatic and non-traumatic aetiology)
3 Evidence was downgraded for adequacy of data, as the findings were based on one study only with poor presentation of supporting first-order quotes