

Table III. Data from included studies

Study	Data/results
<i>PICO (A) Community rehabilitation services compared with hospital/clinic- or facility-based rehabilitation</i>	
A1. Shepperd 2009 (11)	Risk of re-admission: 5 trials, 969 elderly people with a mix of conditions (RR: 1.35, 95% CI 1.03–1.76); for patients recovering from stroke there was no significant difference. Odds of death or dependency: Moderate stroke severity (OR 0.73, 95% CI 0.57–0.93). Severe stroke severity (OR 1.41, 95% CI 0.83–2.41). Risk of death or re-admission: 3 RCTs, 179 older people with stroke (RR 1.06, 95% CI 0.47–2.38); 4 RCTs, 357 older people with COPD (RR 0.83, 95% CI 0.61–1.13). Poor functioning (e.g. activities of daily living): 4 RCTs, 639 older people with a mix of health conditions (SMD 0.14 higher, 95% CI 0.02–0.3). Mortality: 6 RCTs, 1084 people with mixed conditions (RR 1.12, 95% CI 0.77–1.63) 4 RCTs, 416 people with COPD (RR 0.50, 95% CI 0.23–1.09).
A2. Forster 2008 (12)	Utilization of rehabilitation services (OR 0.87, 95% CI 0.54–1.4). Functional outcomes (OR 1.34, 95% CI 0.9–1.99). Health outcomes (OR 0.86, 95% CI 0.52–1.42).
A2. Taylor 2010 (13)	Adherence to treatment: 13 RCTs, 1620 patients (RR 1.02, 95% CI 0.99–1.06). Short-term – prevention or slowing of the loss of function: 14 RCTs, 1557 patients (SMD 0.11 lower, 95% CI 0.35–0.13). Long-term – Prevention or slowing of the loss of function: 3 RCTs, 1074 patients (SMD 0.11 higher, 95% CI 0.01–0.23). Mortality: 4 RCTs, 909 patients (RR 1.31, 95% CI 0.65–2.66).
A2. Doig 2010 (14)	Rehabilitation outcomes: 2 observational studies, 195 patients (no estimate provided).
A3. Fens 2013 (15)	Rehabilitation outcomes (function): 11 RCTs (no estimate provided). Health outcomes (QoL): 8 RCTs (no estimate provided).
A3. Beswick 2008 (16)	Reducing admissions to nursing homes: (RR 0.77 95% CI 0.64–0.91). Hospital admissions with usual care: (RR 0.95 95% CI 0.90–0.99). Not living at home after usual care: (RR 0.90 95% CI 0.82–0.99).
A4. Smith 2007 (17)	Access to rehabilitation (perception of met and unmet needs): 1 RCT, 322 people (intervention (mean) 1.49, control group (mean) 1.31, no standard deviation available, absolute difference 0.18, relative difference 14%). Continuity of care (proportion of patients attending pulmonary rehabilitation as per recommendations): 1 RCT, 135 people (OR 0.46, 95% CI 0.22–0.98). Utilization of rehabilitation services (hospital admissions): 6 RCTs, 1668 people (no estimate provided). Rehabilitation outcome (functional impairment and disability): 4 RCTs, 2877 people (no estimate provided). Health outcome (quality of life): 5 RCTs, 2717 people (no estimate provided).
A5. Bortolotti 2008 (18)	Short-term health outcome: 6 RCTs, 647 people (SMD 0.42 lower, 95% CI 0.59–0.26). Long-term health outcome: 6 RCTs, 727 people (SMD 0.3 lower, 95% CI 0.45–0.14).
A6. MacPherson 2009 (19)	Utilization of services and continuity of care, rehabilitation outcomes and health outcomes: 1 trial, 22 people (no estimate is provided).
A7. A8. Dieterich 2011 (20)	Intensive case management (ICM) Access to services: 9 RCTs, 1633 people (RR 0.43, 95% CI 0.3–0.61). Global assessment of functioning: 5 RCTs, 818 people (MD 3.41 higher, 95% CI 1.66–5.16). Utilization of services (days in hospital per month): 24 RCTs, 3595 people (MD 0.86 lower, 95% CI 1.37–0.34). Health outcome (mortality): 9 RCTs, 1456 people (RR 0.84, 95% CI 0.48–1.47). Access to rehabilitation services (reducing rate of loss to follow-up): 9 RCTs, 2195 people (RR 0.72 (95% CI 0.85–0.99). Community living: Semi-independent supporting living arrangements Utilization of rehabilitation services: 13 observational studies: 11 cross-sectional and 2 quantitative (no estimate provided). Resettlement from institution to community setting Health outcome (mortality): 7 observational studies (no estimate provided). Community setting vs institution Health outcome (mortality): 3 observational studies, 28,562 people (no estimate provided).
A8. Kozma 2009 (21)	Health outcome (QoL): 6 observational studies: 2 cross-sectional and 4 quantitative (no estimate provided).
A9. McConachie 2000 (22)	Health outcome (measured with Independent Behaviour Assessment Scale; IBAS) showed that distance training is no different from the control groups in rural or urban groups (mean difference (MD) 0.22 lower (1.02 lower to 0.57 higher)).
A9. Tang 2011 (23)	Rehabilitation outcomes (measured by the Comprehensive Developmental Inventory for Infant and Toddlers (CDIIT) and by the Pediatric Evaluation of Disability Inventory (PEDI): home activity programme added to institutional-based therapy is better at 12 weeks.
<i>PICO (B) Integrated and decentralized services compared with centralized services</i>	
Kruis 2013 (24)	Hospital admissions: (OR 0.68, 95% CI 0.47–0.99). Quality of Life: (MD 4.22 points, 95% CI 2.3–6.14). Mortality: (OR 0.96, 95% CI 0.52–1.74)
Dubuc 2011 (25)	Unmet needs: integrated-service-delivery (ISD) network reduces the number of elderly people with unmet needs and reduces the prevalence of unmet needs. Utilization of rehabilitation services and continuity of care: living in a community where there is an ISD network is better than living in a community without an ISD network.

Table III. cont.

Study	Data/results
Binks 2007 (26)	Meaningful transition experience: 2 qualitative studies (no estimate provided).
Lawson 2011 (27)	Unmet needs: no difference. Utilization of rehabilitation services: coordinated care is better.
<i>PICO (C) Multidisciplinary rehabilitation (including 2 or more professions) compared with non-multidisciplinary rehabilitation</i>	
C1. Forster 2008 (12)	Utilization of rehabilitation services and continuity of care (institutional care): 3 RCTs, 411 patients (OR 0.52, 95% CI 0.38–0.71). Rehabilitation outcomes (deterioration in activities of daily living): 2 RCTs, 262 patients (OR 0.76, 95% CI 0.56–1.05). Health outcomes (mortality): 3 RCTs, 530 patients (OR 0.86, 95% CI 0.6–1.22).
C1. Bachmann 2010 (28)	Utilization of rehabilitation services and continuity of care (admissions to nursing homes): 13 RCTs, 4033 people (RR 0.84, 0.72–0.99). Rehabilitation outcomes (functional status): 12 RCTs, 4039 people (RR 1.36, 95% CI 1.36–1.71). Measures of health outcomes (mortality): 15 RCTs, 2206 people (RR 0.87, 95% CI 0.77–0.97).
C1. Handoll 2009 (29)	Utilization of rehabilitation services and continuity of care (length of stay): 8 RCTs, 1663 people (no estimate provided). Utilization of rehabilitation services and continuity of care (re-admission to hospital): 6 RCTs, 629 people (RR 0.99, 95% CI 0.82–1.19). Rehabilitation outcomes (functional outcomes): 2 RCTs (The results for each study is given separately: Chinese Barthel Index (SD) – 90.53 (19.4); Modified Barthel Index – 95.3(9.8); Barthel scores at long-term follow-up: mean difference (95% CI): 6.17 (–0.86 to 13.20); mean difference (95% CI): 6.30 (–0.53 to 13.13)). Health outcomes (death or deterioration of function): 8 RCTs, 817 people (RR 0.89, 95% CI 0.78–1.01). Health outcome (mortality): 11 RCTs, 1143 people (RR 0.9, 95% CI 0.76–1.07). Accelerated discharge: Rehabilitation services (length of hospital stay): 1 RCT, 66 people (no estimate provided). Rehabilitation outcomes (function): 1 RCT, 56 people (no estimate provided). Health outcomes (mortality): 1 RCT, 66 people (no estimate provided).
C2. Fens 2013 (15) (See also in A)	Rehabilitation outcomes (function): 11 RCTs (no estimate provided). Health outcomes (QoL): 8 RCTs (no estimate provided).
C2. Ng 2009 (30)	<i>Low-intensity:</i> Rehabilitation services and continuity of care (fewer re-admissions and shorter length of stay): 2 observational studies (no estimate provided). Rehabilitation for health outcomes (QoL): 1 observational study (no estimate provided). Health outcomes (survival): 3 observational studies (no estimate provided). <i>High-intensity:</i> Rehabilitation outcomes (impairment and activity limitation): 1 observational study (no estimate provided).
C2. Turner-Stokes 2005 (31)	Rehabilitation outcomes (function): 1 RCT and 1 observational study (no estimate provided).
C3. Kamper 2014 (32)	Rehabilitation services and continuity of care: 2 RCTs, 226 patients (SMD 0.06 lower, 95% CI 0.32–0.2). Rehabilitation outcomes (function) in the short-term: 13 RCTs, 1879 patients (SMD 0.39 lower, 95% CI 0.68–0.1). Rehabilitation outcomes (function) in the long-term: 10 RCTs, 1169 patients (SMD 0.68 lower, 95% CI 1.19–0.16). Health outcomes (return-to-work): 8 RCTs, 1006 patients (OR 1.87, 95% CI 1.39–2.53).
C3. Karjalainen 2010 (33)	Rehabilitation outcomes (disability): 1 RCT, 66 people (SMD 0.6 higher, 95% CI 4.3–5.5).
C3. Karjalainen 2008 (34)	Rehabilitation outcomes (subjective disability): 1 RCT, 103 patients (MD 1.2 lower, 95% CI 1.98–0.42). Health outcomes (return-to-work): 1 RCT, 103 people (MD 5.1, 95% CI 10.59–0.39).
<i>PICO (D) Specialized hospitals and units for rehabilitation for complex conditions compared with rehabilitation for complex conditions in general wards or non-specialized units</i>	
D1. Stroke Unit Trialists' Collaboration 2013 (35)	Health outcomes (being alive): 23 RCTs, 4591 people (OR 0.81, 95% CI 0.69–0.94). Rehabilitation outcomes (being independent): 20 RCTs, 3510 people (OR 0.78, 95% CI 0.68–0.89). Rehabilitation outcomes (being at home): 17 RCTs, 5855 people (OR 0.78, 95% CI 0.68–0.89).
D1. Wolfe 2012 (36)	Rehabilitation services and continuity of care (length of hospital stay): 4 observational studies, 2,743 people (no estimate provided). Rehabilitation outcomes (functional status, including need for assistance in eating, grooming and impairment measured with the Barthel Index): 2 observational studies, 1138 people (no estimate provided). Health outcomes (reducing the occurrence of secondary complications such as pressure ulcers): 1 observational study, 800 people (no estimate provided).
D2. Puhan 2011 (37)	Utilization of rehabilitation services and continuity of care (reduce hospital admissions): 5 RCTs, 250 people (OR 0.22, 95% CI 0.08–0.58). Health outcomes (mortality): 3 RCTs, 110 patients (OR 0.28, 95% CI 0.1–0.84). Health outcome (QoL): 5 RCTs, 259 patients (MD 0.97 higher, 95% CI 0.35–1.58).
<i>PICO (E) Rehabilitation services integrated into the health service compared with rehabilitation services integrated into the social or welfare service</i>	
No study.	

OR: odds ratio; 95% CI: 95% confidence interval; QoL: quality of life; RCT: randomized controlled trial.