Online supplement for 10.1176/appi.ps.202100475

Table 1. Thirteen root causes of poor referral rates.

Patient	Staff	Procedure
1) Family lacked real-life examples of rehabilitation and knowledge of its benefits	5) A delay in obtaining service-user's medical history.	10) Difficulty scheduling a common time for W35B members to review service-user together.
2) Service-user lacked real life examples of rehabilitation and knowledge of its benefits	6) No clear representative from W35B to bridge a discussion of rehabilitation between family and service-user.	11) Family not informed of additional charges for rehabilitation.
3) W35B had no process to motivate or prepare patient for rehabilitation	7) Rehabilitation is not raised by W35B as an issue of concern in a service-user's treatment plan.	12) Change of family spokesperson.
4) W35B lacked knowledge about the rehabilitation process.	8) W35B and rehabilitation teams assessed service-users' suitability for rehabilitation differently.	13) Rehabilitation ward is open concept (doors are not locked) and service-users may not be suitable if they have a high abscondment risk.
	9) W35B focused more on symptom management via	

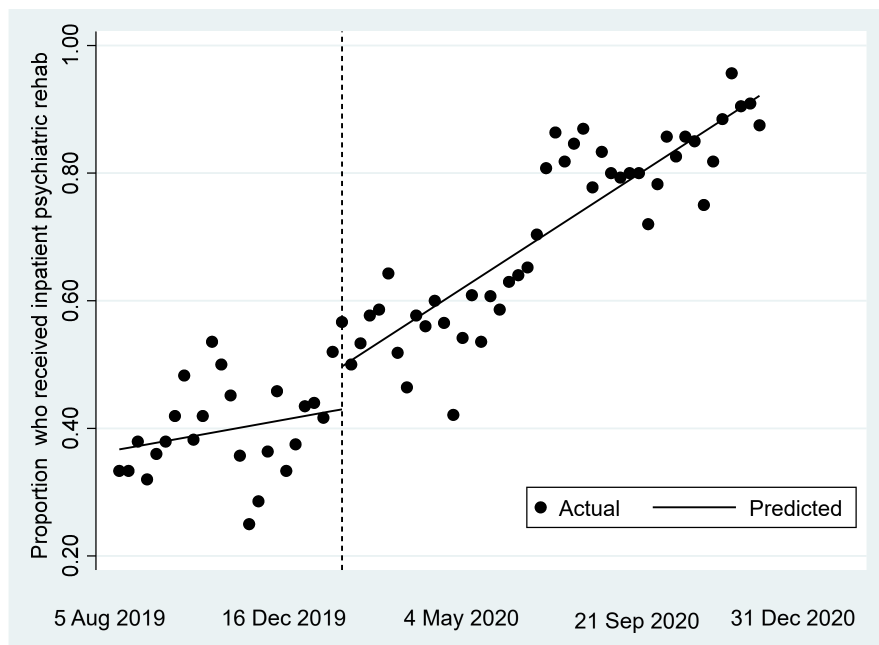
	pharmacological methods instead of psychosocial interventions such as rehabilitation.	

Full ITSA results

Table 2. ITSA results. Coefficients are interpreted as a percentage.

	Coef.	Newey-West Standard. Error.	t	*p*	95% Conf. Interval	
Intercept	36.7	0.022	16.4	<0.001	32.2	41.2
Rate of change over the baseline	0.26	0.002	1.63	0.107	-0. 05	0. 58
Observed change immediately at the end of the PDSA cycles	6.7	0.036	1.87	0.066	-0. 5	13.88
Rate of change over the follow-up	0. 68	0.002	3.75	<0.001	0. 32	1.04

Figure 1. Proportion of service users referred to the rehabilitation services.



Limitations

It is important to note that several events related to infection and personnel availability impacted our measurements in observable ways. Most notably are the emergence of a cluster of scabies in the ward, reaching capacity of the rehabilitation center, the departure of a key team member, and the movement restrictions imposed as a result of SARS COVID 19. This last event impacted the rate of referral significantly, as is evident by the immediate surge in the rate of referrals that occurred when quarantine restrictions were lifted in a phased approach in June and July of 2020. It is also important to note that competing explanations related to hospital policy on referrals, or the management of rehabilitation services are absent, not omitted from the project. This is important because it eliminates the possibility of an external policy-based influence. Given that the overall trend is in an upward direction and that the teams various strategies were the only source of change in practice, we are confident in our attribution and conclusion of effectiveness.

A final limitation relates to the subgroup analyses conducted on individuals with a LOS>60 days. The study did not intend originally to study this subgroup, but discovered the mentioned differential effect over the course of data exploration. As such, the the observed trend is discussed, but not assigned statistical significance, unlike the overall study results.