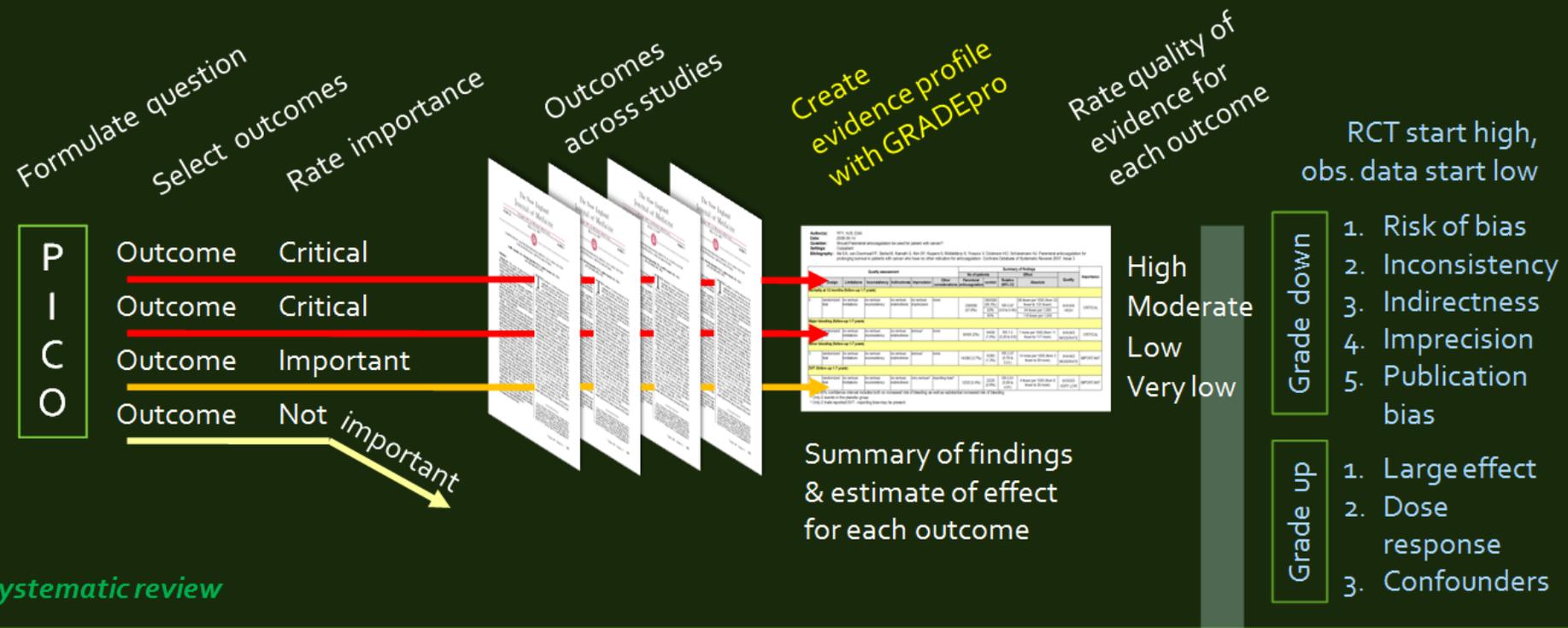


EVIDENCE TO DECISION FRAMEWORK



Systematic review

Guideline development

Formulate recommendations:

- For or against (direction)
- Strong or weak (strength)

By considering:



- Quality of evidence
- Balance benefits/harms
- Values and preferences

Revise if necessary by considering:

- Resource use (cost)



Rate overall quality of evidence across outcomes based on lowest quality of critical outcomes

- "We recommend using..."
- "We suggest using..."
- "We recommend against using..."
- "We suggest against using..."

	JUDGEMENT						
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
RESOURCES REQUIRED	Large costs	Moderate costs	Negligible costs and savings	Moderate savings	Large savings	Varies	Don't know
CERTAINTY OF EVIDENCE OF REQUIRED RESOURCES	Very low	Low	Moderate	High			No included studies
COST EFFECTIVENESS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	No included studies
EQUITY	Reduced	Probably reduced	Probably no impact	Probably increased	Increased	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

Panel chair	Nathan
Methodologist	Arash
Systematic review team	Noha Hayek Paul
Economics specialist	Ahmed
Panel members	Soha Ahmed Marian Mai Salama Amir Yassen

Organized inpatient care (stroke unit) for stroke

Background

Participants: people with acute stroke

Intervention: Special ward with multidisciplinary teams for stroke compared to general medical wards. These special wards have rehabilitation teams

Comparison: care on acute medical or neurological ward

Outcomes: death, poor outcome (death or dependency), participant health status, patient satisfaction, length of stay

Systematic review team

Noha Hayek, Paul Garner

We declare no conflicts of interest

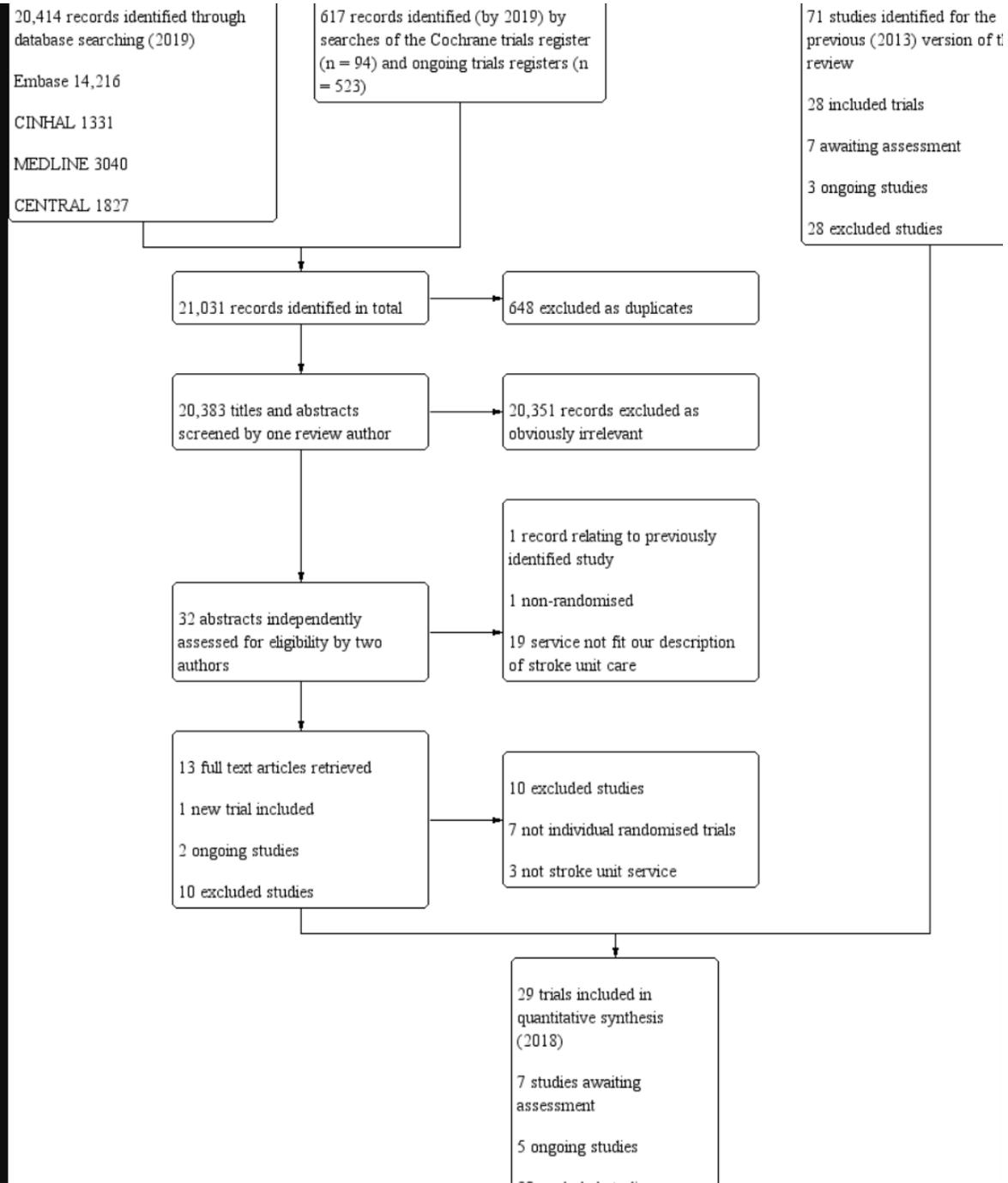
Paul notes that people a sibling died with a stroke so he has a personal interest in the topic

Systematic review methods

We took a Cochrane review published in 2020: network meta-analysis

We checked the quality by AMSTAR and it was high

We summarised the results



Authors' methods

- RCTS only
- Two authors assessed each possible study
- Pair wise comparison, network meta-analysis to confirm the relative effects

Athens 1995	+	+	?	+	+
Beijing 2004	+	?	?	?	+
Birmingham 1972	?	?	?	+	+
Dover 1984	+	+	?	+	?
Dover 1984 (GMW)	+	+	?	+	?
Dover 1984 (MRW)	+	+	?	+	?
Edinburgh 1980	+	+	?	+	?
Göteborg-Ostra 1988	+	+	?	?	?
Göteborg-Sahlgren 1994	+	+	?	+	+
Groningen 2003	+	+	?	+	+
Guangdong 2008	+	+	?	?	?
Guangdong 2009	+	?	?	?	?
Helsinki 1995	+	+	?	+	?
Hualhua 2004	?	?	?	?	?
Hunan 2007	+	?	?	?	?
Illinois 1995	+	?	?	+	?
Johanna 2003	+	?	?	+	+
Kuopio 1985	+	+	?	+	?
Manchester 2003	+	+	?	+	+
Montreal 1985	+	+	?	+	?
Newcastle 1993	?	?	?	+	?
New South Wales 2014	+	+	+	+	?
New York 1962	+	?	?	?	?
Nottingham 1996	+	?	?	?	?
Nottingham 1996 (GMW)	+	?	?	+	+
Nottingham 1996 (MRW)	+	?	?	+	+
Oxford 1993	+	+	?	+	+
Oxford 1993 (GMW)	+	+	?	+	+
Oxford 1993 (MRW)	+	+	?	+	+
Oxford 1995	?	?	?	?	+
Oxford 2000	+	+	?	+	+
Perth 1997	?	?	?	+	+
Svenborg 1995	+	+	?	?	?
Tampere 1993	+	+	?	+	?
Tromsø 1991	+	+	?	+	+

Random sequence generation (selection bias)

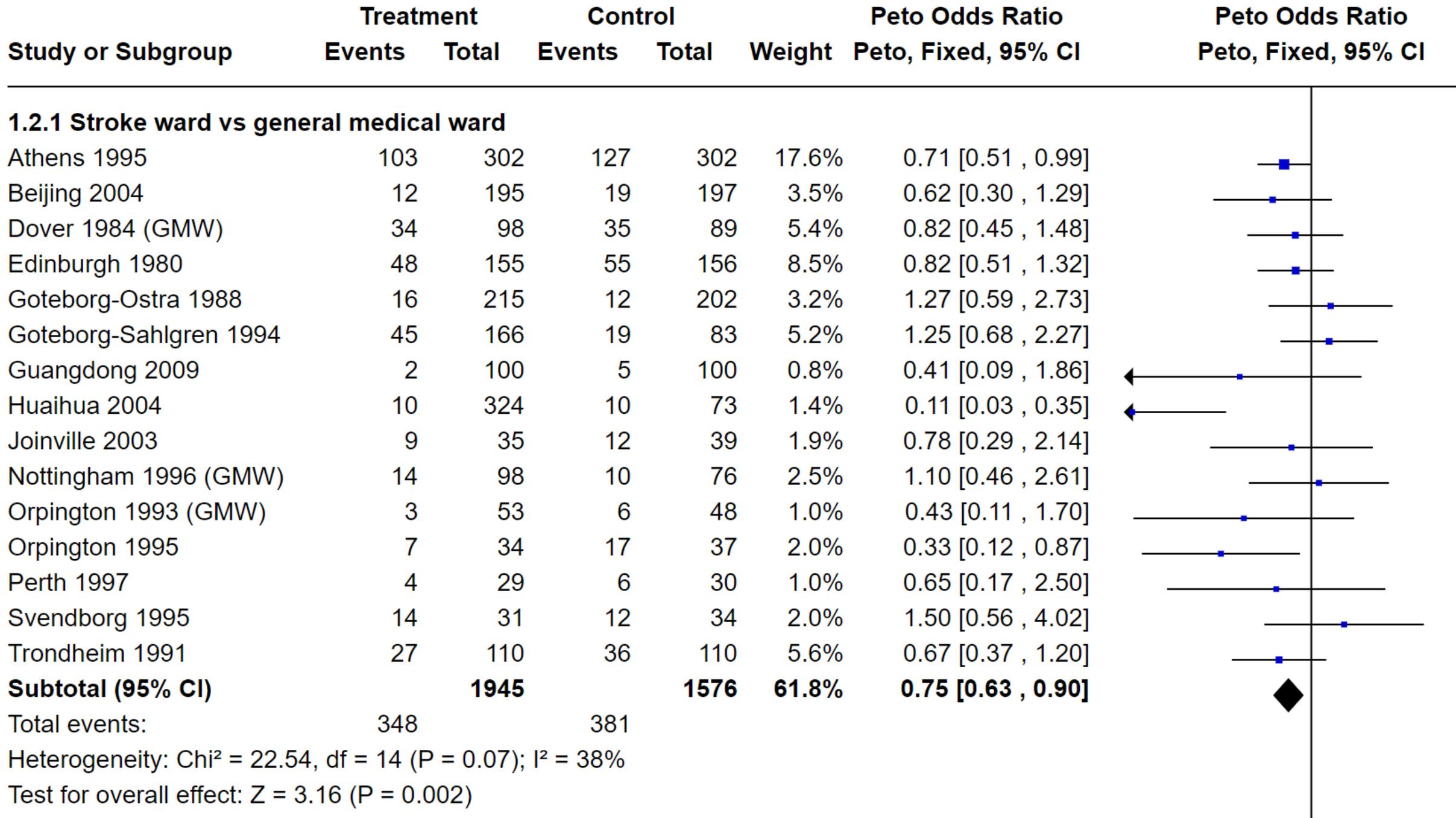
Allocation concealment (selection bias)

Blinding of participants and personnel (performance bias): All outcomes

Blinding of outcome assessment (detection bias): All outcomes

Incomplete outcome data (attrition bias): All outcomes

Selective reporting (reporting bias)



Summary of findings 2. Stroke ward versus general medical ward

[Open in table viewer](#)

Organised inpatient (stroke unit) care compared with general medical ward care for stroke

Patient or population: adults with acute stroke

Settings: hospital

Intervention: stroke ward care

Comparison: general medical ward care

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	Number of participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk	Corresponding risk				
	General medical ward care	Stroke ward care				
Poor outcome by the end of scheduled follow-up (modified Rankin score 3 to 6 or requiring institutional care; median 12-month follow-up) (Analysis 2.1)	549 per 1000	499 per 1000 (459 to 529)	OR 0.78 (0.68 to 0.91)	3321 (14)	⊕⊕⊕⊖ moderate ^a	Sensitivity analysis based on trial quality suggested no alteration of conclusions

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	Number of participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk	Corresponding risk				
	General medical ward care	Stroke ward care				
<p>Death by the end of scheduled follow-up</p> <p>(median 12-month follow-up) (Analysis 2.2)</p>	242 per 1000	202 per 1000 (172 to 222)	OR 0.75 (0.63 to 0.90)	3523 (15)	⊕⊕⊕⊖ moderate ^a	Sensitivity analysis based on trial quality suggested no alteration of conclusions
<p>Death or institutional care by the end of scheduled follow-up</p> <p>(median 12-month follow-up) (Analysis 2.3)</p>	383 per 1000	323 per 1000 (283 to 353)	OR 0.74 (0.63 to 0.87)	2924 (13)	⊕⊕⊕⊖ moderate ^a	Sensitivity analysis based on trial quality suggested no alteration of conclusions
<p>Death or dependency by the end of scheduled follow-up</p> <p>(modified Rankin score 3 to 6; median 12-month follow-up) (Analysis 2.4)</p>	602 per 1000	532 per 1000 (502 to 572)	OR 0.75 (0.64 to 0.88)	2839 (12)	⊕⊕⊕⊖ moderate ^a	Sensitivity analysis based on trial quality suggested no alteration of conclusions

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	Number of participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk	Corresponding risk				
	General medical ward care	Stroke ward care				
Subjective health status score Participant quality of life (Nottingham Health Profile; Quality of Life Scale)	There was a pattern of improved results among stroke unit survivors, with results attaining statistical significance in 2 individual trials		N/A	535 (2)	⊕⊖⊖⊖ very low ^{a,b,c}	Data from 3 trials only High rate of missing data
Patient satisfaction or preference	We could find no systematically gathered information on patient preferences		N/A	N/A	N/A	No data available
Length of stay (days) in a hospital or institution (Analysis 2.5)	Mean length of stay across control groups ranged from 12.8 to 123 days	Mean length of stay for the intervention groups was, on average, 2.2 days less (5.2 days less to 0.8 days more)	SMD 0.13 lower (0.29 lower to 0.04 higher)	2547 (10)	⊕⊕⊖⊖ low ^{a,b}	Different definitions and imprecise measures of length of stay were reported