## G.4.1.3 Proactive case finding with palliative care service versus usual care

Quality assessment						No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Interventio n	Comparator		
Outcome:	Length of stay in	Hospital (days)							
Campbell (2004)	Cohort study	Very serious <sup>1</sup>	Not serious	N/A	Not serious	26	26	MD -4.70 (-8.87, -0.53)	Low
Outcome L	ength of stay in	ICU days							
Campbell (2004)	Cohort study	Very serious <sup>1</sup>	Not serious	N/A	Not serious	26	26	MD -3.30 (-5.46, -1.14)	Low
Outcome:	Reason for disch	harge (mortality)							
Campbell (2004)	Cohort study	Very serious <sup>1</sup>	Not serious	N/A	Very serious <sup>3</sup>	17/26 (53.8%)	14/26 (65.4%)	RR 0.82 (0.52, 1.29)	Very low
Outcome:	Mean length of t	ime (days) from a	admission until d	o not resuscitate	goals were esta	ablished			
Campbell (2004)	Cohort study	Very serious <sup>1</sup>	Not serious	N/A	Serious <sup>2</sup>	26	19	MD -1.20 (-3.49, 1.09)	Very low
Outcome:	Mean length of s	tay from establis	hment of do not	resuscitate goals	s until discharge	)			
Campbell (2004)	Cohort study	Very serious <sup>1</sup>	Not serious	N/A	Serious <sup>2</sup>	26	19	MD -1.50 (-6.37, 3.37)	Very low
Outcome:	Measure of ICU v	workload (Therap	eutic Interventio	n after DNR-1Sc	oring System) T	ISS before DI	NR-1		
Campbell (2004)	Cohort study	Very serious <sup>1</sup>	Not serious	N/A	Serious <sup>2</sup>	26	19	MD -2.79 (-6.16, 0.58)	Very low
Outcome:	Measure of ICU v	workload TISS af	ter DNR-1						
Campbell (2004)	Cohort study	Very serious <sup>1</sup>	Not serious	N/A	Not serious	26	19	MD -8.24 (-12.84, - 3.64)	Low
1. Noi	n-randomised stu	dy; high risk of bia	s based on limited	d reporting of stud	y.				

<sup>2.</sup> Non-significant result.

<sup>3. 95%</sup> CI crosses two lines of a defined MID interval