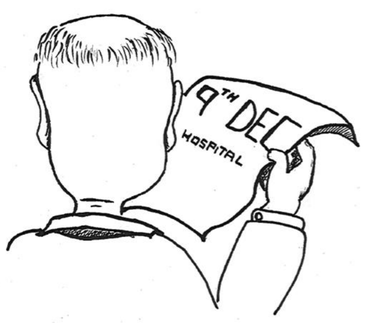
Tailoring the scope of a systematic review to meet the requirements of the policy customer involved ***balancing the need for robust evidence*** with ***UK-specific evidence from studies with less rigorous designs*** and allowed our audience to ***consider their own requirements*** with respect to the evidence available for their decision making



We were asked to address this research question…

What is the effectiveness and cost-effectiveness of organisational interventions intended to reduce the length of hospital stay of older adults undergoing planned procedures?

… to inform health service delivery in the UK

How do we ensure that the review findings are accessible and meaningful?

Should we limit inclusion to RCTs only?

What if most of the UK evidence is not from RCTs?

Would this miss some of the relevant and useful evidence?

Some of the most well known studies in this area are not RCTs

Will evidence from international RCTs be useful in the UK context?

Scoping suggests that some of the most recent evidence does not come from RCTs

What did we do?

Included any comparative study design

- to reduce the risk of missing relevant and useful evidence

Prioritised RCTs and UK based controlled trials or uncontrolled before and after studies

- most robust evidence from high-income countries
- most relevant evidence for commissioners of health services in UK

Combined heterogeneous and overlapping sets of studies

- grouped studies according to surgical procedure and type of intervention
- narrative summary tables
- text overview
- detailed descriptions of results in an appendix
- combined and synthesized RCTs using meta-analysis where appropriate
- UK studies analysed separately from studies conducted elsewhere

How did we do it?

- Discussion with clinicians and older people
- Weekly team meetings to explore options
- Flexibility within the protocol
- Careful recording of decisions and the rationale behind them
- ‘Permission’ to do things differently
- Revision of the approach in response to feedback

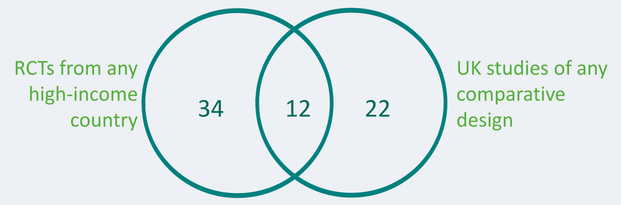
Tricky issues

- Size of the evidence base

218 articles were eligible for inclusion.

We had to decide if we were going to include all eligible studies in the full synthesis or to prioritise the most robust and relevant evidence.

We included 71 studies in two linked syntheses:



- Identification of evidence

Many of the included studies were uncontrolled before and after studies found through citation chasing.

Many were rarely described accurately within study abstracts, and so were hard to identify via bibliographic database searches.

- Organising the evidence

We needed to organise evidence from the two overlapping sets of studies in a way which met the needs of our different intended audiences.

We sought frequent advice from our clinical colleagues to check our understanding of intervention descriptions and surgical procedures to ensure that our groupings reflected clinical practice.

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Inclusion of non-randomised studies: reflections from a systematic review of complex multi-component organisational interventions

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Take a picture to get the protocol.