**Authors and Title:** Andrej Michalsen et al, Inter-professional shared decision-making in intensive care units: a systematic review and recommendations from an expert panel

**Question:** Should interprofessional shared decision-making be used in the care of critically ill patients?

**Bibliography**: Jensen 2013

| **SEM Table e3.** Certainty Assessment and Summary of Findings for Patient- and Family-centered Outcomes | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Certainty assessment** | | | | | | | **Impact** | **Certainty** | **Importance** |
| **No. of studies** | **Study design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** |
| **ICU length of stay** | | | | | | | | | |
| 1 | observational studies | seriousa | not serious | not serious | not serious | none | In Jensen et al 2013, among patients who died after withdrawal of therapy, length of stay in the ICU did not differ significantly after the implementation of locally-developed hospital guidelines for withholding and withdrawing therapy (3.1 vs 1.7 days; p=0.06). For this same group of patients, median time from admission to first consideration of level of therapy was lower following guideline implementation (1.1 vs 0.4 days; p=0.03), as was median time from admission to a withdrawal decision (3.1 vs 1.1 days; p=0.02). | ⨁◯◯◯ VERY LOW | IMPORTANT |

#### Explanations:

a. Comparisons of pre- and post-intervention data do not include adjustment for potential confounders.