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Case-control studies

	Colorado (2014)	Kennedy (1997)	Livorsi (2015)	Lupion (2015)	Masse (2013)	Soon (2013)	Tarzi (2001)
1) <u>Is the case definition adequate?</u> a) yes, with independent validation * b) yes, eg record linkage or based on self reports c) no description	*	*	*	*	*	*	*
2) <u>Representativeness of the cases</u> a) consecutive or obviously representative series of cases * b) potential for selection biases or not stated	b	b	*	b	b	*	*
3) <u>Selection of Controls</u> a) community controls (studies of hospital patients) * b) hospital controls c) no description	*	*	*	*	*	*	*
4) <u>Definition of Controls</u> a) no history of disease (endpoint) * b) no description of source	*			*			
Comparability							
1) <u>Comparability of cases and controls on the basis of the design or analysis</u> a) study controls for diagnosis * b) study controls for any additional factor *	* * (l)	* * (l, g)		* * (g)	* *(g)	* * (l, g)	* *(l, g)
Outcome							
1) <u>Ascertainment of exposure</u> a) secure record (eg surgical records) * b) structured interview where blind to case/control status * c) interview not blinded to case/control status d) written self report or medical record only e) no description	*	*	*	*	*	*	*
2) <u>Same method of ascertainment for cases and controls</u> a) yes * b) no	Functional Independence Measure ## *	Functional Independence Measure; Beck Inventory Depression; State Anxiety Inventory; Profile Mood States ## *	Hospital Consumer Assessment of Healthcare Providers and Systems ## *	Hospital Consumer Assessment of Healthcare Providers and Systems ## *	Charlston Comorbidity Index ## *	Hospital Anxiety and Depression Scale ## *	Geriatric Depression Scale; Profile of Mood States; Abbreviated Mental Test Score; Barthel Index ## *
3) <u>Non-Response rate</u> a) same rate for both groups * b) non respondents described c) rate different and no designation	*	*	*	*			*

Cohort studies (1)

Selection	Croft (2015)	Day (2011) a	Day (2011) b	Day (2012)	Day (2013)	Evans (2003)	Findink (2012)	Guilley (2017)
1) <u>Representativeness of the exposed cohort</u> a) truly representative of the average patient in the community * b) somewhat representative of the average patient in the community * c) selected group of users eg nurses, volunteers d) no description of the derivation of the cohort	*	*	*	*	* b	c	*b	*b
2) <u>Selection of the non exposed cohort</u> a) drawn from the same community as the exposed cohort * b) drawn from a different source c) no description of the derivation of the non exposed cohort	*	*	*	*	*	*	*	*
3) <u>Ascertainment of exposure</u> a) secure record (eg surgical records) * b) structured interview * c) written self report d) no description	*	*	*	*	*	*	*	*
4) <u>Demonstration that outcome of interest was not present at start of study</u> a) yes * b) no	*	b	b	*	*	*		*
Comparability								
1) Comparability of cohorts on the basis of the design or analysis a) study controls for diagnosis * b) study controls for any additional factor *	* * (l,g)		* * (l,g)	* * (l,g)	* * (l,g)			* (g)
Outcome								
1) <u>Assessment of outcome</u> a) independent blind assessment * b) record linkage * c) self report d) no description	Global Trigger Tool ## *	Hospital Anxiety and Depression Scale ## *	*	Clinical diagnosis of delirium *	Hospital Anxiety and Depression Scale ## *	Clinical encounters per hour *	Hospital Anxiety and Depression Scale ## *	State-Trait Anxiety Inventory ## *
2) <u>Was follow-up long enough for outcomes to occur</u> a) yes (during hospitalisation or immediately afterwards) * b) no	*	*	*	*	* 3 days	*	*	
3) <u>Adequacy of follow up of cohorts</u> a) complete follow up - all subjects accounted for * b) subjects lost to follow up unlikely to introduce bias - small number lost - > 90 % follow up, or description provided of those lost) * c) follow up rate < 90% and no description of those lost d) no statement	*	*	*	*	*	*	*	*

Community – was hospital population

Time to outcome of interest – question is regarding outcome during isolation

a – age

g- gender

l – LOS

own scale

validated scale/s used appropriately

Cohort studies (2)

Selection	Kirkland (1999)	Lau (2016)	Mehotra (2013)	Stelfox (2003)	Spense (2011)	Saint (2003)	Tran (2016)	Wassenberg (2010)
1) <u>Representativeness of the exposed cohort</u> a) truly representative of the average patient in the community * b) somewhat representative of the average patient in the community * c) selected group of users eg nurses, volunteers d) no description of the derivation of the cohort	*b	*	*	*	b	*	*	*
2) <u>Selection of the non exposed cohort</u> a) drawn from the same community as the exposed cohort * b) drawn from a different source c) no description of the derivation of the non exposed cohort	*	*	*	*	*	*	*	*
3) <u>Ascertainment of exposure</u> a) secure record (eg surgical records) * b) structured interview * c) written self report d) no description	*	*b	*b	*	*	*	*	*
4) <u>Demonstration that outcome of interest was not present at start of study</u> a) yes * b) no	*	*	*	*	*	*	*	*
Comparability								
1) Comparability of cohorts on the basis of the design or analysis a) study controls for diagnosis * b) study controls for any additional factor *		* (g)	* * (l,g)	* * (l,g)		*	* * (l,g)	(l,g)
Outcome								
1) <u>Assessment of outcome</u> a) independent blind assessment * b) record linkage * c) self report d) no description	* #	Patient Health Questionnaire-9; CQ-5D c telephone /health records ## *	Hospital Consumer Assessment of Healthcare Providers and Systems ## *	Clinical satisfaction # *	Clinical outcomes *	Observation of doctors *	Clinical outcomes *	EQ5-D; Hospital Anxiety and Depression Scale ## *
2) <u>Was follow-up long enough for outcomes to occur</u> a) yes (during hospitalisation or immediately afterwards) * b) no	*		*	*	*	*	*	*
3) <u>Adequacy of follow up of cohorts</u> a) complete follow up - all subjects accounted for * b) subjects lost to follow up unlikely to introduce bias - small number lost - > 90 % follow up, or description provided of those lost) * c) follow up rate < 90% and no description of those lost d) no statement	*		37/278 contact; 51/290 non	*	*		*	*

General notes

Community – the population of interest was a hospital population

Time to outcome of interest – question is regarding outcome during isolation or shortly afterwards