COCHRANE EXISTS SO THAT HEALTH CARE DECISIONS GET BETTER
SUMMARY OF 2021-22

The last few years have been marked by the impact of the Covid-19 pandemic. Critical care and emergency medicine as well as anaesthesia were particularly challenged at the onset of the pandemic, and Cochrane CARG and EC were able to make an important contribution to the management of the crisis with its extensive and high-quality collection of evidence syntheses. The COVID-NMA project deserves special mention as it is probably the most reliable and up-to-date source of evidence syntheses on the treatment and prevention of Covid-19 infection to date. The impact of our work is impressive and the collective success of brilliant experts from a global scientific community dedicated to publishing high-quality, relevant medical information. Special thanks are due to all those who have done this important scientific work alongside their demanding clinical work or maintained their productive enthusiasm in the adverse circumstances of the pandemic.

Covid-19 has also raised critical care medicine to a new level with the new public attention, many hospitals have increased their critical care capacity and medical staff have significantly increased their critical care expertise. We will continue to take this into account in terms of content and align our priorities accordingly, as we do for anaesthesia and emergency medicine. We are determined to position ourselves anew within the new organisational framework of Future Cochrane in order to make an even more relevant contribution to optimal health care worldwide.

Harald Herkner
Coordinating Editor
Emergency and Critical Care

Andrew Smith
Coordinating Editor
Anaesthesia
Since 2018, Cochrane Anaesthesia, and Cochrane Emergency and Critical Care are two separate Groups. The two groups are managed separately by two dedicated Coordinating Editors but supported administratively by the same team, consisting of a part-time Administrator, an Information Specialist, and a Managing Editor. Hence, this report covers the activities and achievements of both groups during 2021-2022.

Both groups have published numerous systematic reviews of healthcare interventions, ranging from pharmacological and surgical treatments to preventive measures and diagnostic tests. This includes those pertaining to medical procedures as well as patients' experiences while interacting with caregivers.

EC has also contributed significantly to reviews shedding light on the Covid-19 pandemic.
Our Cochrane reviews are not captured in a single study but are more like living documents that are periodically updated. This allows providers, patients, researchers, and policymakers to receive the latest developments, keeping pace with the rapidly changing landscape of medicine.

**WE ADHERE TO COCHRANE’S VISION, MISSION, AND GOALS**

**VISION**
Our vision is a world of better health for all people where decisions about health and care are informed by high-quality evidence.

**MISSION**
We are an independent, diverse, global organization that collaborates to produce trusted synthesized evidence, make it accessible to all, and advocate for its use. Our work is internationally recognized as the benchmark for high-quality information about the effectiveness of healthcare.

**GOALS**

**PRODUCING TRUSTED EVIDENCE**
To produce trusted and timely synthesized evidence addressing the most important questions for health and care decision-making.

**ADVOCATING FOR EVIDENCE**
To be a leading global advocate for evidence-informed health and care.

**INFORMING HEALTH AND CARE DECISIONS**
To inform health and care decisions by making our evidence accessible, usable, and available to all.

Cochrane does not accept commercial or conflicted funding. This is vital for us to generate authoritative and reliable information, working freely, unconstrained by commercial and financial interests.
ANAESTHESIA
work published in 2021-22

Published Intervention Reviews

Videolaryngoscopy versus direct laryngoscopy for adults undergoing tracheal intubation

Pre-emptive and preventive NSAIDs for postoperative pain in adults undergoing all types of surgery

Peripheral nerve blocks for hip fractures in adults

EMERGENCY AND CRITICAL CARE
work published in 2021-22

Published Intervention Reviews

Early spontaneous breathing for acute respiratory distress syndrome in individuals with COVID-19

Anticoagulants for people hospitalised with COVID-19

Interleukin-1 blocking agents for treating COVID-19

High versus low positive end-expiratory pressure (PEEP) levels for mechanically ventilated adult patients with acute lung injury and acute respiratory distress syndrome

Interleukin-6 blocking agents for treating COVID-19: a living systematic review
We are an international group of vibrant clinicians and statisticians, supported by a small administrative team. We aim to produce and disseminate systematic reviews of healthcare interventions in the peri-operative care of people undergoing surgery and include general issues common to many such patients as well as reviews focused on particular types of surgery or patient. The group is led by two Coordinating Editors: Andrew Smith for Anaesthesia (CARG) and Harald Herkner for Emergency and Critical Care (EC). The Financial Director for both groups is Ann Merete Møller.

From left:

**Harald Herkner**, Medical University of Vienna. Emergency and Critical Care

**Ann Møller**, Herlev University Hospital. Financial Director

**Andrew Smith**, Lancaster Medical School, Anaesthesia
The Editorial Board provides expert advice on publication content, attracting new authors, and encouraging submissions.

The Editorial Board of EC and CARG is based on a team of experts in the fields of Emergency and Critical Care and Anaesthesia. The team is committed to:

- Review submitted manuscripts.
- Advise on policy and scope.
- Identify topics for special issues.
- Attract new authors and submissions.
- Assist the Coordinating Editors in decision-making over issues such as plagiarism claims and submissions where reviewers can’t agree on a decision.

The Editorial Board consists of:

- Experienced clinicians in the fields of anesthesia and critical care. Most are serving as Doctors at University Hospitals, and all are committed to health care as well as to research.

- Experienced statisticians and bioinformaticians. All are experts in methodology and meta-analysis.

- Consumer editor, an expert in accessing lay-summary information that affects the way people interact with healthcare professionals, and healthcare research.

The core of our work evaluating the quality of an evidence-based resource includes:

- The rigor of the evidence synthesis process.
- The breadth and depth of the evidence base.
- The transparency of the evidence synthesis process.
- The clarity and usability of the resource.
- The credibility and expertise of the authors.
The Editorial Board of both groups meets online once a month and in person every other year. The Editorial Board consists of clinicians (Content Editors), statisticians, and a support team. The Editorial Board functions as a steering group to decide on new titles, pragmatic decisions, and management.
Statisticians

Nicola Petrucci, Italy  Michael Heesen, Switzerland  Sharon Einav, Israel

Content Editors without photos

Vassilis Athanassoglou, UK  Stephanie Weibel, Germany
Mike Bennett, Australia  Arash Afshari, Denmark
Lars Hyldborg Lundstrøm, Denmark  Bronagh Blackwood, UK

Statisticians

Jing (Sophia) Xie, Australia  Marialena Trivella, UK

Statisticians without photos

Philippe Tadger, Belgium
Susanne Schmitz, Luxembourg
Cathal D Walsh, Ireland
Nathan Pace, USA
Special Roles

Consumer Editor

Janet Wale, Australia

Feedback Editor

Jasmin Arrich, Austria

Support team

[Located at Herlev Hospital, Denmark]

Information Specialist

Anne-Marie Klint Jørgensen

Administrative Coordinator

Karin F. Jespersen

Managing Editor

Naomi Dayan
In 2021 the CRG Impact Factor for the Emergency and Critical Care Group was 13.571 (14 publications cited 190 times). This, therefore, means that a review published by the Emergency and Critical Care Group in 2019 and 2020 was cited, on average, 13.571 times in 2021. While the 2021 Impact Factor for Cochrane is 12.008.

This is generated from a calculation that involves dividing the number of citations received in 2021 by reviews published between 2019 and 2020 (13557) by the number of reviews published in 2019 and 2020 (1129).

The 10 most cited Emergency and Critical Care reviews in 2021

<table>
<thead>
<tr>
<th>Times Cited</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>Pharmacological agents for adults with acute respiratory distress syndrome</td>
</tr>
<tr>
<td>22</td>
<td>Pharmacological interventions for the treatment of delirium in critically ill adults</td>
</tr>
<tr>
<td>22</td>
<td>Higher versus lower fractions of inspired oxygen or targets of arterial oxygenation for adults admitted to the intensive care unit</td>
</tr>
<tr>
<td>21</td>
<td>Corticosteroids for treating sepsis in children and adults</td>
</tr>
<tr>
<td>19</td>
<td>Immunonutrition for acute respiratory distress syndrome (ARDS) in adults</td>
</tr>
<tr>
<td>18</td>
<td>Anticoagulants for people hospitalised with COVID-19</td>
</tr>
<tr>
<td>13</td>
<td>Plasma interleukin-6 concentration for the diagnosis of sepsis in critically ill adults</td>
</tr>
<tr>
<td>11</td>
<td>Buffered solutions versus 0.9% saline for resuscitation in critically ill adults and children</td>
</tr>
<tr>
<td>10</td>
<td>Early enteral nutrition (within 48 hours) versus delayed enteral nutrition (after 48 hours) with or without supplemental parenteral nutrition in critically ill adults</td>
</tr>
<tr>
<td>9</td>
<td>Chest ultrasonography versus supine chest radiography for diagnosis of pneumothorax in trauma patients in the emergency department</td>
</tr>
</tbody>
</table>
In 2021 the CRG Impact Factor for the **Anaesthesia Group** was 6.882 (17 publications cited 117 times). This, therefore, means that a review published by the Anaesthesia Group in 2019 and 2020 was cited, on average, 6.882 times in 2021.

**The 10 most cited Anaesthesia Care reviews in 2021**

<table>
<thead>
<tr>
<th>Times Cited</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Drugs for preventing postoperative nausea and vomiting in adults after general anaesthesia: a network meta-analysis</td>
</tr>
<tr>
<td>18</td>
<td>Perioperative restrictive versus goal-directed fluid therapy for adults undergoing major non-cardiac surgery</td>
</tr>
<tr>
<td>14</td>
<td>Bispectral index for improving intraoperative awareness and early postoperative recovery in adults</td>
</tr>
<tr>
<td>12</td>
<td>Peripheral nerve blocks for hip fractures in adults</td>
</tr>
<tr>
<td>10</td>
<td>Epidural anaesthesia for adults undergoing cardiac surgery with or without cardiopulmonary bypass</td>
</tr>
<tr>
<td>8</td>
<td>Perioperative beta-blockers for preventing surgery-related mortality and morbidity in adults undergoing non-cardiac surgery</td>
</tr>
<tr>
<td>7</td>
<td>Erythropoietin plus iron versus control treatment including placebo or iron for preoperative anaemic adults undergoing non-cardiac surgery</td>
</tr>
<tr>
<td>6</td>
<td>Supplemental perioperative intravenous crystalloids for postoperative nausea and vomiting</td>
</tr>
<tr>
<td>5</td>
<td>Adductor canal blocks for postoperative pain treatment in adults undergoing knee surgery</td>
</tr>
<tr>
<td>4</td>
<td>Transient neurological symptoms (TNS) following spinal anaesthesia with lidocaine versus other local anaesthetics in adult surgical patients: a network meta-analysis</td>
</tr>
<tr>
<td>4</td>
<td>Perioperative beta-blockers for preventing surgery-related mortality and morbidity in adults undergoing cardiac surgery</td>
</tr>
</tbody>
</table>

The impact factor for 2022 will be published in autumn 2023.
Anaesthesia Group Impact Factor comparison 2021

<table>
<thead>
<tr>
<th>CRG</th>
<th>Category (Median IF)</th>
<th>IF of journal ranked 10\textsuperscript{th} in the category</th>
<th>Highest ranked journal by IF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthesia Group</td>
<td>Anesthesiology</td>
<td>Korean Journal of Anesthesiology</td>
<td>Anaesthesia</td>
</tr>
<tr>
<td>6.882</td>
<td>3.396</td>
<td>5.167</td>
<td>12.893</td>
</tr>
</tbody>
</table>

Emergency and Critical Care Group Impact Factor comparison 2021

<table>
<thead>
<tr>
<th>CRG</th>
<th>Category (Median IF)</th>
<th>IF of journal ranked 10\textsuperscript{th} in the category</th>
<th>Highest ranked journal by IF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency and Critical Care Group</td>
<td>Critical Care Medicine</td>
<td>Resuscitation</td>
<td>Lancet Respiratory Medicine</td>
</tr>
<tr>
<td>13.571</td>
<td>3.533</td>
<td>6.251</td>
<td>102.642</td>
</tr>
</tbody>
</table>
Cochrane has published a Special Collection of Coronavirus (COVID-19) evidence, relevant to acute and critical care. This is to ensure immediate access to systematic reviews most directly relevant to the management of people hospitalized with severe acute respiratory infections. It includes reviews that are relevant to the WHO interim guidance, and reviews identified as relevant by Cochrane Acute, and Emergency Care informed by Cochrane groups in affected regions.

The Special Collection includes Cochrane Reviews on topics such as fluid and vasopressor therapy; respiratory support and mechanical ventilation; weaning mechanical ventilation; managing hypoxemia; pharmacological treatment; managing delirium; nutrition in intensive care; and diagnosis.

The Emergency and Critical Care Group supported publishing relevant reviews with the scope of treating patients with Covid-19. The group is also involved in several rapid updates, rapid reviews, full reviews, and other initiatives related to the COVID-19 pandemic. Our reviews were cited, and mentioned in policymakers' decisions, social media, and Wikipedia.

In collaboration with Cochrane France, commissioned by WHO Health Emergencies Program (WHE); Cochrane Response is part of the operating team of the COVID-19 living systematic review and network meta-analysis initiative.

Furthermore, Cochrane Emergency and Critical Care Group participated and contributed to the Operating Team of COVID-NMA, an international initiative working in conjunction with the World Health Organization (WHO), led by a team of researchers from Cochrane and other institutions (Université de Paris, Inserm, CNRS, Centre for Evidence-Based Medicine Odense (CEBMO), University of Southern Denmark, Odense University Hospital, Epistemonkos Foundation, Fondazione IRCCS Ca’ Granda Ospedale Maggiore Policlinico, University of Milan).
An important part of our work is disseminating the findings of our reviews. We have a dedicated Consumer Editor, who is committed to assessing our reviews, making the plain language abstract accurate and easy to understand. Our systematic reviews meet Cochrane's high-quality standard for systematic reviews, published online at the Cochrane Library. Our Consumer Editor is part of the Cochrane Consumers network, responsible for the preparation and publication of systematic reviews of interventions.

In order to increase the engagement of our work we manage two separate websites and engage with the public on social media. That allows us to share content and open it up to comments and input from people all over the world.

The Social Media platforms that we are using are Twitter and LinkedIn. These are used by millions of people across the world.

https://carg.cochrane.org/
Social Media

LinkedIn analytics:
Since the page was created the page views increased by 4,090%
Unique visitors increased by 3,400%
It was mainly viewed by:
Healthcare services
Education Consumers
Researchers
Business development
Media and communication

Most followers are located in:
Denmark
UK
France
Italy
Spain
Switzerland

Twitter Analytics
Page followers 2,329
We are a global community.

We share our vision, with our global community and provide support to authors with Cochrane’s work.

We work together to improve health and healthcare for all.

We put trusted evidence at the heart of health decisions.
Being global and diverse is an important part of Cochrane. Cochrane global community has over 100,000 members and supporters coming from over 130 countries worldwide.

We value diversity and inclusion within the organization and within both groups.

The Editorial Board of Cochrane Anaesthesia and Emergency and Critical Care includes members coming from ten different countries. Approximately half of the members are women.
Our commitment to diversity and inclusion

Both groups are committed to Cochrane's recently published commitment to making Cochrane resources more accessible.

We host two user-friendly websites.

Our reviews are open-access and free via the Cochrane Library.

Our resources are available in many languages.

We provide training and manuals that are easy to use no matter how experienced people are.

We make sure that our reviews are easy to understand, avoiding complex terminology.

We ensure that the Plain Language Summaries of the reviews are understandable.

We promote accessible and user-friendly content on social media.

Authors residence

![Chart showing authors' residence distribution in Anesthesia and Emergency and Critical Care fields across low-mid, upper-mid, and high-income levels.](Image)
We would like to thank the Danish Government and Capital Health for their generous contribution in funding. This funding was matched many times over by the unpaid, voluntary contributions of our editors, authors and peer reviewers worldwide. We are grateful to our editors, authors, peer reviewers and consumers, as well as Cochrane Central Editorial Service who have contributed to the progress of publishing our reviews in 2021-22.
COCHRANE
Anaesthesia
Emergency and Critical Care

Herlev and Gentofte Hospital
Department of Anaesthesia, Surgery, and Intensive Care, Research Unit
Borgmester Ib Juuls Vej 1
2730 Herlev DK
www.regionh.dk

https://ec.cochrane.org/

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