

COCHRANE

**EMERGENCY & CRITICAL CARE
ANAESTHESIA**



ANNUAL

REPORT

2021-22





COCHRANE EXISTS SO THAT HEALTH CARE DECISIONS GET BETTER



FROM THE COORDINATING EDITORS

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**



BACKGROUND

VISION, MISSION, AND GOALS

Cochrane is based on a global independent network of researchers, patients, carers, and people interested in health.

Cochrane Systematic Reviews investigate the effects of interventions for prevention, treatment, and rehabilitation as well as assessing the accuracy of a diagnostic test for a given condition. This is done by locating all research on a particular topic, evaluating this research for quality, and synthesizing the research results.

Cochrane Emergency and Critical Care (EC and Cochrane Anaesthesia (CARG) are part of Cochrane, which is an international not-for-profit independent organization, dedicated to making up-to-date, accurate information about the effects of healthcare readily available worldwide. We produce and disseminate systematic reviews of healthcare interventions relevant to clinicians, patients or carers, researchers, and policymakers. These reviews are a powerful tool to enhance healthcare knowledge and decision-making.

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

LEADERSHIP

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.



Content Editors



Harald Herkner, Austria

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.



Jasmin Arrich, Austria



Andrew Smith, UK



Anna Lee, Hong Kong



Ann Møller, Denmark



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



IMPACT

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

Times Cited	Title
31	Pharmacological agents for adults with acute respiratory distress syndrome
22	Pharmacological interventions for the treatment of delirium in critically ill adults
22	Higher versus lower fractions of inspired oxygen or targets of arterial oxygenation for adults admitted to the intensive care unit
21	Corticosteroids for treating sepsis in children and adults
19	Immunonutrition for acute respiratory distress syndrome (ARDS) in adults
18	Anticoagulants for people hospitalised with COVID-19
13	Plasma interleukin-6 concentration for the diagnosis of sepsis in critically ill adults
11	Buffered solutions versus 0.9% saline for resuscitation in critically ill adults and children
10	Early enteral nutrition (within 48 hours) versus delayed enteral nutrition (after 48 hours) with or without supplemental parenteral nutrition in critically ill adults
9	Chest ultrasonography versus supine chest radiography for diagnosis of pneumothorax in trauma patients in the emergency department

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

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

The impact factor for 2022 will be published in autumn 2023.

Anaesthesia Group Impact Factor comparison 2021

CRG	Category (Median IF)	IF of journal ranked 10th in the category	Highest ranked journal by IF
Anaesthesia Group	Anesthesiology	Korean Journal of Anesthesiology	Anaesthesia
6.882	3.396	5.167	12.893

Emergency and Critical Care Group Impact Factor comparison 2021

CRG	Category (Median IF)	IF of journal ranked 10th in the category	Highest ranked journal by IF
Emergency and Critical Care Group	Critical Care Medicine	Resuscitation	Lancet Respiratory Medicine
13.571	3.533	6.251	102.642



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).



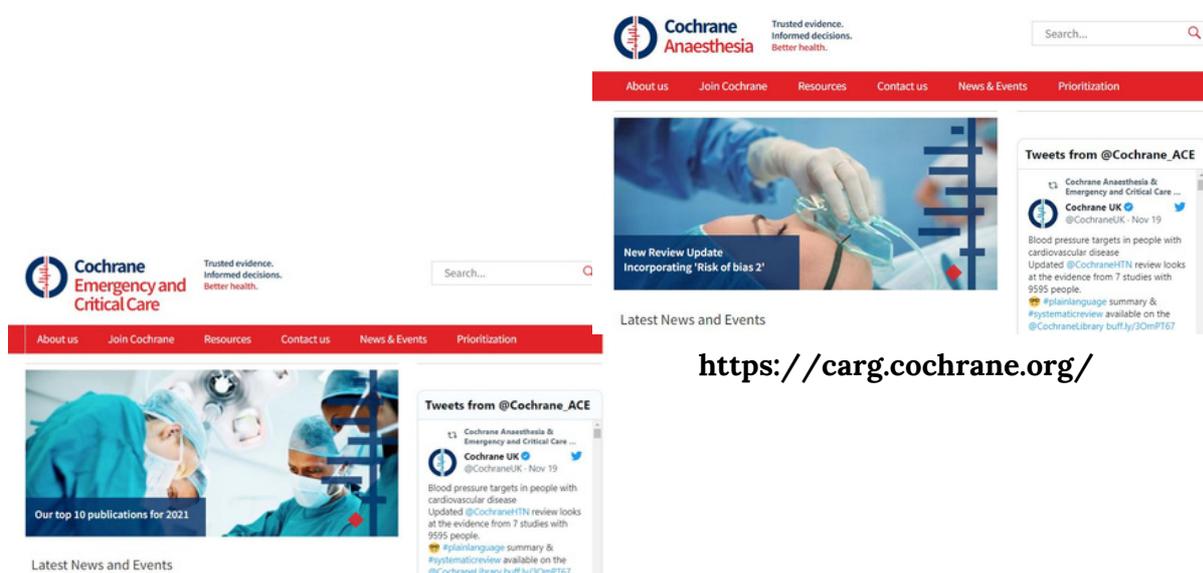
COMMUNICATION

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://ec.cochrane.org/>

<https://carg.cochrane.org/>



@Cochrane_ACE



<https://www.linkedin.com/company/cochrane-anaesthesia-critical-and-emergency-care-group/>

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

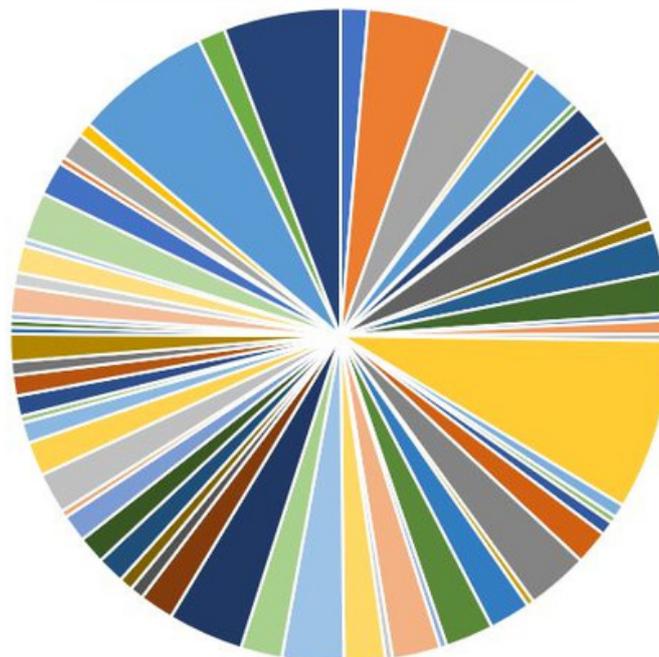
DIVERSITY AND INCLUSION

Our contributors by country of residence

We are a global community.

We work together to improve health and healthcare for all

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



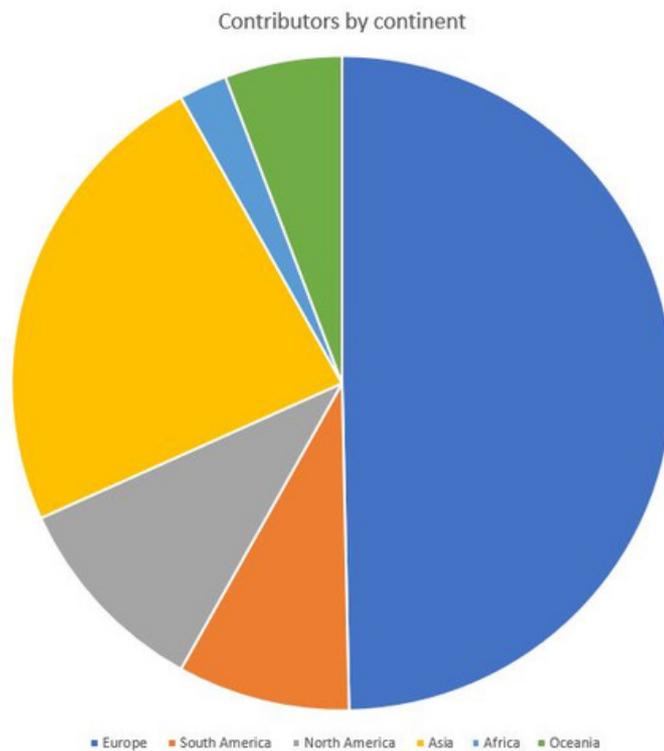
We put trusted evidence at the heart of health decisions.

- | | | | | | | |
|-------------|----------------|-------------|------------------------|----------------|--------------------------|--------------|
| ■ Argentina | ■ Australia | ■ Austria | ■ Bahrain | ■ Belgium | ■ Bosnia and Herzegovina | ■ Brazil |
| ■ Cameroon | ■ Canada | ■ Chile | ■ China | ■ Colombia | ■ Costa Rica | ■ Croatia |
| ■ Cuba | ■ Denmark | ■ Ecuador | ■ Egypt | ■ Finland | ■ France | ■ Germany |
| ■ Ghana | ■ Greece | ■ Hong Kong | ■ Hungary | ■ India | ■ Indonesia | ■ Iran |
| ■ Ireland | ■ Israel | ■ Italy | ■ Japan | ■ Korea, South | ■ Lebanon | ■ Luxembourg |
| ■ Malaysia | ■ Mexico | ■ Nepal | ■ Netherlands | ■ New Zealand | ■ Nigeria | ■ Norway |
| ■ Pakistan | ■ Philippines | ■ Poland | ■ Portugal | ■ Qatar | ■ Saudi Arabia | ■ Serbia |
| ■ Singapore | ■ South Africa | ■ Spain | ■ Sri Lanka | ■ Sweden | ■ Switzerland | ■ Taiwan |
| ■ Thailand | ■ Turkey | ■ UK | ■ United Arab Emirates | ■ USA | | |

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.

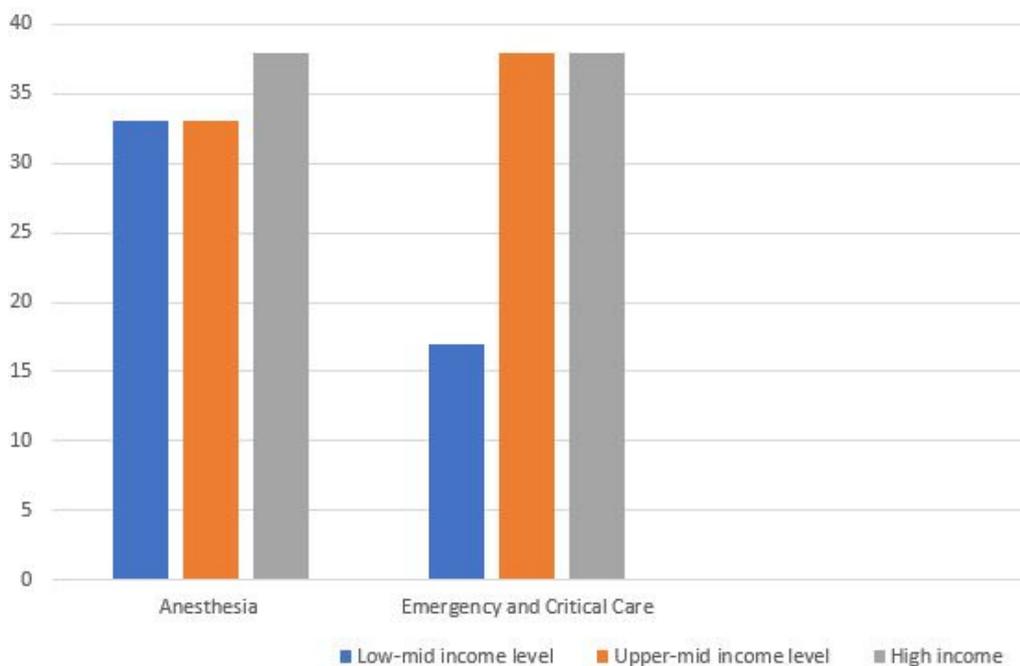
We provide training and manuals that are easy to use no matter how experienced people are.

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

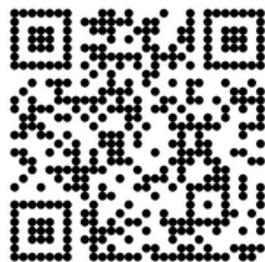




Cochrane Library



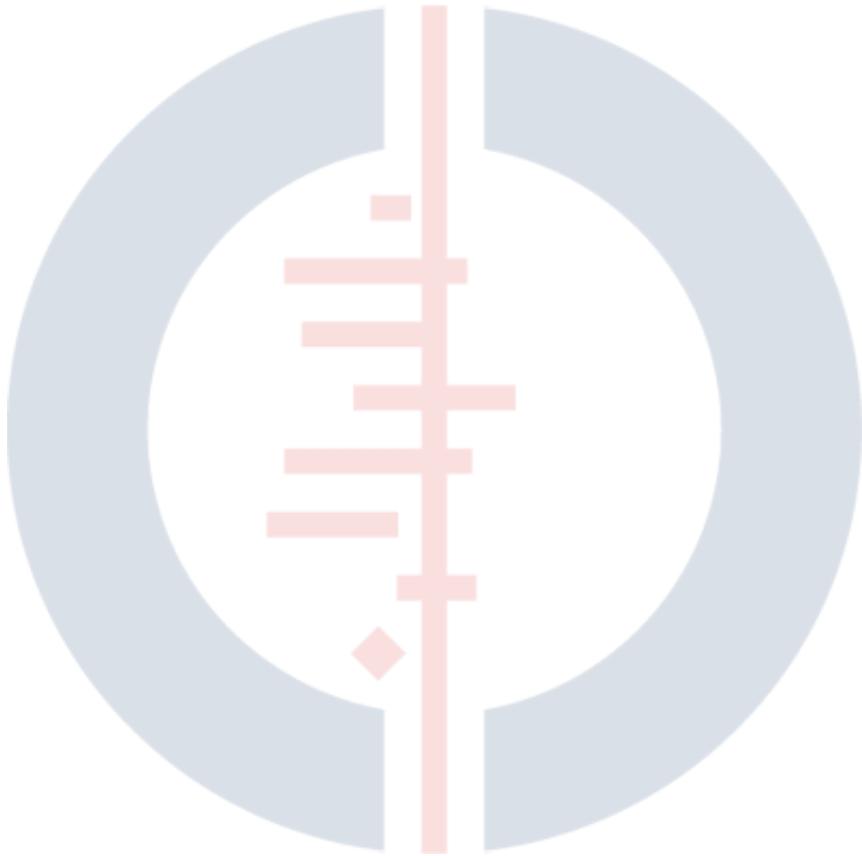
Anaesthesia



Emergency and
Critical Care

Funding and Contribution

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



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