Management/Analysis Tools for Reviews

- James Thomas, EPPI-Centre
- Ethan Balk, Brown University
- Nancy Owens, Covidence
- Martin Morris, McGill Library

KTDRR and Campbell Collaboration Research Evidence Training Session 3: April 17, 2019
Agenda

3:00 – 3:05: Introduction

3:05 – 3:25: EPPI-Reviewer, James Thomas

3:25 – 3:45: Abstrackr, Ethan Balk

3:45 – 4:05: Covidence, Nancy Owens

4:05 – 4:25: Rayyan, Martin Morris

4:25 – 4:30: Wrap-up, Evaluation
How Covidence works

A collaboration platform that accelerates high-quality research by standardizing and streamlining the SR process.

- **Best practice** - Covidence is the production platform for Cochrane reviews and incorporates rigorous gold standard evidence synthesis methodology into product design.

- **Cloud-based** - Drives productivity with real-time collaboration to bring the highest quality evidence into practice faster.

- **Non-profit** - Designed by reviewers for reviewers; driven to create a culture where the best health decisions are supported by worldwide access to high-quality research knowledge.

- **Digital innovator** - Constantly evolving to stay at the forefront of SR management technology, including text mining and machine learning enhancements.
How Covidence works for users

Your reviews

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
</tr>
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<tbody>
<tr>
<td>05/10/2015</td>
<td>Covidence Workshops</td>
</tr>
<tr>
<td>01/09/2018</td>
<td>Test Review Aug 2018</td>
</tr>
<tr>
<td>23/10/2018</td>
<td>Review One</td>
</tr>
<tr>
<td>23/10/2018</td>
<td>Review Two Schols</td>
</tr>
<tr>
<td>23/10/2018</td>
<td>Review Three Schols</td>
</tr>
<tr>
<td>23/10/2018</td>
<td>Review Four Schols</td>
</tr>
<tr>
<td>23/10/2018</td>
<td>Review Five Schols</td>
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</table>
Supporting collaboration

Start a new review

Are you creating a Cochrane review?
- Yes
- No

Name your review
Use the full working title or an informal working title. You can change this later.

Which account do you want to use?
- Nancy Owens
  - unlimited reviews left
- Monash University
  - unlimited reviews left

Create Review  Cancel
Systematic Review Features 1

Review Summary

<table>
<thead>
<tr>
<th>Import references</th>
<th>view all duplicates</th>
<th>Import</th>
</tr>
</thead>
</table>

**Title and abstract screening**

- TEAM PROGRESS:
  - 324 DONE
  - 722 ONE VOTE
  - 48 CONFLICTS
  - 4119 NO VOTES

- NANCY, YOU CAN STILL:
  - VIEW: 48
  - SCREEN: 4837
  - View conflicts
  - Continue

- You’ve screened 33 studies so far

**Full text screening**

- 17 excluded
- 179 studies to select

**Extraction**

- 3 extracted
- 16 studies to extract
Systematic Review Features 2

The image shows a screenshot of a Covidence Workshop's settings page. It includes options for review settings, adding/removing reviewers, team settings, criteria & exclusion reasons, and study tags. The screenshot highlights a review named "Covidence Workshops" with details such as the date of the last search, search strategy, review citation, and required reviewers for screening and full text review.
Systematic Review Features 3
Importing References

File import to Screen

- **TOTAL ADDED TO SCREEN**: 449
- **REFERENCES**: 450
- **DUPLICATES**: 1
- **ERRORS**: 0
- **IMPORTED**: 449

Check duplicates

Import can not be undone as actions have occurred against one or more of the imported studies.

File import to Screen

- **TOTAL ADDED TO SCREEN**: 43
- **REFERENCES**: 43
- **DUPLICATES**: 0
- **ERRORS**: 0
- **IMPORTED**: 43

Import can not be undone as actions have occurred against one or more of the imported studies.
Title & Abstract Screening

Titel and abstract screening

Screen references 4837 Resolve conflicts 48 Awaiting other reviewer 4 Irrelevant references 109

#9272 - Alpert 2017

Self-perception of social isolation and loneliness in older adults

Home Health Care Management & Practice 2017;9(4):249-252
US Sage Publications US 2017

DOI: 10.1177/1084822317728265

There are a large group of older individuals suffering from social isolation and loneliness; in fact, the number of older adults affected is increasing due to the large aging population worldwide. Within the United States, the baby boomers are or will be potentially facing social isolation and loneliness in great numbers. The current research literature in this area is difficult to interpret because the variable used to define social isolation and loneliness varies across disciplines when looking at this problem. Intervention research has also produced mixed findings. This article looks at this public health issue by reviewing some of the research in this area and discussing potential interventions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

No
Maybe
Yes

#9271 - Alghamdi 2018

Add a note

View history

No
Full Text Review

Bulk upload PDFs

#3054 - A. 2004
A. Biedler; J. Versmold; O. Kuntz; A. Muller; W. Williams; J. Dethling; C. C. Agel
A risk adapted approach reduces the overall institutional incidence of postoperative nausea and vomiting
Canadian Journal of Anaesthesia 2004;51(1):18-19
Canadian Anaesthetists’ Society 2004

Include
Exclude

#3052 - A. 1998
A. Mane
A continuing postoperative complication: Nausea and vomiting. Who is affected, why, and what are the contributing factors? A review
1998

Include
Exclude
Training of Cardiac Surgeons for Bosnia and Herzegovina: Outcomes in Coronary Bypass Grafting Surgery

Jacob Bergsland, MD, Emir Kabil, MD, PhD, Emir Mujanovic, MD, PhD, Ibrahim Terzie, MD, Jo Roisli, PhD, Jan L. Svennevig, MD, PhD, and Erik Fosse, MD, PhD

The Interventional Center, Departments of Thoracic Surgery, and Biostatistics, Rikshospitalet-Radiumhospitalet Medical Center, Oslo, Norway; Cardiovascular Clinic, University Clinical Medical Center, Tuzla, Bosnia and Herzegovina; Buffalo General Hospital, Kaleida Health, Buffalo, New York; and Department of Biostatistics, Faculty of Medicine, University of Oslo, Norway

Background. Bosnia and Herzegovina did not have invasive cardiac diagnosis or cardiac surgery before the recent war. With assistance from the United States and Norway, a cardiovascular clinic was developed. This study reports center-specific and surgeon-specific clinical outcomes. Since off-pump coronary bypass grafting surgery was prioritized in the treatment of coronary disease, a comparison was made between operations performed with and without cardiopulmonary bypass.

Methods. Surgeons and key staff members were trained in the United States. A Norwegian data management system for cardiac surgery was implemented and cases entered after quality review of the data. A total of 1276 patients were entered; operations were performed with cardiopulmonary bypass in 540 and without in 736. The primary surgeon was entered as a variable in an anonymous fashion.

Results. Overall mortality for coronary bypass grafting surgery was 1.6%, and the major complication rate was 4.5%. Patients operated on off-pump received fewer grafts and had a shorter length of stay. Unfavorable outcome was more common in patients when cardiopulmonary bypass was used in the operation. Regression analysis demonstrated that the European System for Cardiac Operative Risk Evaluation (EuroSCORE) and use of cardiopulmonary bypass were predictors of poor outcome. The individual surgeon factor did not impact on outcomes.

Conclusions. Our study confirms that coronary artery bypass grafting surgery may be performed safely in a poor country in a hospital without experience with cardiac surgery. Selection of talented staff and cooperation with international cardiac centers are crucial. Off-pump coronary artery bypass grafting surgery is suitable for a new center and does not require more training than standard procedures.

Training of Cardiac Surgeons in Republika Srpska and Herzegovina: Outcome of Coronary Grafting Surgery

Jacob Bergland, MD, Emir Kabil, MD, Ibrahim Terzic, MD, Jo Reislien, PhD, Erik Posse, MD, PhD

The Interventional Center, Department of Thoracic Cardiac Surgery, University Clinic Hospital, Kaleida Health, Buffalo, New York; and Department of Thoracic Cardiac Surgery, Croatia University of Rijeka, Rijeka, Croatia

Background. Bosnia and Herzegovina did not have any training program for coronary artery bypass surgery before the present war. With assistance from the United States, Croatia, and Norway, a cardiovascular clinic was developed and equipped with state-of-the-art technology. The clinic was established in the center of Bosnia and Herzegovina. The study reports center-specific and surgeon-specific outcomes. Since off-pump coronary bypass surgery was introduced in the treatment of coronary artery disease, a comparison was made between operations performed with and without cardiopulmonary bypass.

Methods. Surgeons and key staff members were trained in the United States. A Norwegian data management system for cardiac surgery was implemented, and the data were entered after quality assurance. The study included 1,278 patients who underwent coronary artery bypass surgery with cardiopulmonary bypass in 300 and without it in 978. The primary surgeon was considered a variable of interest in all analyses.

Results. Overall mortality for coronary artery bypass surgery was 1.6%, and the major complications were low, including those associated with cardiopulmonary bypass.

A priori, the disintegration of Yugoslavia and the war were both major factors that contributed to the development of the clinic. During the war, Bosnia and Herzegovina (BiH) was an independent country. The war left the country with drastically reduced resources and increased demand for healthcare services. Despite these challenges, the clinic was able to provide advanced medical care to patients. The lack of cardiac intensive care units and lack of cardiac surgery led to the necessity for the clinic to continue the referral of patients to other centers.
Completing Consensus

Evidence Preventing Ulcers in Care Units

KAREN L. COOPER, RN, BSN

The development of stage III or IV pressure ulcers is now considered preventable by following evidence-based nursing practices. The cost of a pressure ulcer can be reduced by using evidence-based practices.

The actual cost of pressure ulcers is not known because it is unclear what costs were included in estimates, such as nursing care costs, material costs, and added acute care days related to the development of a pressure ulcer.
Export

References will be exported as an RIS formatted text file or CSV for Excel.

<table>
<thead>
<tr>
<th>Time Since</th>
<th>Category</th>
<th>Reference Manager</th>
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<tbody>
<tr>
<td>~6 hours ago</td>
<td>Included</td>
<td>Excel</td>
</tr>
<tr>
<td>4 days ago</td>
<td>Irrelevant</td>
<td>Endnote</td>
</tr>
<tr>
<td>4 days ago</td>
<td>Included</td>
<td>Excel</td>
</tr>
</tbody>
</table>

Recent exports (last 7 days)

- ~6 hours ago
- 4 days ago
- 4 days ago
## Exporting data

<table>
<thead>
<tr>
<th>Study Identifier</th>
<th>University of Turin</th>
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<tbody>
<tr>
<td>Country</td>
<td>Italy</td>
</tr>
<tr>
<td>Setting</td>
<td>Six obstetric departments in Italy</td>
</tr>
<tr>
<td>Authors name</td>
<td>Francesca Cantini</td>
</tr>
<tr>
<td>Institution</td>
<td>Istituto Superiore di Sanità, Italy</td>
</tr>
<tr>
<td>Address</td>
<td>Via Rivoluzione 15, 37126 Verona, Italy</td>
</tr>
<tr>
<td>Year</td>
<td>1990-1996</td>
</tr>
</tbody>
</table>

### Methods
- **Design**: Randomized controlled trial
- **Group**: Parallel group

### Population
- **Inclusion criteria**: Healthy non-Chinese nulliparous pregnant women with refusal of randomisation or treatment, definitive pelvic floor defect, previous uterine surgery, recognised ventral or vaginal prolapse of 4 cm diameter, two pregnancies, current or previous tocolytic therapy and any other pregnancy complications.
- **Exclusion criteria**: Not specified.
- **Group differences**: Applicable but non-significant difference between the two groups in PFM onset during the first week of treatment (median: group 294, control group 220; median: 250 and 121).  

### Interventions
- **Control**: Maximum possible as determined by participant
- **Drug A**: Specially trained doctor or nurse, every three weeks
- **Drug B**: Specially trained nurse or midwife, every two weeks
## Organizational Accounts

### La Trobe University

<table>
<thead>
<tr>
<th>Accepted</th>
<th>Members</th>
<th>Reviews</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AP</strong></td>
<td>Alan Pham</td>
<td><a href="mailto:18514722@students.latrobe.edu.au">18514722@students.latrobe.edu.au</a></td>
</tr>
<tr>
<td><strong>RM</strong></td>
<td>Ryan McLean</td>
<td><a href="mailto:r.mclean@latrobe.edu.au">r.mclean@latrobe.edu.au</a></td>
</tr>
<tr>
<td><strong>SA</strong></td>
<td>Stacey Alexander</td>
<td><a href="mailto:s.alexander@latrobe.edu.au">s.alexander@latrobe.edu.au</a></td>
</tr>
<tr>
<td><strong>MF</strong></td>
<td>Margarita Frederico</td>
<td><a href="mailto:m.frederico@latrobe.edu.au">m.frederico@latrobe.edu.au</a></td>
</tr>
</tbody>
</table>

[Invite a Member]
Access Models

Pricing

**Personal and small teams**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Price</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Trial</td>
<td>0 $ USD</td>
<td>For anyone wanting to try Covidence to improve their systematic review tools and processes.</td>
</tr>
<tr>
<td>Single</td>
<td>240 $ USD</td>
<td>For small teams wanting to collaborate on one new review each year.</td>
</tr>
<tr>
<td>Package</td>
<td>445 $ USD</td>
<td>For small teams who manage and contribute to a few reviews each year.</td>
</tr>
</tbody>
</table>

And every plan gives you:

- **Activate trial**
- **Sign up**
- **Sign up**
Questions?

**Sign up:** https://www.covidence.org/sign_in

**Resources for using Covidence:**
https://covidence-knowledge-base.groovehq.com/help

**Support enquiries:** support@covidence.org

**Organizational account enquiries:** product@covidence.org
Thank you!

Please take a few minutes to respond to the brief Evaluation Survey:


• James Thomas: james.thomas@ucl.ac.uk
• Ethan Balk: ethan_balk@brown.edu
• Nancy Owens: nancy@covidence.org
• Martin Morris: martin.morris@mcgill.ca