Digital Impact

Every quarter we record our digital impact across all our platforms. For us digital impact means the following:

- **Growth**: We measure the basic numbers across all our digital platforms, to find out whether our followers and users have increased. This is our first key measurement when it comes to our digital impact metrics; we initially want to know if more and more people are accessing our content.

- **Conversations**: We record online conversations with people through our digital platforms. We do this simply by taking a screen shot of each conversation. This is key information that tells us how well we are engaging with our stakeholders and where we could improve. We use these conversations to add depth of understanding to the data we record around Growth. This provides a rich source of information on how people are accessing and using our content and adds to our ongoing digital story.

- **Campaign engagement**: Campaign engagement looks at specific campaigns we have run and data surrounding them to answer the questions:
  - Have the campaigns engaged with our key stakeholders?
  - Have our audiences clicked through to our content?
  - Have the campaigns led to new relationships that will be beneficial in the future?

To measure campaign engagement we have a formula relating to the data on the campaign content: \( \text{Conversations} + \text{analytics (page views + new visitors + time spent)} + \text{new relationships} \)

- **New relationships**: What new relationships with our stakeholders, have been formed in the last year? We record a basic list of the people. This is important as we could use the relationships in future projects.
Growth: Cochrane UK social media

We measure the basic numbers across all our digital platforms, to find out whether our followers and users have increased. This is our first key measurement when it comes to our digital impact metrics; we initially want to know if more and more people are accessing our content.

**Number of Twitter followers**
The number of Twitter followers at the end of each quarter.

[Graph showing Twitter followers by quarter for 2014/15 and 2015/16]

**Number of likes on Facebook**
The number of people who have liked our Facebook page at the end of each quarter.

[Graph showing Facebook likes by quarter for 2014/15 and 2015/16]

**Number of followers on LinkedIn**
The number of people who have followed our company page on LinkedIn at the end of each quarter.

[Graph showing LinkedIn followers by quarter for 2014/15 and 2015/16]
**Number of Google+ followers**
The number of people who have followed our Google+ page at the end of each quarter.

*Google.com/+cochraneukcentre*

**Number of YouTube Subscribers**
The number of people who have subscribed to our YouTube channel at the end of each quarter.

*youtube.com/channel/UCp_Vim5gf6nLUsF3cxQLcBzQ*
The National Institute for Health Research is the largest single funder of Cochrane UK, which is part of Cochrane, an independent not-for-profit consortium dedicated to providing up-to-date, accurate information about the effects of health care.

Growth: uk.cochrane.org

**Number of sessions**
The number of sessions that were had on the website during each quarter.

**Number of users**
The number of individual users who visited the website during each quarter.

**Number of pages per session**
The average number of pages visited per session, during each quarter.
**Average session duration**
The average amount of time users spent on the website during each quarter.

**Bounce rate**
The percentage amount of single page visits (they left the site without interacting with any other pages), during each quarter. **“The lower, the better”**

**Percentage of UK & Ireland sessions**
The amount of UK- and Ireland-based visits during each quarter.
Growth: evidentlycochrane.org

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The number of sessions that were had on the website during each quarter.

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Average session duration
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Bounce rate
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Percentage of UK & Ireland sessions
The amount of UK- and Ireland-based visits during each quarter.
### Cochrane Reviews in blog
The number of Cochrane Reviews blogged about in Evidently Cochrane, throughout 2014/15.
Growth: S4BE social media

**Number of Twitter followers**
The number of Twitter followers @Students4BE had at the end of each quarter.

*Twitter.com/Students4BE*

**Number of likes on Facebook**
The number of people who have liked our Facebook page at the end of each quarter.

*Facebook.com/Students4BE*

**Number of Google+ followers**
The number of people who have followed our Google+ page at the end of each quarter.

*Plus.google.com/+Students4bestevidenceNet EBM*
Growth: students4bestevidence.org

**Number of sessions**
The number of sessions that were had on the website during each quarter.

**Number of users**
The number of individual users who visited the website during each quarter.

**Number of pages per session**
The average number of pages visited per session, during each quarter.
**Average session duration**
The average amount of time users spent on the website during each quarter.

**Bounce rate**
The percentage amount of single page visits (they left the site without interacting with any other pages), during each quarter.

**Countries with the highest percentage of sessions**
The amount of UK- and Ireland-based visits during each quarter.

(USA, UK, Australia and Canada)
Across all three websites there has been an increased number of users visiting the sites year on year. There is a significant increase in the number of users accessing uk.cochrane.org (3-4 fold) reflecting the attractiveness and success of the Cochrane re-branding. There is steady growth of our audience across all social media channels.

Evidently Cochrane

Between 1 April 2015 and 31 March 2016 we published 69 blogs on Evidently Cochrane, featuring 99 Cochrane reviews.

Bringing patient and professional experience to the blogs

The combination of clear and accessible evidence summaries with perspectives from patients or clinicians in many of our blogs is highly valued by our readers. Over the past year we have had 16 guest blogs, including one by a 15 year old, and in others have included a commentary on our evidence summary by someone for whom it is relevant.

Awareness events and campaigns

Some of our weekly blogs link to awareness events or campaigns and in the past year these have included Sport England’s ‘This Girl Can’ campaign, Choosing Wisely, and World Antibiotics Awareness Week, for which we created a special collection on our website of blogshots on relevant reviews and a blog by Cochrane UK Senior Fellow Richard Lehman, on an important new Cochrane review on shared decision-making and antibiotic prescribing in general practice. These were shared by many doctors on Twitter, often with their own comments; for example

“LOTS OF ANTIBIOTIC DISCUSSIONS WITH PATIENTS IN SURGERY THIS AM, THEN A FEW MINS READING WHY IT MATTERS SO MUCH”

@Dr_A_Rashid (NHS doctor, Cambridgeshire)

“Providing useless treatment is worse than doing nothing. It can harm your patient & others.”

@ArtKellermannMD (Dean of Hebert School of Medicine, USU)

We also ran our own campaign weeks, with multiple blogs or other social media outputs on a single theme. This year’s Evidently Advent campaign, which is a good way for us to reach a new audience, featured six Lego animations about Cochrane reviews.

• “Fabulous, really inventive way of getting evidence across, so impressed!” @GabrielleLevy Editor RIB (Royal College of Nursing Research Innovation Bulletin)
Cochrane UK Annual Report 2014/15  14

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“Thanks to @ukcochrane centr for another creative presentation of research evidence”
@HBmedlib Helen Baxter, Clinical Librarian, Melbourne, Australia

We had a ‘healthy weight’ week to coincide with the publication of a new Cochrane review on portion size, for which we produced a blog, an infographic and several blogshots, as well as blogs on other reviews relevant to healthy weight. Our other campaigns launched our new ‘Evidence for Everyday’ series.

‘Evidence for Everyday’ series

In November, we launched Evidence for Everyday Nursing (#EENursing) and Evidence for Everyday Midwifery (#EEMidwifery), followed in February by ‘Evidence for Everyday Health Choices’ (#EEHealthChoices), for patients and others making choices about their health. These are ongoing series, with dedicated blogs and blogshots for these audiences and occasional tweetchats. The objective is to increase engagement with these groups and to make it easier for them to access relevant evidence.

The response has been very positive, with many comments like these:

“This hashtag [#EEMidwifery] is revolutionizing how students and midwives alike can stay up to date with the latest evidence”
@Nicolacbrown12 (3rd year student midwife, Queen’s University Belfast)

“A great initiative in order to improve our practice. Thanks a lot.”
[#EENursing]
@Edurnezabaleta (Nurse researcher, Barcelona)

The series have enabled us to make new connections, invite new partnerships and strengthen existing relationships with stakeholder groups. For #EEMidwifery we have partnered with The Practising Midwife, an evidence-based journal. We will be co-writing four Cochrane Corners with them in 2016, for publication in the journal and on Evidently Cochrane, and the December issue of the journal featured a ‘Viewpoint’ article written by Sarah Chapman, introducing Evidence for Everyday Midwifery.

Good relationships with the #WeCommunities, including @WeMidwives and @WeNurses, increase our reach on social media and facilitate our engagement with a range of health professionals. This is really important for getting evidence into practice.

Evidence for Everyday - impacting clinical practice

A Cochrane review on management of peripheral vascular catheters was the focus for the #WeNurses tweetchat which we guest hosted, supported by two of the review authors, Claire Rickard and Joan Webster. This was a really successful session, with 63 contributors sharing over 400 tweets, and revealed a wide variation in practice despite current guidelines which are in line with the evidence. Details of the chat can be found in full here.
http://wecommunities.org/tweet-chats/chat-details/2581 and in this reflection on the tweetchat in an Evidently Cochrane blog http://www.evidentlycochrane.net/getting-evidence-into-nursing-practice-replacing-the-routine/. Two nurses followed their participation with action in their clinical areas:

@CraigBradleyF1, an Infection Prevention Nurse, tweeted during the tweetchat: “leaves little room for argument, let’s get on it!” The next day:

“To update: we are on it and will be making change soon based on the latest evidence #tweetchat to #action”

Later, January 12 2016, Craig updated us again:

“I added changes to the new policy document and now just waiting for it to be approved”

Nursing Student Darren followed up the tweetchat by questioning their practice of routine replacement with the ward sister and was told it was Trust policy. He said he would be taking it up with the infection control team.

Evidence for Everyday - impacting health choices

The launch week for #EEHealthChoices included a slidecast made by Cochrane Senior Fellow Lynda Ware introducing EBM and Cochrane, and blogs on orthodontic retainers, written by a teenage retainer-wearer, grommets, constipation and running.

The blog on Cochrane evidence relevant to runners, incorporating the story of Eddie Izzard’s 27 marathons challenge for Sport Relief which he had started that week, was a highly topical blog with a wide potential audience. We were delighted that it was picked up by the Mail Online and subsequently by other global press.

Comments on Twitter showed an appetite for reliable information relevant to everyday choices; for example:

“This piece about #Marathons is brilliant, could you do one on Compression/Gels and a few others?”

@ukmarathonchat

“Great article putting the evidence review in the context of real life”

@VPrescriber
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“I love @UKCochraneCentr. In the midst of much misleading online wibble, this is the place for evidence-based info.”

@ke2mey (Developmental Psychologist)

“Thank you Liv. My son (and half his class) is going through this at the moment and it’s really helpful to read the blog.”

@RMEngagement

#WeCATS Critical Appraisal Twitter Sessions

This year we launched #WeCATS, a joint initiative with @WeNurses, @CASPUK and @Mental_Elf, to bring critical appraisal sessions to Twitter. The emphasis of these sessions is on people who have few critical appraisal skills but the chats have been joined also by those with greater experience, making for a useful and interesting mix.

The third #WeCATS tweetchat looked at systematic reviews, using the recent Cochrane review on portion size as an example. 98 contributors to the chat shared 657 tweets. CASP led the first half of the chat introducing some basics about systematic reviews and Cochrane UK (Sarah Chapman) and Ian Shemilt led the second half to look at the portion size review.

Link to chat details: http://www.wecommunities.org/tweet-chats/chat-details/2603

This is a fairly challenging activity but the initiative has been welcomed, particularly by nurses wishing to improve their ability to engage with research, and more tweetchats are planned.

Keeping Well

Cochrane UK continues to write an ‘Evidence Matters’ article for ‘Keeping Well’, the quarterly newsletter of the Patient Participation Group at the Nuffield Practice, Witney. These all feature one or more Cochrane reviews, summarizing the evidence for those attending this busy practice.
Blogshots

In June 2015 we started experimenting with blogshots to share Cochrane evidence. These images with brief information, shared through social media, are proving to be very popular. Our most successful blogshot so far, on the new Cochrane review on portion size, quickly generated more than 1000 clicks through to the review.

Initially developed with user feedback on social media, over the year we have continue to develop and adapt the format, tailoring it for our new ‘Everyday’ series for specific audiences. We have drawn on work conducted by Cochrane colleagues for the development of Plain Language Summaries to ensure that these mini evidence summaries are consistent, accurate and accessible.

They are now translated into other languages, by Cochrane translators, and we are working to make our blogshots widely available throughout Cochrane and to enable others to create blogshots as part of their dissemination activity.

For our external audiences, the blogshots are shared on our Cochrane UK website, Twitter, Facebook and Instagram, a new platform for Cochrane UK this year. We also started sharing them on Pinterest, but with the links not fully supported we are in the process of making the transfer to Tumblr, where we will be able to have a searchable archive of blogshots.

Between June 2015 and 31 March 2016 the following were published:

112 Blogshots

- 92 reviews (41 new; 51 updates) were highlighted from 34 Cochrane Review Groups (20 UK based)

- 22 blogshots were linked to health awareness events/priorities/NICE guidance:
  - 4 to Stoptober
  - 4 to portion size and healthy eating campaign
  - 6 to World Antibiotics Awareness Week
  - 2 to Stop Pressure Ulcers Day
  - 1 to World Cancer Day
  - 2 to World Oral Health Day
  - 1 to coincide with Oxford University Hospitals NHS Foundation Trust’s new discharge plan policy
  - 1 to coincide with latest NICE guideline publication
  - 1 addressing no. 3 priority in list of top ten priorities for research evidence for the NIHR James Lind Alliance Priority Setting Partnership for Multiple Sclerosis

- 43 blogshots were linked to 4 campaigns:
  - 14 to Evidence for Everyday Nursing
  - 13 to Evidence for Everyday Midwifery
  - 7 to Evidently Advent
  - 9 to Evidence for Everyday Health Choices
• Topics covered included:
  o helping smokers to quit
  o midwifery-led care and evidence for everyday maternal and newborn care
  o patient safety in when to replace peripheral venous catheters, treating and preventing pressure ulcers and other evidence for everyday nursing care
  o considered use of antibiotics
  o discharge planning from hospital to home
  o detecting dementia (Cochrane Diagnostic Test Accuracy Review)
  o drug treatments and behavioural interventions for vulnerable people (those with depression; attention deficit hyperactivity disorder, those with intellectual disabilities; substance-using adolescents)
  o preventing and treating fatigue in multiple sclerosis and after stroke
  o alleviating pain
  o portion size, healthy eating and lifestyle interventions to maintain health and wellbeing at work and at home
  o oral health