

INPLASY PROTOCOL

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Corresponding author:
Yunfei Guo

togyfei@163.com

Author Affiliation:
Emergency Medicine
Department, Henan Provincial
People's Hospital, Jinshui
District, Zhengzhou City,
Henan Province, China.

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**Review Stage at time of this
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Conflicts of interest:
None declared.

INTRODUCTION

Review question / Objective: “Usual care” is changing all the time whether in clinical practice or experimental research, the scope of usual care is constantly updated by adding new contents. However, the composition of usual care is still unclear,

How to implement “usual care”: a protocol for an overview of systematic reviews

Ren, Y¹; Zhang, JG²; Zhu, RJ³; Huang, YH⁴; Zhou, HN⁵; Yang, L⁶; Qiu, H⁷; Zang, ST⁸; Guo, YF⁹.

Review question / Objective: “Usual care” is changing all the time whether in clinical practice or experimental research, the scope of usual care is constantly updated by adding new contents. However, the composition of usual care is still unclear, and there is no formal description to confirm whether the nursing contents are in line with usual care’ requirements. The goal was to review existing or not published but completed SRs about UC’s elements to gather the evidence about: a What’s the development routine of UC in diverse field. b The similarities and differences of different UC. c The similarities and differences between UC group and experimental group. d What should the nursing routine meet in the interventional study, or the elements that usual care needs to have in researched or clinical experiment within a relatively controllable range.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 10 April 2023 and was last updated on 10 April 2023 (registration number INPLASY202340029).

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differences of different UC. c The similarities and differences between UC group and experimental group. d What should the nursing routine meet in the interventional study, or the elements that usual care needs to have in researched or clinical experiment within a relatively controllable range.

Rationale: This study does not limit the scope of a specific disease, while, the included system review may involve usual care, standard care, or routine care content for one specific disease. This study only analyzes the existing system review of usual care, which may include several multiple types of disease.

Condition being studied: This study does not limit the scope of a specific disease, while, the included system review may involve usual care, standard care, or routine care content for one specific disease. This study only analyzes the existing system review of usual care, which may include several multiple types of disease.

METHODS

Search strategy: Two investigators will search the relevant SRs in the following databases: PubMed, Web of Science, the Cochrane Library, CNKI, Chinese, Wanfang Database, and CBM, from inception until February 2023. No restrictions are on time, country, or type of disease but language will be limited on English and Chinese. The search terms was as following: usual care, standard care, routine care, review, systematic review. Further potentially relevant studies were identified via citation tracking on the included studies.

Search strategy (PubMed) #1 (((usual care[Title]) OR (common care[Title])) OR (routine care[Title])) OR (standard care[Title]))

#2 (((Systematic Reviews[Title/Abstract]) OR (systematic review[Title/Abstract])) OR (review[Title/Abstract]))

#3 #1 OR #2.

Participant or population: This study does not involve this item.

Intervention: Not applicable.

Comparator: Not applicable.

Study designs to be included: Describing or defining the content of UC by comparing the intervention condition and UC that have been evaluated in systematic reviews of RCTs will be considered eligible for inclusion in this overview.

Eligibility criteria: Studies were included if they: (1) were the review of RCT; (2) were analysed about the elements or definition of UC. Then we will download the full text of all relevant studies.

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Main outcome(s): We have preliminarily identified 7 SRs after reading the title and abstract in March 2023, Full text reading will be finished in future, and the results will be published in a peer-reviewed journal.

Quality assessment / Risk of bias analysis: Two reviewers (YF G and JG Z) evaluated the quality and risk of bias of the included SR independently using the Risk of Bias in Systematic reviews tool and PRISMA, and made decision after discussion. Independent decisions are made by (RJ Z) if necessary.

The tool assessment of multiple systematic reviews-2 (AMSTAR-2) will be used to assess the methodological quality of the SRs by two separate reviewers (YF G and JG Z). If disagreements occur, it would be solved through discussion between two reviewers or consulting the expert's (RJ Z) decision.

We evaluated the quality of evidence with the help of the GRADE[38]. The evidence quality of all outcomes will be rated on 4 levels (high, medium, low, or very low). Two reviewers (YF G and JG Z) will make an assessment independently and describe in detail the reasons for downgraded or upgraded outcomes affecting the quality of evidence.

Strategy of data synthesis: We will classify all the collected data and reorganize it into several themes for the description of usual care.

Subgroup analysis: Not applicable.

Sensitivity analysis: Not applicable.

Language restriction: This study will be limited on English and Chinese.

Country(ies) involved: China (Emergency Medicine Department, Henan Provincial People's Hospital, Jinshui District, Zhengzhou City, Henan Province).

Keywords: usual care; description.

Contributions of each author:

Author 1 - Ying Ren.

Email: 1521690049@qq.com

Author 2 - Jiange Zhang.

Email: zhangjiange88@126.com

Author 3 - Ranjun Zhu.

Email: 815074914@qq.com

Author 4 - Yonghui Huang.

Email: huangyonghui1105@gmail.com

Author 5 - Haining Zhou.

Email: zhn1004hai@outlook.com

Author 6 - Lin Yang.

Email: ylcf2019@163.com

Author 7 - Hui Qiu.

Email: 136231534@qq.com

Author 8 - Shuting Zang.

Email: 2522972273@qq.com

Author 9 - Yunfei Guo.

Email: togyfei@163.com