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ADMINISTRATIVE INFORMATION**Support** - MRF2018041.**Review Stage at time of this submission** - Preliminary searches.**Conflicts of interest** - None declared.**INPLASY registration number:** INPLASY202440119**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 29 April 2024 and was last updated on 29 April 2024.**INTRODUCTION**

Review question / Objective Our objectives are to discover and map the number and types of emergency department clinical registries (defined by the ED as custodian for the registry or database) described in the international literature. The type of data being collected (for example, disease specific or emergency presentations), data points being collected and reporting mechanisms will also be explored.

Background Clinical data registries are organized systems that collect data on patients diagnosed with a disease or condition or who undergo a certain procedure. Over the past few decades, there has been expansive growth in the range and number of clinical registries. Clinical registries can be used to inform health policy, improve the quality and cost-effectiveness of patient care, allow for

access to data for clinical research, and assist in monitoring the uptake and safety of novel treatments and procedures. Registry initiation has been associated with improvements in patient outcomes and mortality.

Rationale The degree to which emergency department clinical registries exist is unknown. To our knowledge, reliability, reproducibility, and duplication of emergency department clinical registries have not been studied, mapped or summarized in the literature.

METHODS

Strategy of data synthesis The databases Pubmed, Ebase and Web of Science will be searched with the following queries: Pubmed, ((Emergency [Title]) AND (Registry [Title] OR Register[Title] OR Database[Title])); Embase,

((Emergency.ti.) AND (Registry.ti. OR Register.ti. OR Database.ti.)); Web of Science, (TI=(Emergency) AND (TI=(Registry) OR TI=(Register) OR TI=(Database))).

Eligibility criteria Studies eligible for the scoping review will describe a clinical registry where the emergency department is custodian of the registry or database. Original studies, observational studies, systematic reviews and meta-analysis written in English with full text access will be eligible.

Source of evidence screening and selection

The following bibliographic databases will be searched from inception until April 2024: Pubmed, Embase, Web of Science.

Data management The results of the database searches will be screened using the web-based reviewing platform Covidence where duplicate studies will be removed prior. Title screening will be performed independently by two authors for suitability. Any disagreement between reviewers will be resolved through discussion with a third author (SP) on the study team. Title screening will be initiated with a random sample of ten titles. Selection criteria will be judged to be acceptable based on an 80% agreement threshold, with further refinement of the criteria as necessary, using a second set of ten titles. No formal source selection tool will be used for this scoping review. Subsequent full-text review and reviewer agreement will yield the final pool of articles for data extraction and analysis. Data collection will be based on the Cochrane Collaboration article "Data collection form for intervention review – RCTs and non-RCTs". Some new sections have been added into this tool and the irrelevant sections have been removed from the original form.

Language restriction Only articles published in English will be considered for inclusions.

Country(ies) involved This scoping review will be carried out in Australia.

Keywords Clinical Registry, Register, Database, Emergency Medicine, Emergency Department.

Dissemination plans Our intention is to publish this scoping review in the peer reviewed literature.

Contributions of each author

Author 1 - Viet Tran - Author 1 drafted the protocol, will perform the initial screening, draft the manuscript, perform data analysis.
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