INPLASY

Indicators for Gynaecologic Outcomes (IndiGO) Study: A Scoping Review Protocol

INPLASY2026110036
doi: 10.37766/inplasy2026.11.0036
Received: 9 November 2026
Published: 9 November 2026

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ADMINISTRATIVE INFORMATION

Support - No support.

Review stage at the time of initial registration - Data extraction.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY2026110036

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 9 November 2026 and was last updated on 9 November 2026.

INTRODUCTION

Review question / Objective The objective of this study is to identify clinically relevant, evidence-based, and measurable patient quality and safety indicators relevant to gynecologic surgery, through a scoping review of the existing literature.

Background For patients who undergoing gynaecologic surgery, there is a need to ensure safe and high-quality care. The benefits of performance audit and feedback have been extensively studied. However, there is currently very limited data available to guide the development of a patient safety indicators among gynaecologic surgeons in Canada. In 1994, ACOG developed a list of quality assurance indicators to guide both obstetrical and gynaecologic practice. However, clinical and surgical practice patterns, patient characteristics, information gathering and data systems have changed significantly over the past thirty years, and ACOG's American perspective may not be applicable to a Canadian healthcare system. More recent reports on the indicator selection processes have also been conducted in other healthcare settings - such as in Australia, Denmark, and the United States and have tended to address only obstetrical care.

Rationale The benefits of performance audit and feedback have been reported in the literature, and these benefits are increasingly recognized by practicing physicians. Surveys among gynaecologic surgeons, have identified the need for "department-specific indicators" and "physician-specific metrics" to assist in the evaluation of their clinical performance and delivery of quality care. Physicians surveyed have also recognized and described the value of a patient safety dashboard which would enable audit and feedback, the ability for peer comparisons on institutional, provincial, and national levels, ensuring high-quality care. Physicians also provided input into what were important attributes of developing such indicators, including the selection of metrics, maintaining the confidentiality of physician-level information, and the ability to

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feedback and use information for quality improvement.

METHODS

Strategy of data synthesis The electronic databases MEDLINE, Embase, and Cochrane CENTRAL were searched, with the final search conducted on June 3rd, 2026. The search strategy was developed in consultation with a Health Sciences librarian at the University of Ottawa. The strategy combined two key concepts: (1) gynaecologic surgical procedures, including both broad procedural terms and specific gynaecological surgical procedures, and (2) quality and safety indicators, encompassing terms related to healthcare quality measurement, patient safety and performance metrics. Controlled vocabulary (e.g., MeSH and Emtree terms) and relevant keywords were used where appropriate, and database-specific search strategies were adapted accordingly.

Eligibility criteria Potentially eligible articles will be screened and selected according to predefined inclusion criteria: (1) reports on the development and use of quality indicators within the field of gynaecology; (2) reports using structured data gathering methods, (i.e. literature review, consensus processes), research studies, and results of quality improvement processes. Report on indicators pertaining solely to non-physicians or non-relevant subspecialty areas (e.g. maternal fetal medicine, gynaecologic oncology), personal opinions, and editorials without structured data gathering elements as noted above will not be included.

Source of evidence screening and selection All citations retrieved from the database searches will be uploaded into Covidence. Duplicate records will be removed using Covidence's automated de-duplication function, followed by manual review to identify and remove any remaining duplicates not detected by the software. Study selection will be conducted independently by two reviewers using a two-stage screening process. In the first stage, titles and abstracts will be screened against the eligibility criteria. Articles deemed potentially relevant will then undergo full-text screening in the second stage. Any disagreements between reviewers at either stage will be resolved through discussion, with consultation from a third reviewer when necessary.

Data management Data extraction will be performed using a data extraction form in within an electronic spreadsheet and will include core information on the indicators discussed in the reports. Where applicable, the study design, study population, gynaecologic procedure, comparison group, and outcomes of each report will also be extracted.

Reporting results / Analysis of the evidence Identified indicators will be assessed according to level of scientific evidence (evidence-based criterion), estimated frequency of undesired outcome or practice it is intended to address (frequency criterion), and availability of information within existing infrastructure (collectability criterion). Findings will be synthesized descriptively and reported narratively, with indicators categorized and summarized according to these assessment criteria.

Presentation of the results Results will be presented using a PRISMA flow diagram to illustrate the study selection process, including the number of records identified, screened, assessed for eligibility, and included in the final review, along with reasons for exclusion at the full-text screening stage. Results will additionally be summarized in tabular form, and a master list of indicators reported in the literature will be created along with article reference. Indicators found in the literature will be categorized as an outcome, process, or health utilization indicator. Similar indicators will be grouped together to form indicator groups. Results will be analyzed according to common themes among indicators, indicator selection processes, and reported quality improvement projects.

Language restriction Studies published in any language will be eligible for inclusion. No language restrictions will be applied during the literature search or study selection process.

Country(ies) involved Canada.

Keywords Gynaecology; Gynaecologic surgery; Quality indicators; Quality improvement; Safety indicators; Quality of health care.

Dissemination plans Knowledge products will also be disseminated by peer-reviewed publication with targeting of high impact journals in the field of obstetrics and gynecology. Where possible, manuscript will be made open access and available to relevant stakeholders.

Contributions of each author

Author 1 - Arti Sehdev - Developed the search strategy and adapted it for the other databases, conducted screening at both the title and abstract and full-text stages, and will perform data

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extraction and synthesis. Author 1 will also be responsible for preparing the manuscript.
Email: asehd104@uottawa.ca
Author 2 - Aisling Clancy - The author provided clinical expertise in gynaecologic surgery and guidance on the overall direction of the project, including the scope of the review, and will provide clinical input on the relevance and appropriateness of the quality and safety indicators identified.
Email: aclancy@toh.ca
Author 3 - Shreya Pal - The author contributed to screening at both the title and abstract and full-text stages and will also contribute to data extraction.
Email: spal009@uottawa.ca
Author 4 - Innie Chen - The author will be responsible for overall supervision and oversight of the study at all stages, including guidance on the study design, methodology, and direction of the project, drawing on their clinical expertise in obstetrics and gynaecology.
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