Did compliance with the Heavy Menstrual Bleeding Clinical Care Standard improve in a large regional Australian hospital, following publication of the national guideline?

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INTRODUCTION

In Australia, according to the 2017 Australian Atlas of Healthcare Variation report, benign hysterectomies are higher regionally than in metropolitan areas.[1] This finding suggests a potential lack of consistency in the use of therapeutic alternatives for the management of heavy menstrual bleeding (HMB), particularly in regional centres. Resultingly, a national evidence-based Clinical Care Standard was released for the management of HMB, to ensure standardised care, regardless of where patients live.[2]

AIMS

The aim of our study was to assess whether compliance with the national HMB Clinical Care Standard improved following its release, at a high-volume large referral centre in regional Victoria.

METHODS

Hospital and clinic coding data was used to identify patients who underwent hysterectomies for benign HMB in the ten months prior to (Group 1) and ten months after (Group 2) the introduction of the national HMB Clinical Care Standard. Retrospective manual chart review was undertaken to audit compliance with the eight Clinical Care Standards, as outlined by the Commission.[1]

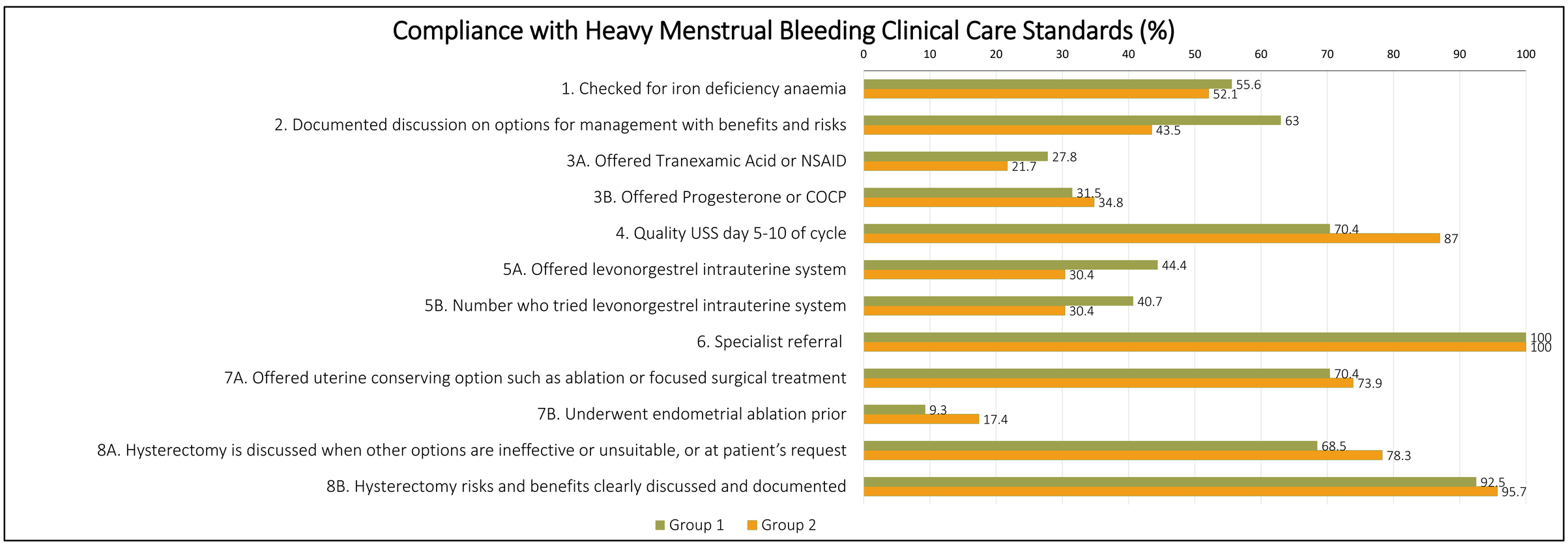
RESULTS

There were 54 women who underwent hysterectomy for benign HMB in Group 1, and 46 in Group 2. The most common indication for a hysterectomy was dysfunctional uterine bleeding, comprising approximately 50% of the primary indication for hysterectomy across the two groups.

Compliance with the HMB Clinical Care Standard improved in Clinical Care Standards pertaining to specialist gynaecological care (Standards 7 and 8).

There was an increase in uterine conserving measures such as ablation or focused surgical treatment offered across the two groups (Standard 7A; 70.3% versus 73.9%). Although rates of endometrial ablation were low, there was also an increase seen across the two groups (Standard 7B; 9.3% versus 17.4%).

Conversely, compliance to Clinical Care Standards pertaining to primary care showed a decreasing trend (Standards 1-3, and 5). Documented discussion on HMB management options were reduced in Group 2, as well as the number of levonorgestrel intrauterine systems offered and trialled prior to hysterectomy was low (40% versus 30%).



DISCUSSION

Our retrospective audit demonstrated a trend towards improved compliance with national Clinical Care Standards relating to specialist gynaecological care following its introduction. There was an overall low uptake of hysterectomy alternatives, including endometrial ablation and levonorgestrel intrauterine systems. More equitable access to hysterectomy alternatives through increased training and public health promotion in regional areas should be considered as area of focus to help improve standards of care.

REFERENCES

1. Australian Commission on Safety and Quality in Health Care. (2017). *Atlas 2017 (2017).* https://www.safetyandquality.gov.au/our-work/healthcare-variation/atlas-2017
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