

Harms review of a gynaecology waiting list during the COVID pandemic

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Introduction

COVID-19 led to temporary suspension of many services leading to backlogs. The outpatient hysteroscopy (OPH) service was impacted due to restrictions imposed with implications on patient safety. While suspected cancers were prioritised, there was a build-up of ‘urgent’ patients and ‘routine’ referrals.

Objectives & Design

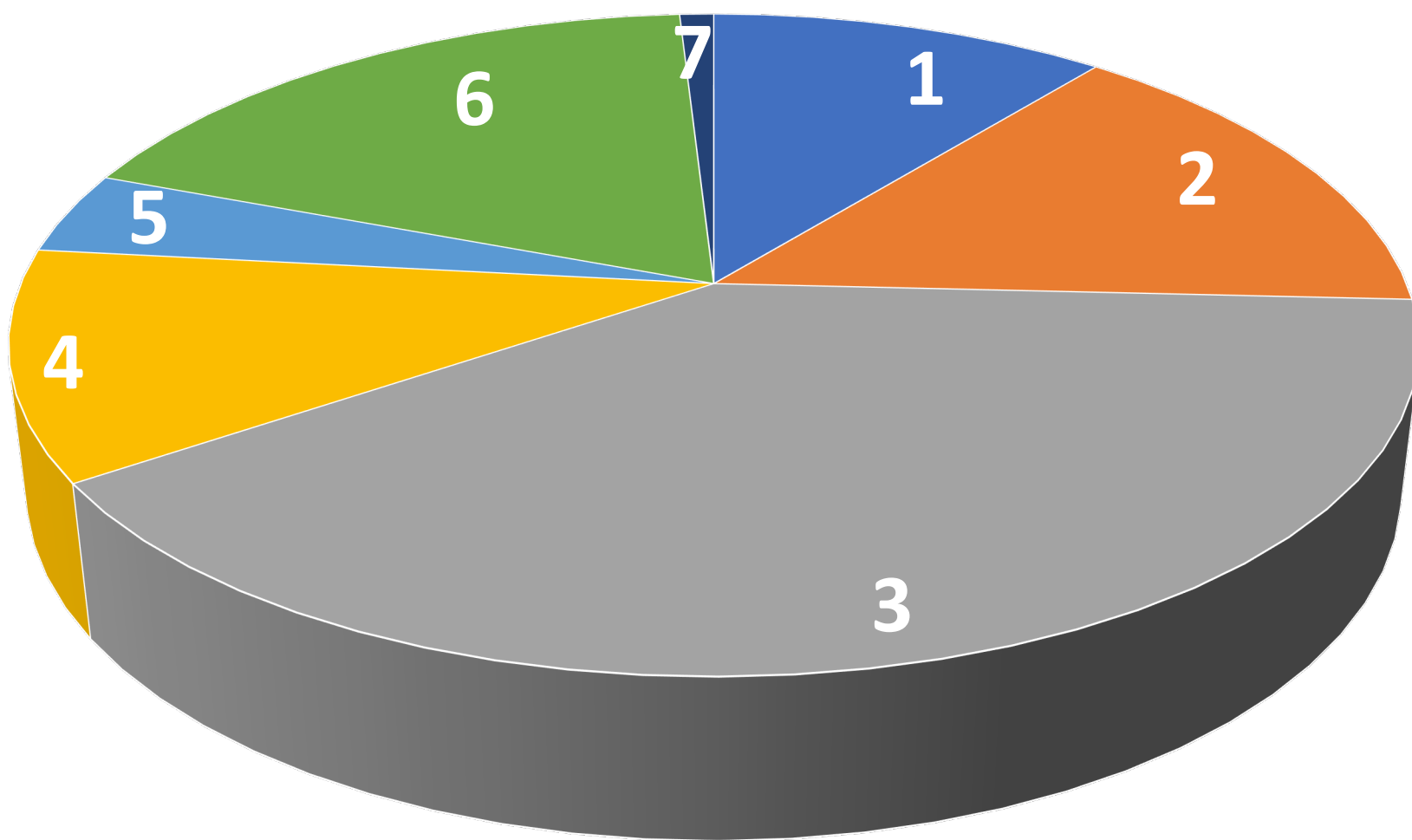
- To review and reprioritise patients on the waiting list.
- Mitigate possible harm from progression of initial condition.
- To allow careful utilisation of limited resources.

All patients on the OPH waiting list who had breached target timeframes as of 16th August, 2021 were reviewed.

Results (continued)

Patient categories following review	Number of patients (n=322)
1	35
2	48
3	128
4	36
5	13
6	59
7	3

Number of patients in the different categories



Method

- Patients contacted 23.08. 21 - 24.09. 21.
- Review team consisted of senior registrars.
- The indication and severity of ongoing symptoms were reviewed. Seven categories were set (see table).
- Patient availability, use of blood thinners and mobility issues were assessed in order to appropriately allocate OPH appointments and to minimise cancellations.
- Interim treatment was provided as required.

Category following review	Action
1 Symptoms require urgent review	Book as two week wait (2WW)
2 Symptoms worsened but NOT 2WW	Revised category as urgent
3 Remain symptomatic and procedure still indicated	Remain in same category on waiting list
4 Symptoms resolved	Discharge
5 Unclear or inappropriate indication	For face-to-face review in GOPD
6 Known diagnosis of Endometrial hyperplasia	Escalated to 2WW
7 Patients who decline clinical review	Refer for consultant to review

Conclusions

- Category reprioritisation resulted in actions to minimise harm to patients who had breached their target OPH times.
- Although our analysis was related to backlogs caused by COVID, the lessons learnt can be extrapolated to any waiting list.
- A regular review of waiting lists and reprioritisation is vital for patient safety and resource utilisation.
- An additional issue here was a stretched workforce resistant to engage in work around an evolving area. This was overcome by using a small team of senior staff.
- One-sixth of patients no longer needed their procedures, saving resources.
- The review has led to the creation of a database for endometrial hyperplasia to establish appropriate surveillance and management as per national guidance.

Results

Three hundred and thirty nine patients breached, 322 were reviewed (17 patients were uncontactable) - 35 patients were re-categorised as 2WW in view of symptoms, 59 patients had known endometrial hyperplasia and had not been followed up as per national guidance, so re-booked as 2WW. Thirty percent of patients were hence recategorized as 2ww, 15% were re-categorised as urgent due to worsening symptoms and 40% remained on the waiting list in the existing patient category. Fifty two patients no longer required the procedure - these were patients who came under categories 4, 5 and 7.