

Setting up an outpatient hysteroscopy service: Experience at a district general hospital.

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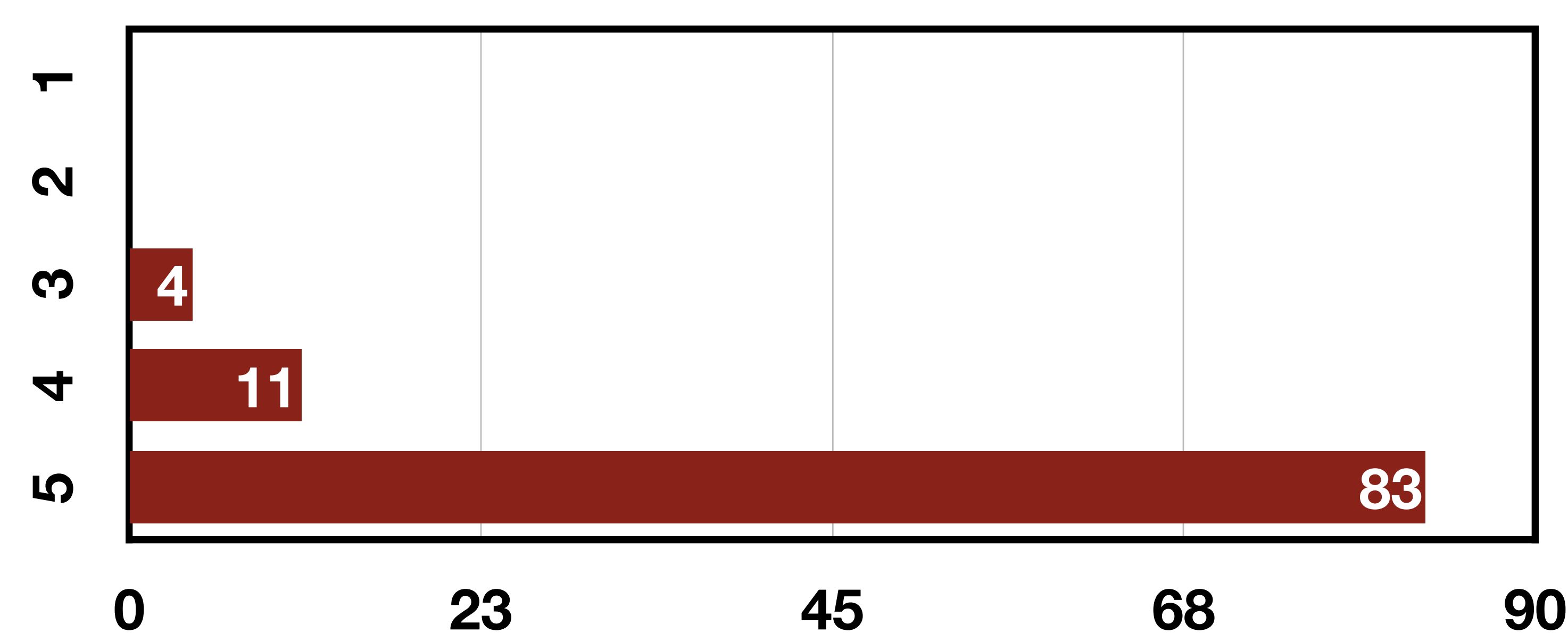
Introduction: British Association of Day Surgeons (BADs) recommends that 90% of hysteroscopies (with or without endometrial biopsies) should be conducted in an out patient setting. [1] One stop services are essential at district general hospitals(DGH) to optimise the patient visit, experience and reduce the stress on inpatient services. Here we present an audit on the feedback of patient experience collected prospectively on the newly established therapeutic outpatient hysteroscopy service at James Paget University Hospital(JPUH), which was implemented in May 2022.This service aims to optimise the patient's experience and best manage any pain from the procedure. It is consultant led and includes a dedicated team of consultants, nurses and support staff. Patient choice is central to this service design; facilitated by prompts on the booking form, patient information leaflets and documentation proforma.

Ref: BADs Directory of Procedures 6th Edition. Available at: <https://www.bads.co.uk>

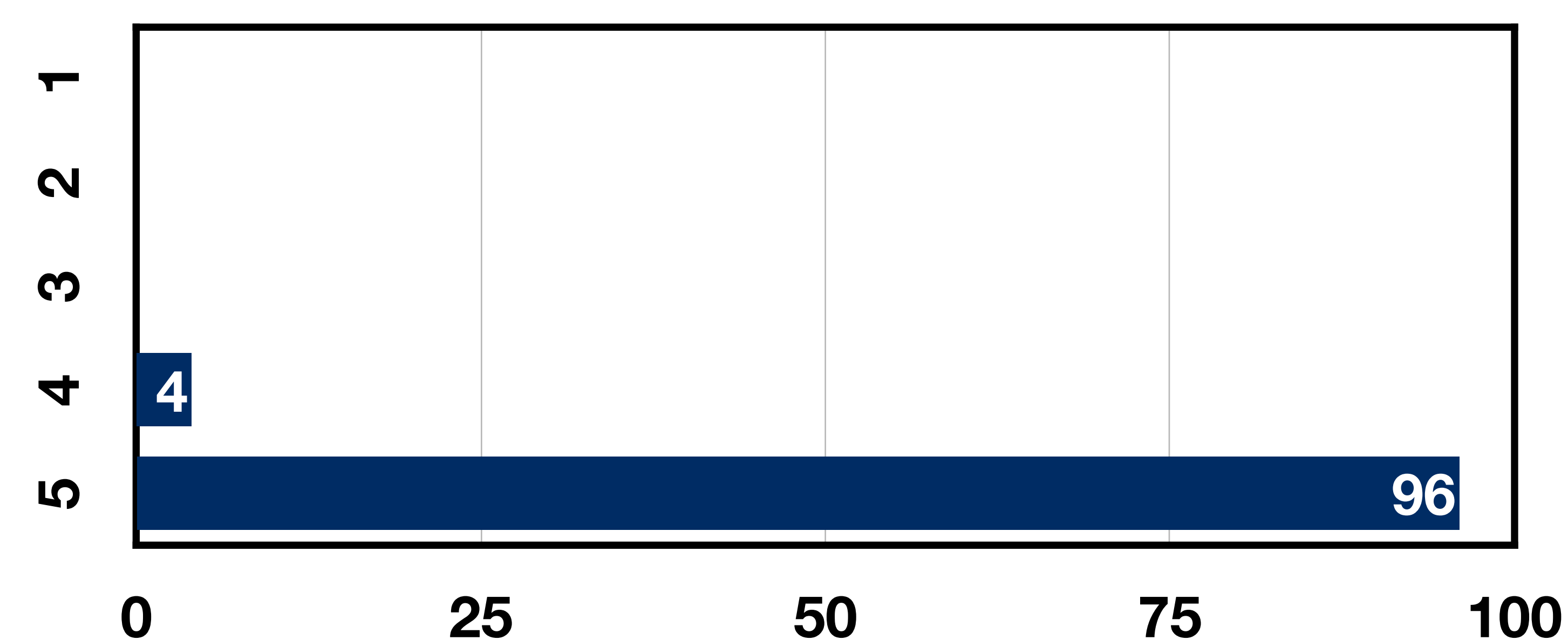
The audit: This was a prospective audit done from June 2022 to December 2022. A patient feedback form was given to all patients having an OPH. The questionnaire included 14 questions on the service, staff and patient experience. Patients were asked to rate each parameter on a scale of 1 to 5 in increasing order of satisfaction.

Results: 71 patients returned the feedback form. The responses were tabulated on an excel sheet and analysed. Local standard was 90% for each parameter. The significant results are highlighted in the graphs below.

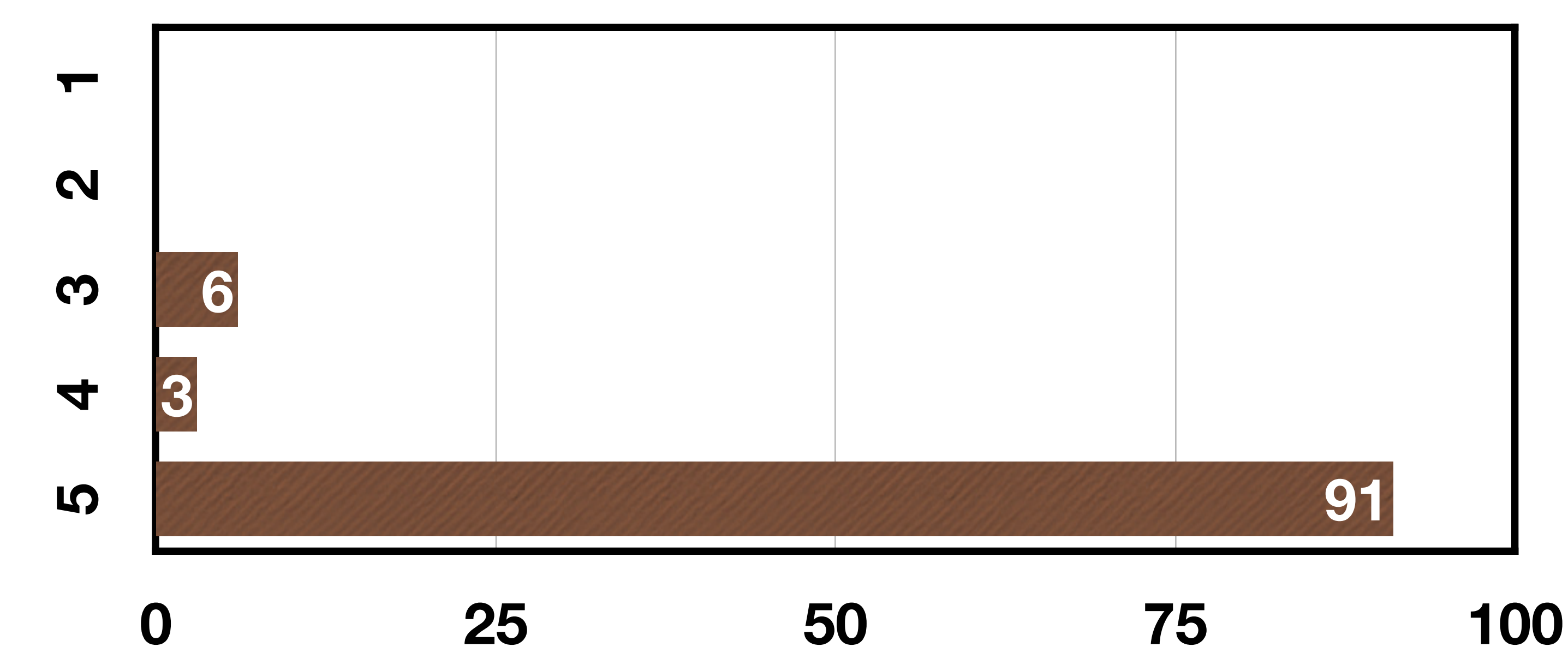
Timely provision of information leaflet (%)



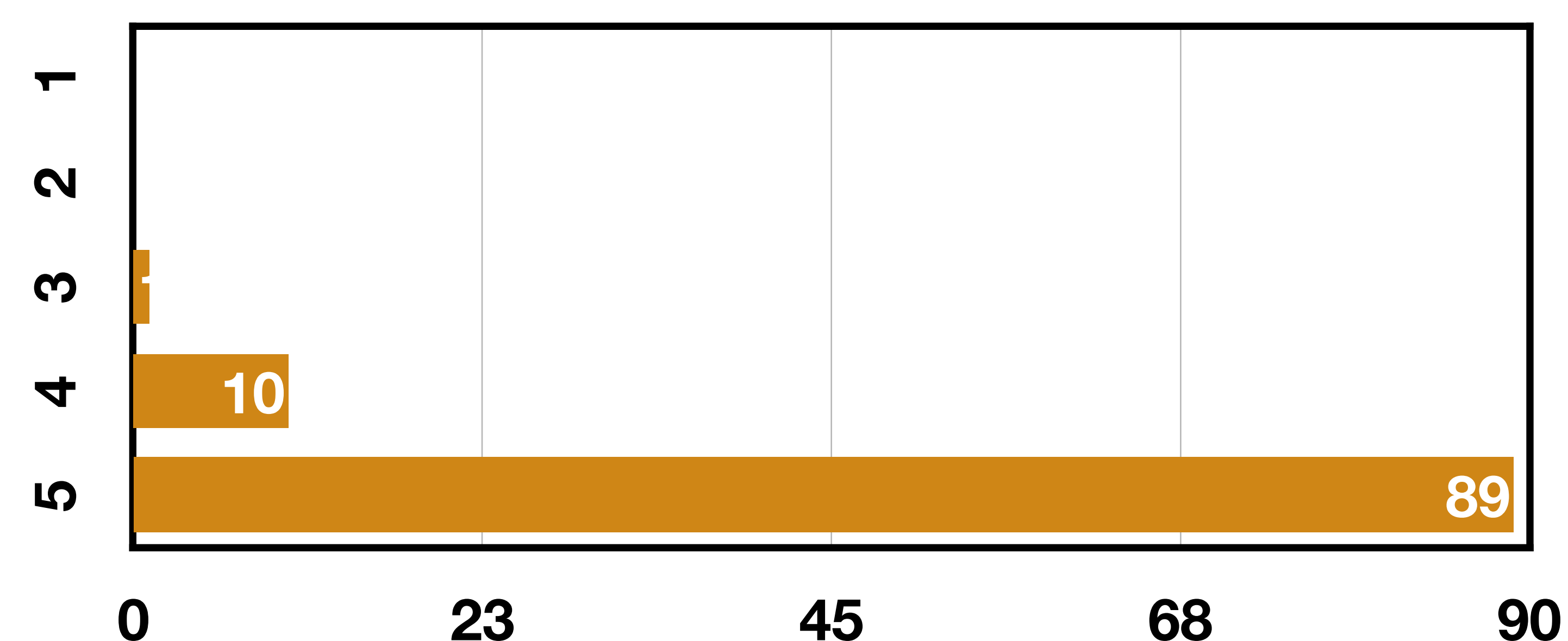
Privacy provided for the procedure (%)



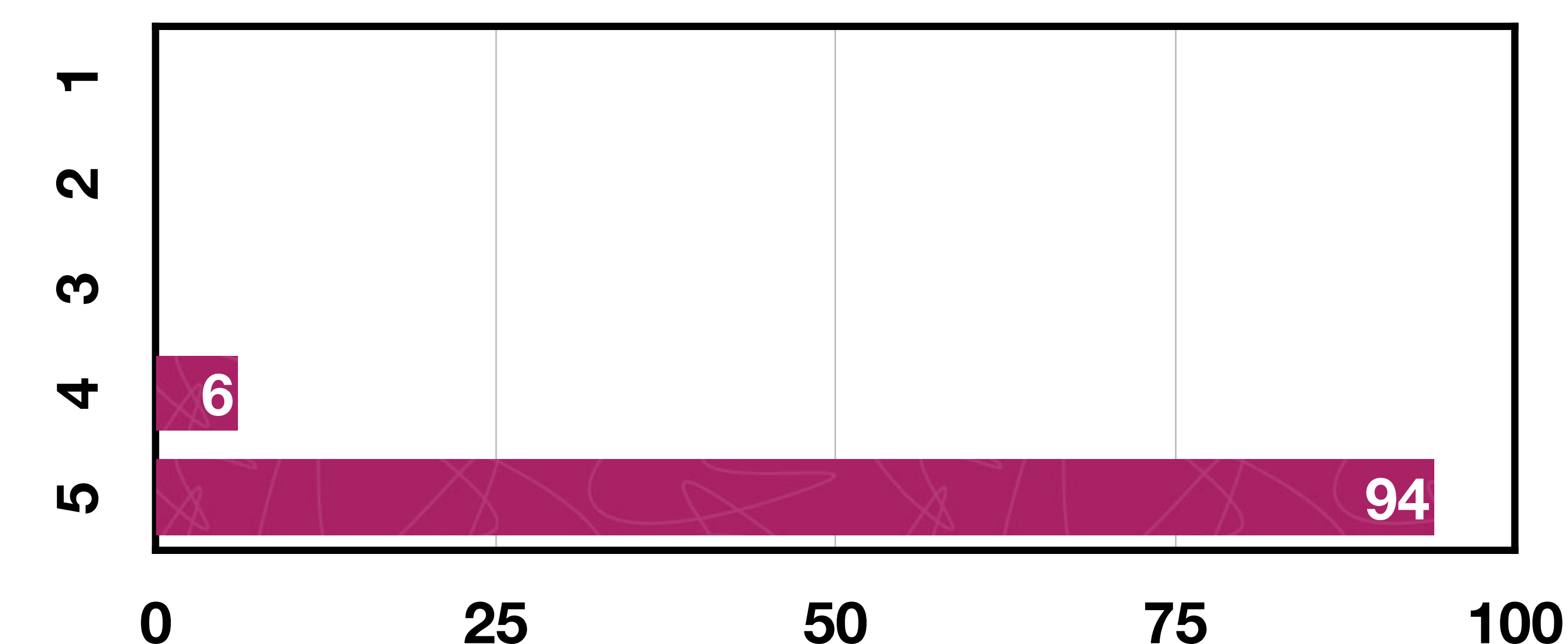
How well was the pain managed (%)



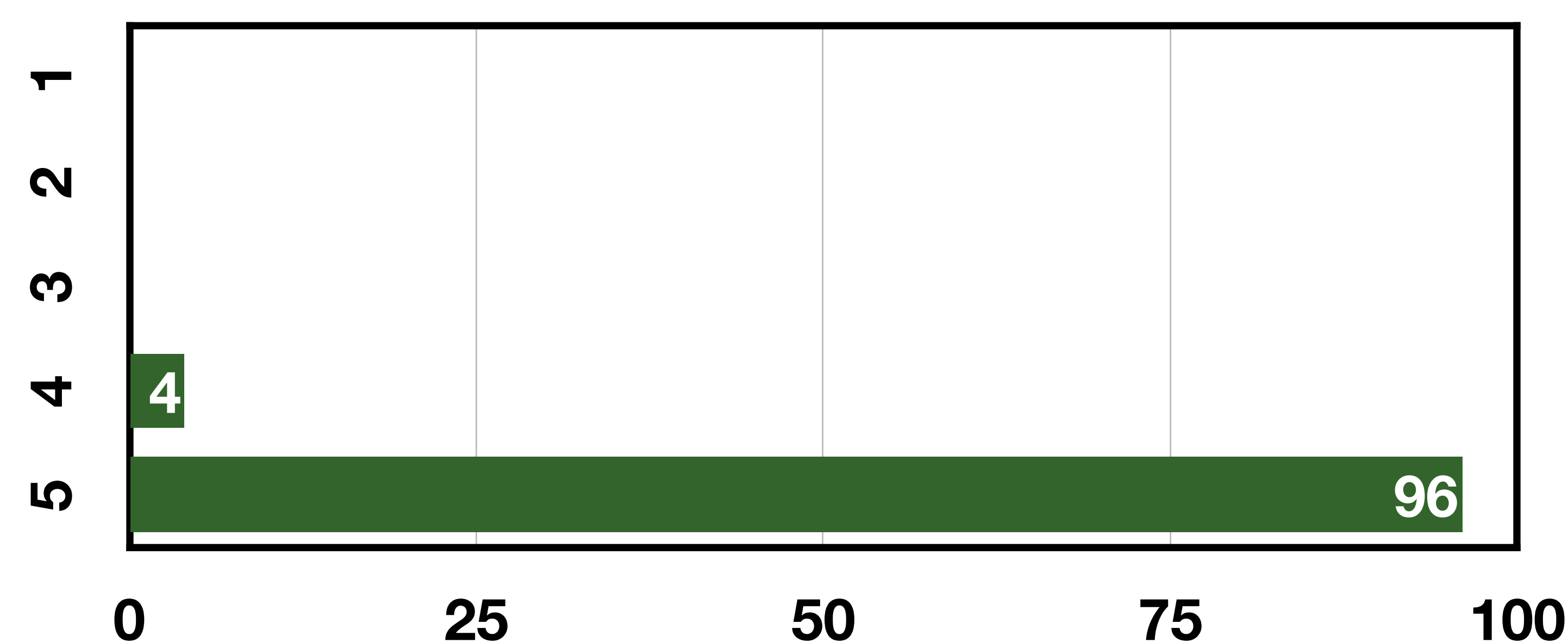
Staff alleviated anxiety during the procedure (%)



Rate the overall experience (%)



Staff answered all your questions (%)



Findings: This results of the audit showed high levels of patient satisfaction overall, and particularly in terms of privacy and staff involvement. >90% patients were completely satisfied with pain management. The areas identified that did not meet the 90% standard included provision of information prior to procedure (83%), wait (61%), alleviating anxiety (89%) and information on aftercare (89%).

Conclusion: The OPH service has overall been a success. This audit has identified areas for improvement to further enhance the patients' experience, including timely provision of information prior to the procedure and strategies to reduce wait time in clinic. Patient feedback will continue to be collected prospectively and re-audited in 6 months.