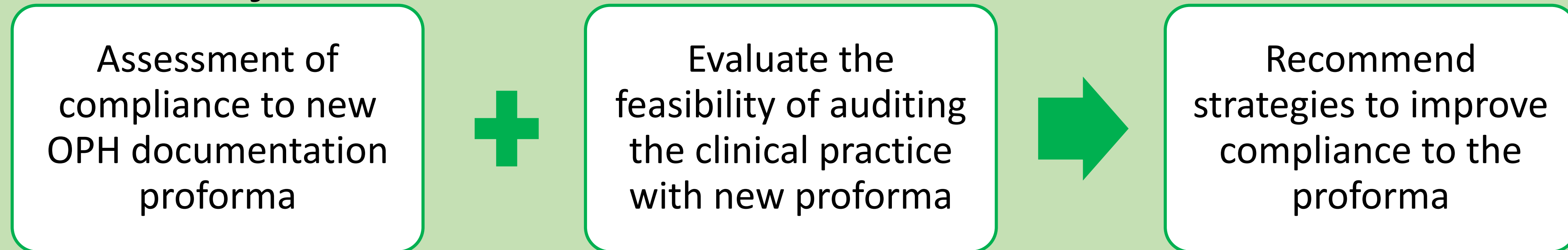


Background

- A new OP hysteroscopy proforma was introduced in June 2024 to standardize documentation of women attending the clinic.
- The audit was carried out from 01.06.2024 to 31.11.2024 which included 745 women. Data was gathered by the system generated excel sheet from the proforma with the help of IBP..

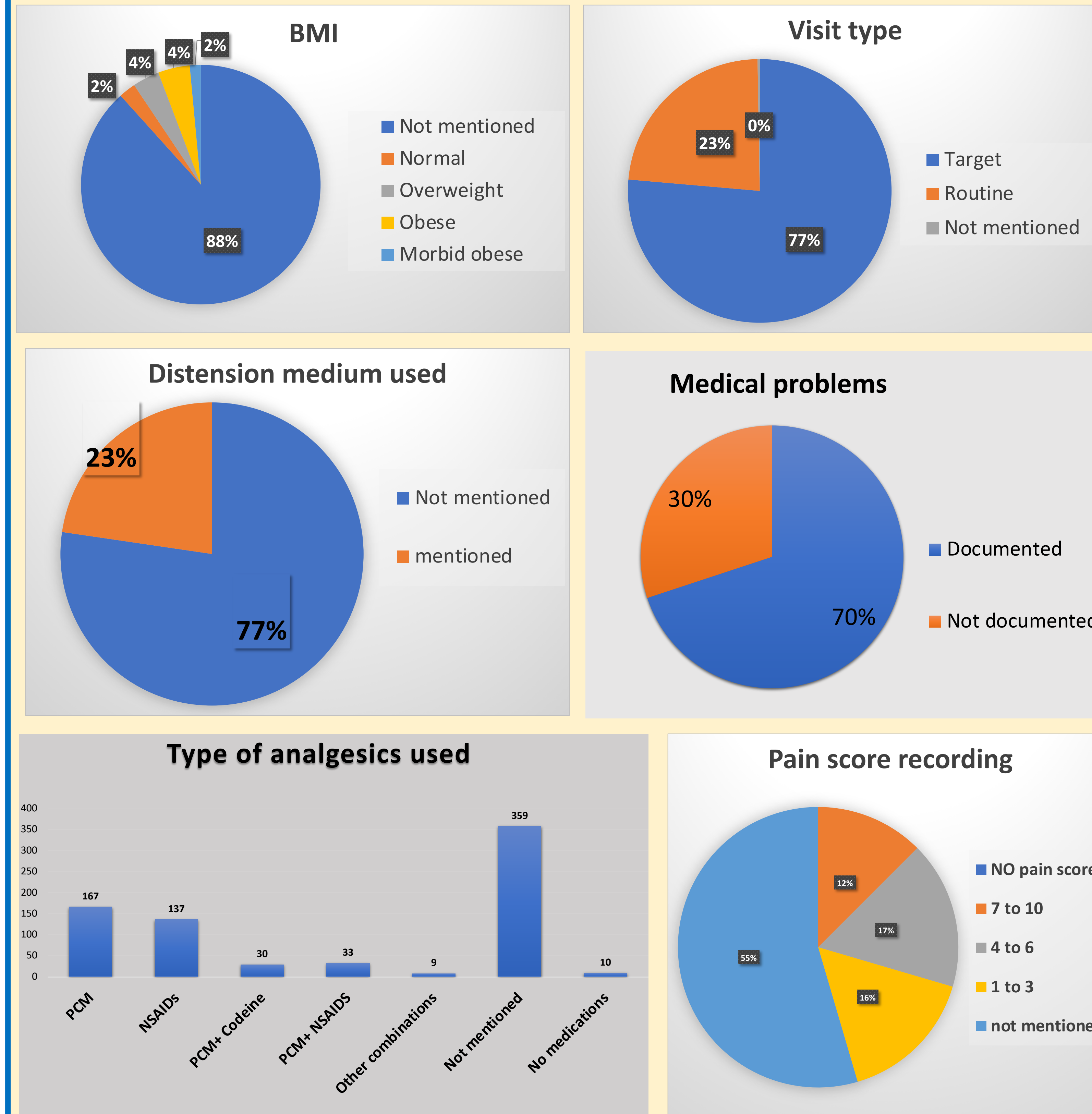
Aims and Objectives



Results review

Domains with 100% compliance	Domains with less compliance	
➤ Visit type	➤ BMI 22%.	Vaginal examination 57%
➤ Referral pathway	➤ Medication 70%	Surgical history 47%
➤ Menopausal status	➤ USS results 74%	Medical history 43%
➤ Surgeon's name	➤ Pain score 88%	Distension medium 27%

Results review cont.



Analysis

- ❖ BMI - undocumented as it's not routinely measured in the clinic
- ❖ Distension medium- consistently normal saline, with no alternative. This domain is superfluous.
- ❖ Medical, surgical and medication history – documentation is often limited due to the 30-minute time slot, which must also cover counselling, consent, procedure and summary.
- ❖ USS results - usually uploaded as full report without categorization, making it difficult to audit specific abnormalities.
- ❖ Pain score - not recorded in 12% of women, which is below what is expected from a clinically significant domain

Conclusion

- The new proforma was used in all OPH visits
- Compliance was variable for some domains. Review of the proforma for suitability of the domains and feasibility of completion in time slot needs to be reviewed
- Comorbidities need documentation for accurate coding of the procedures.
- Important domains like USS, patient pain scores showed poor compliance. Reasons for this need to be analyzed and an alternative check should be in place to ensure completion so as to record patient experience.
- None of the missing domains compromised the communication to the GP on review

Recommendations and implementations of recommendations

For discussion