

Audit on red flag referrals for women with unscheduled bleeding on HRT: A quality improvement project

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Objectives:

- 1) To evaluate the red flag referrals for women with unscheduled bleeding on Hormone Replacement Therapy and to make sure that, these women are initially managed and referred as per the recent British Menopausal Society joint guideline, published in April 2024, “Management of unscheduled bleeding on hormone replacement therapy”. By this the waiting period for women at high risk needing urgent attention can be reduced.
- 2) To assess the need for a one-stop menopausal clinic at South west Acute Hospital, Enniskillen.

Background / rationale:

Unscheduled bleeding on HRT is defined as irregular bleeding which occurs after initiating, or changing, an HRT preparation which should be ‘bleed free’ – continuous combined hormone replacement therapy (ccHRT) or, which occurs, in addition to the scheduled monthly withdrawal bleed in persons taking sequential preparations (sHRT).

Criteria & Standards used:

Management of unscheduled bleeding on hormone replacement therapy: BMS joint guideline , published in April 2024

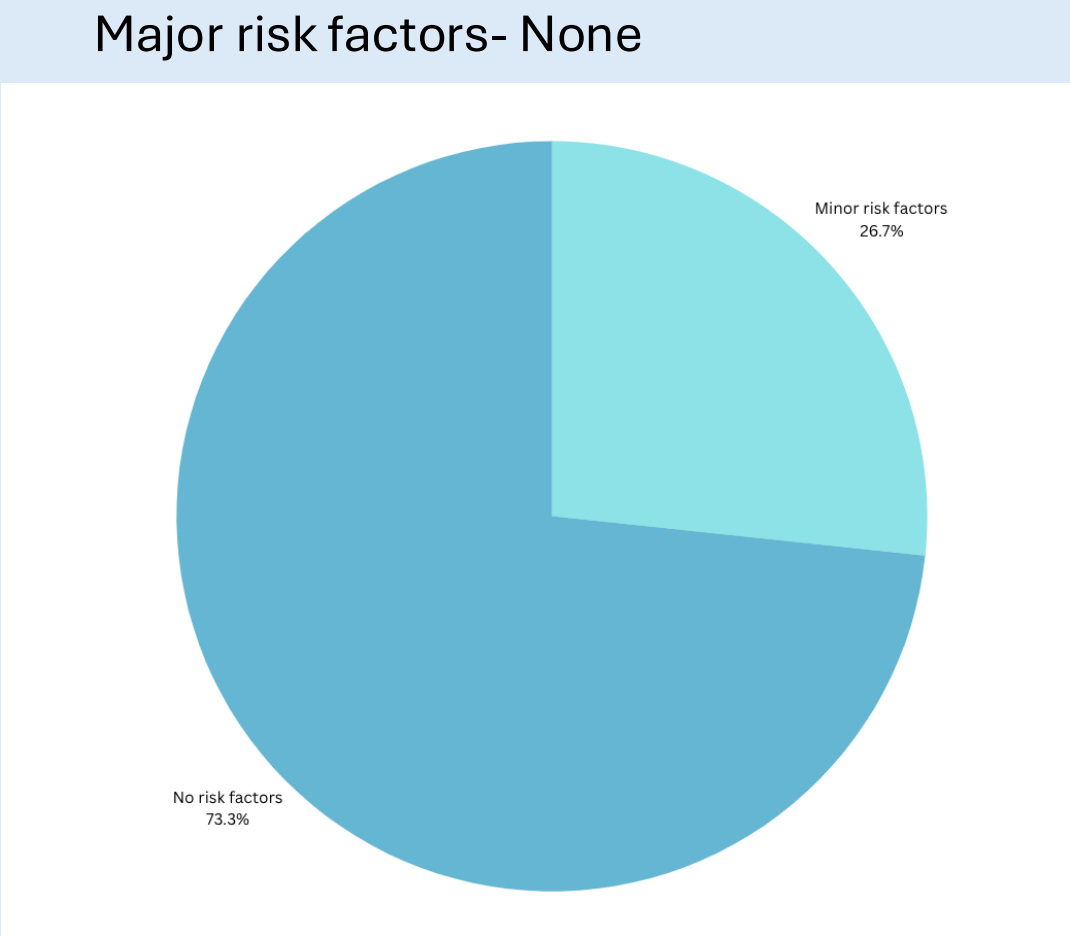
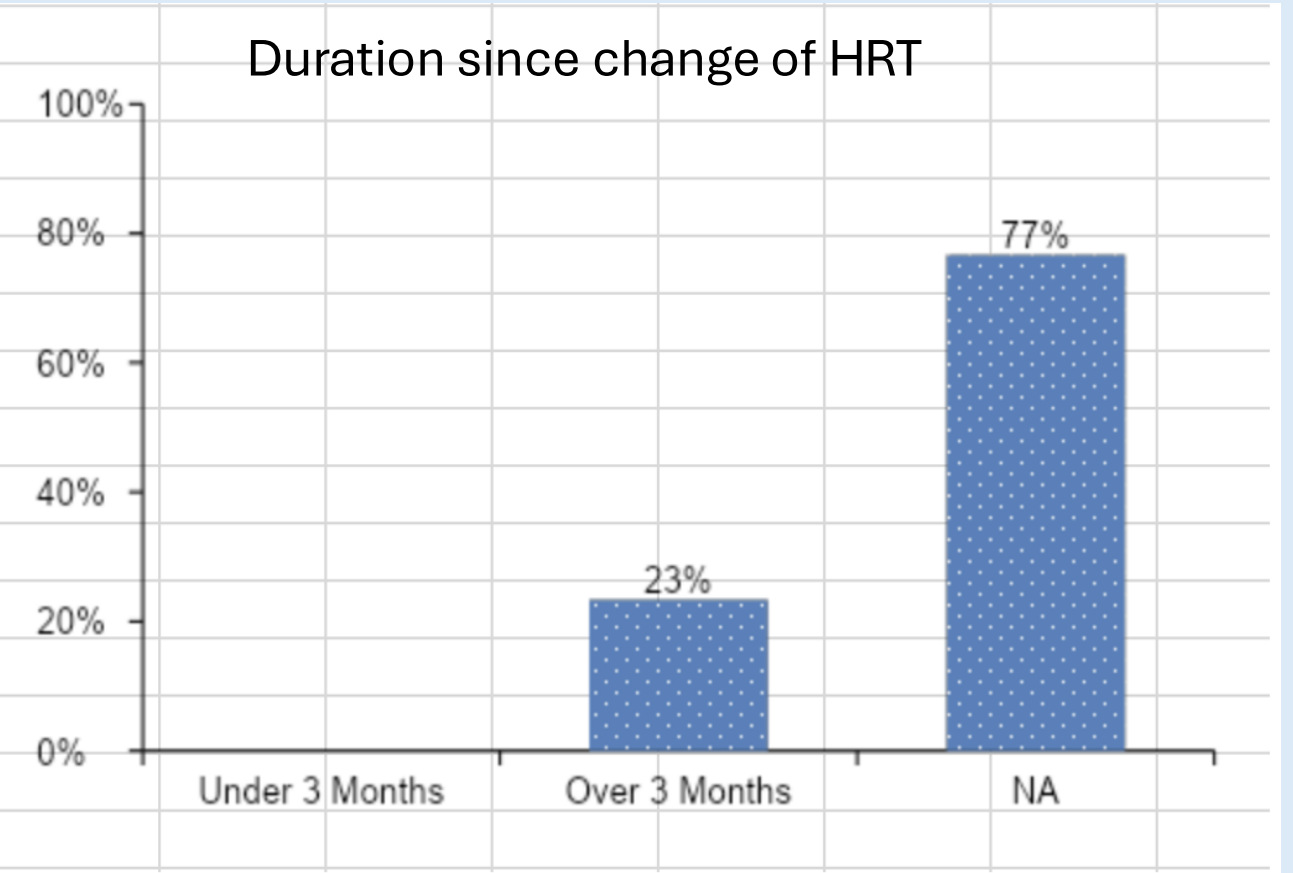
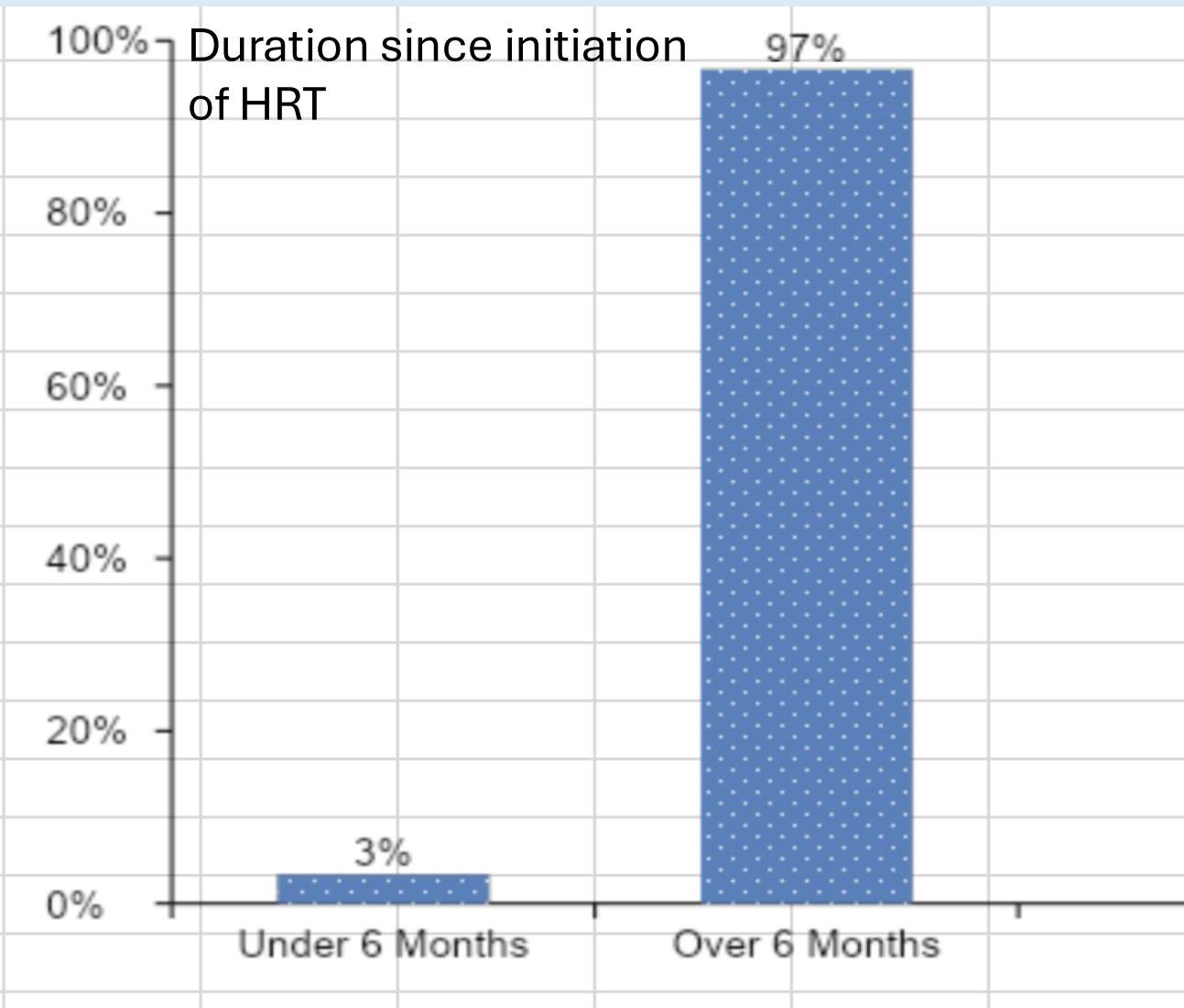
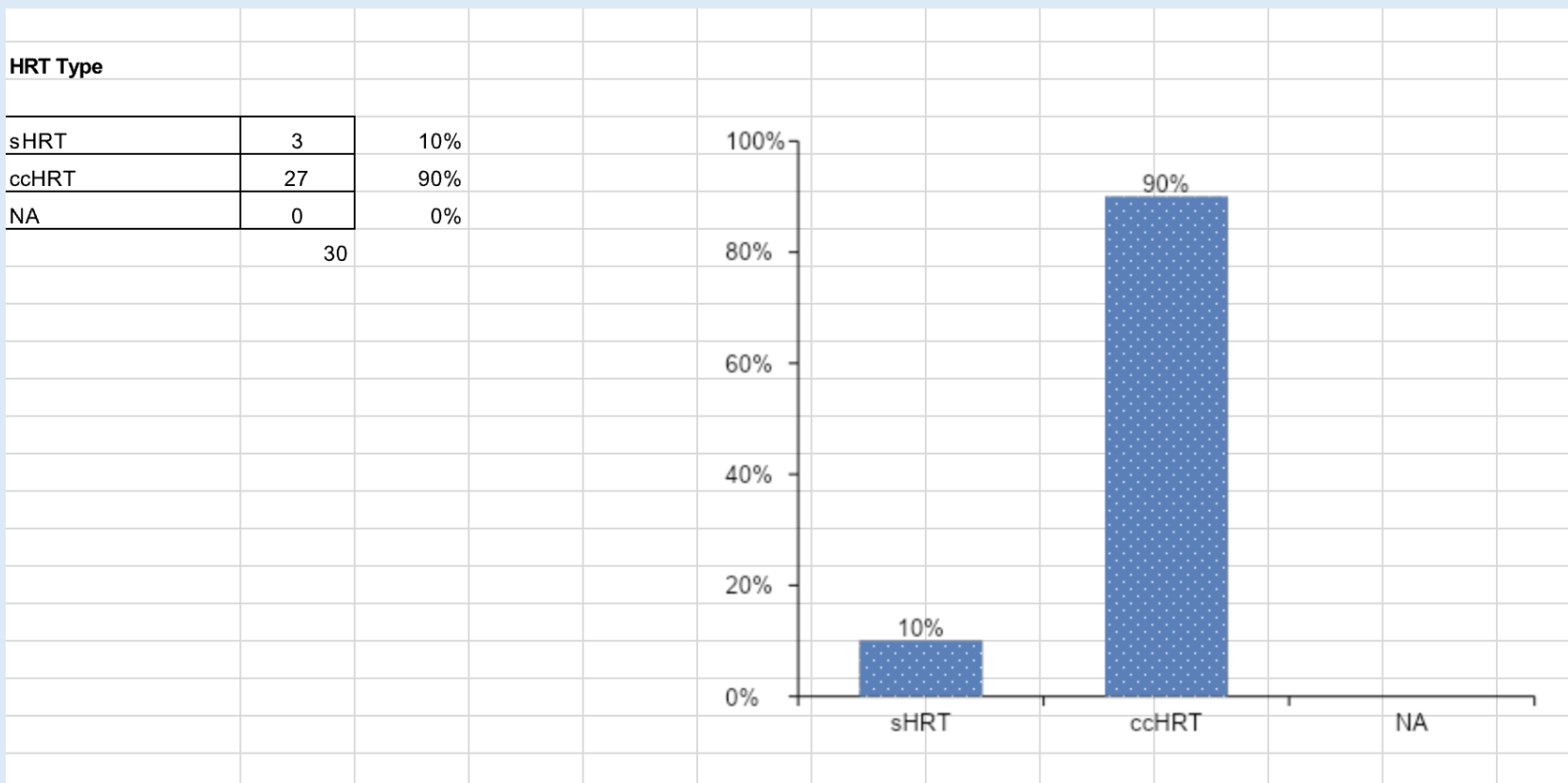
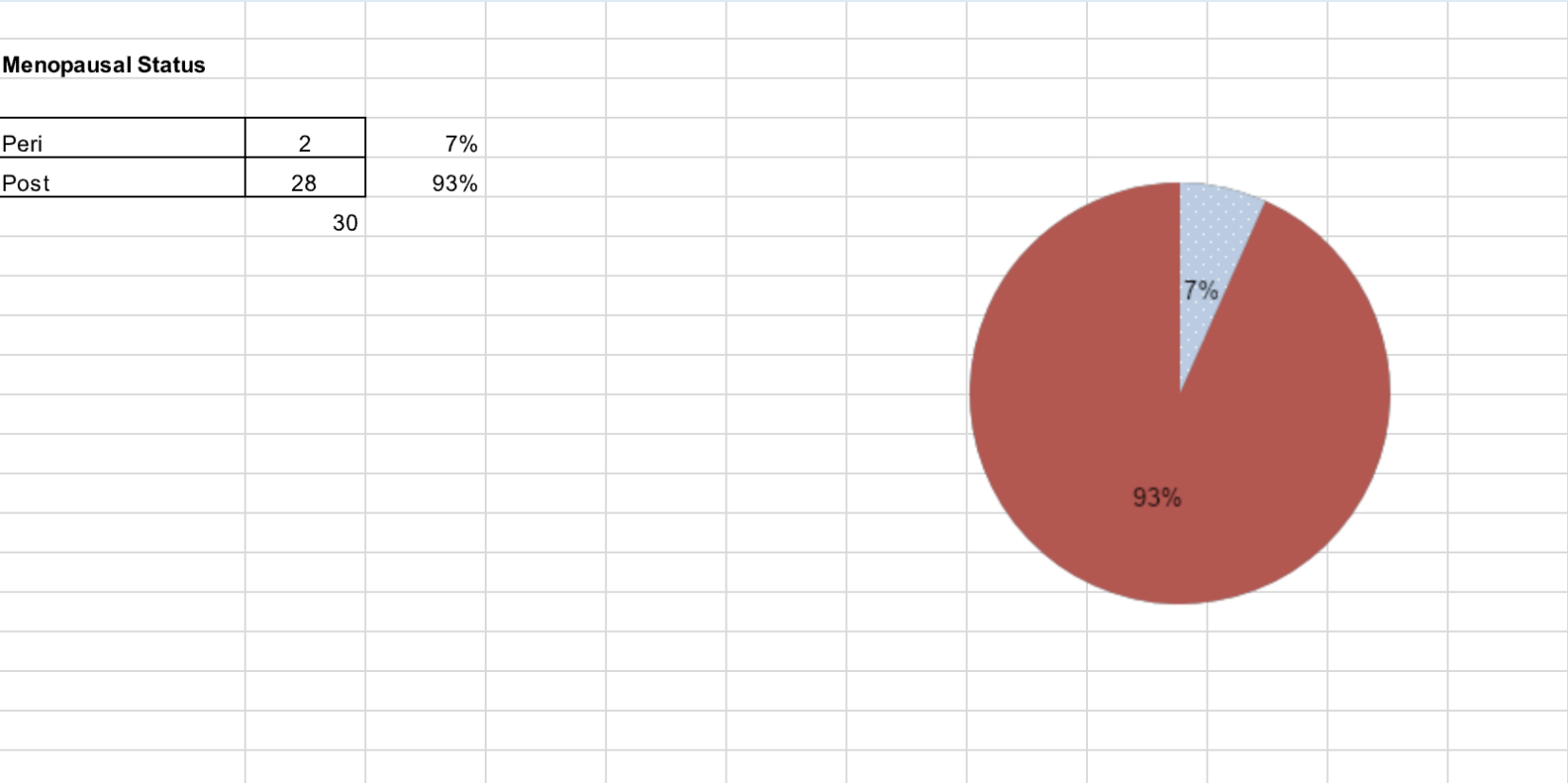
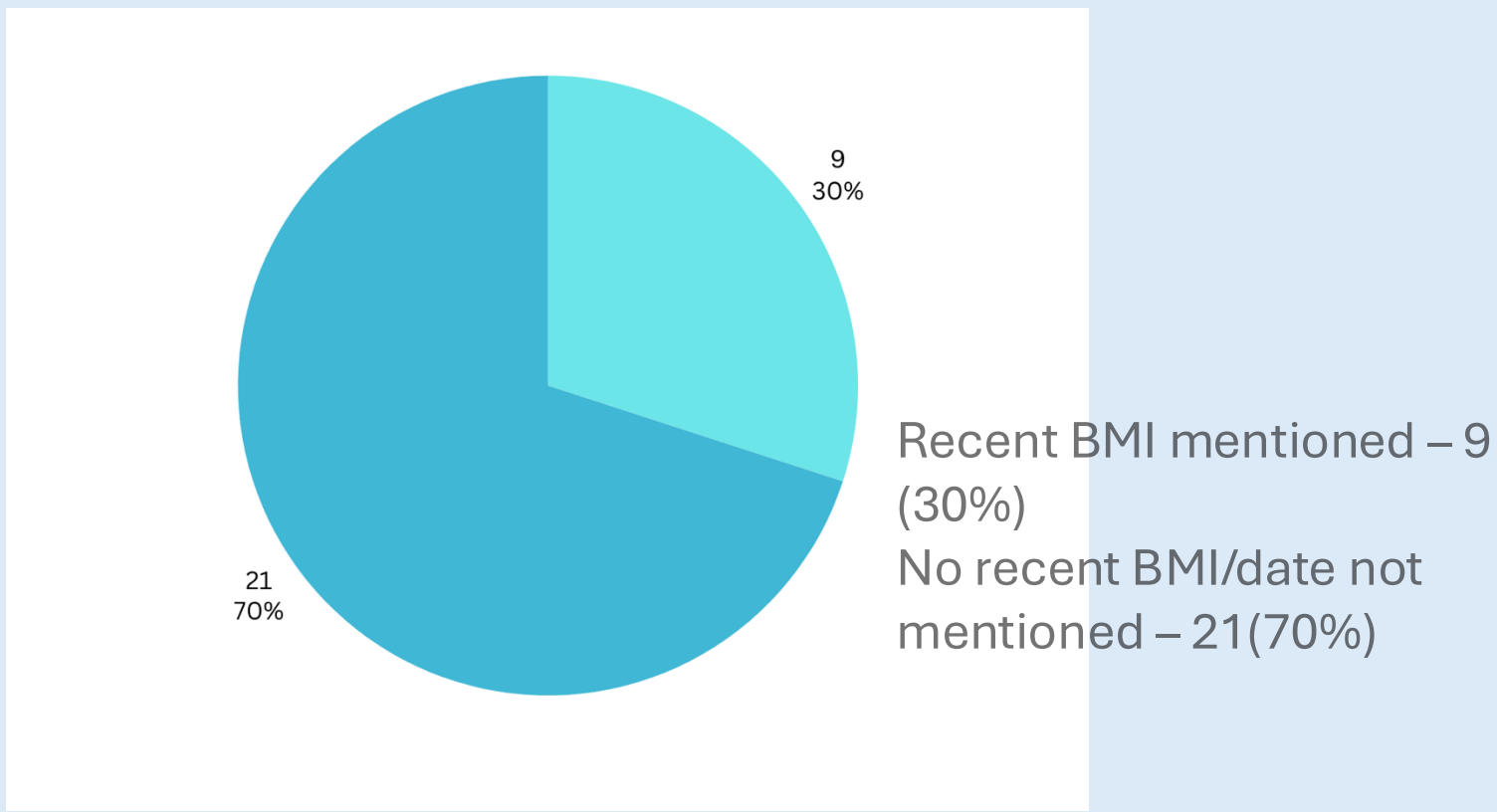
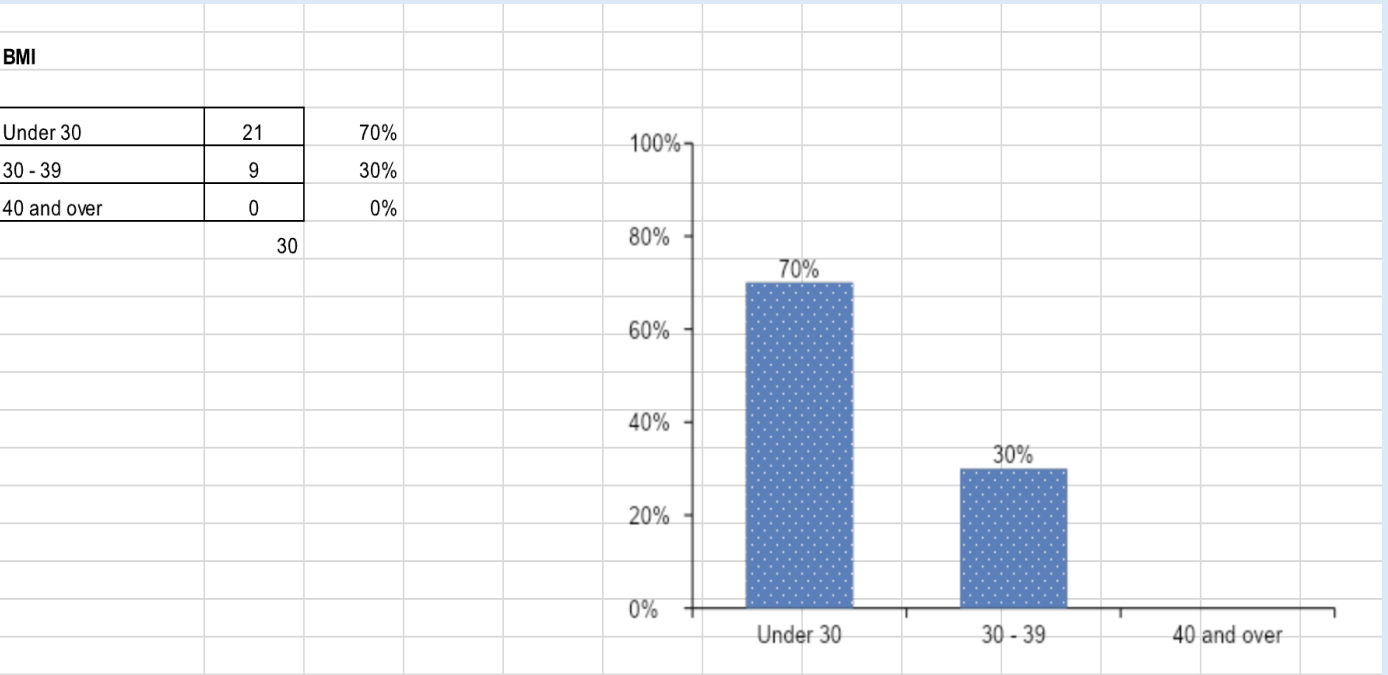
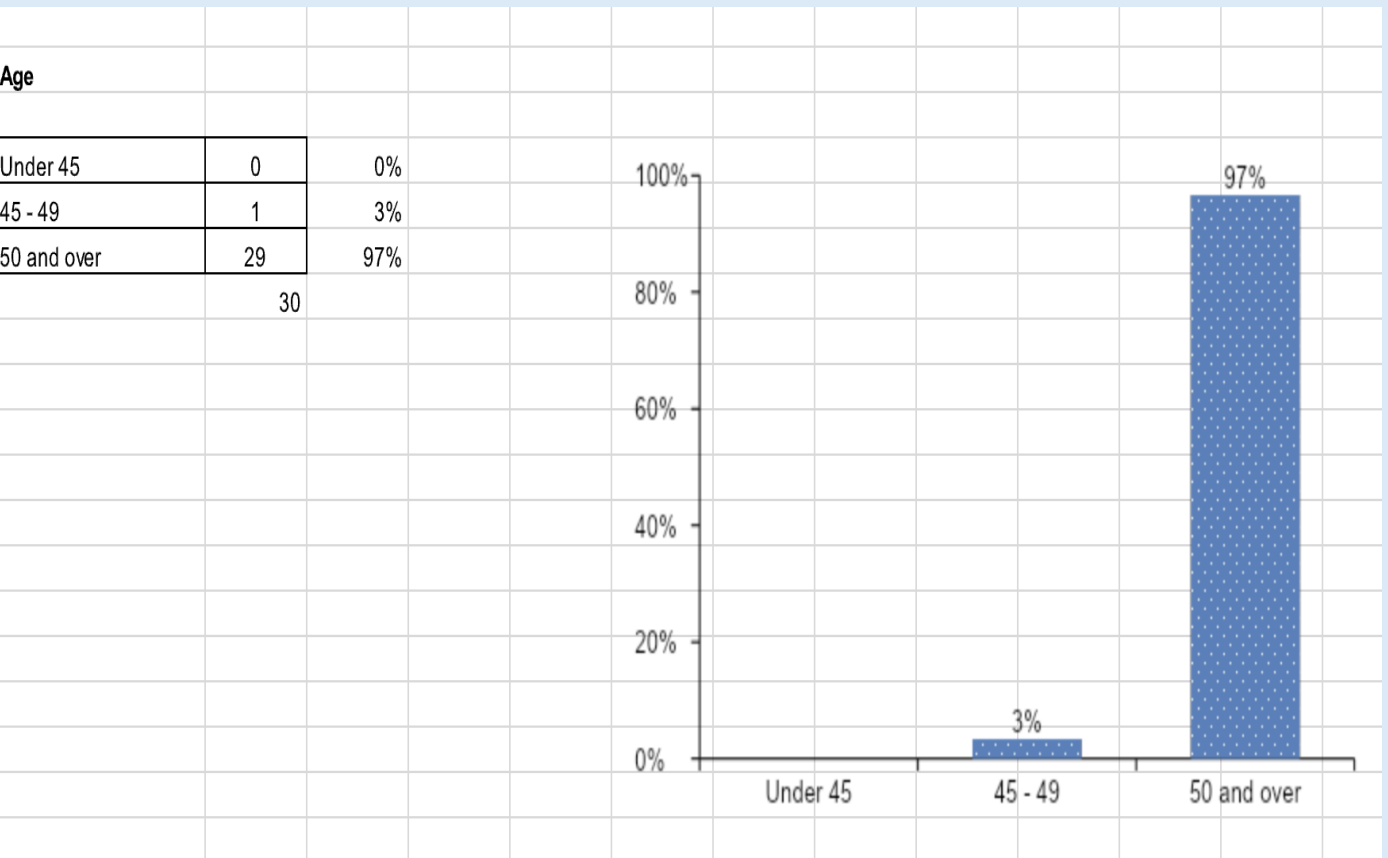
Design:

Prospective
Sample size: 30 patients
Time scale : 16/5/24 to 3/10/24

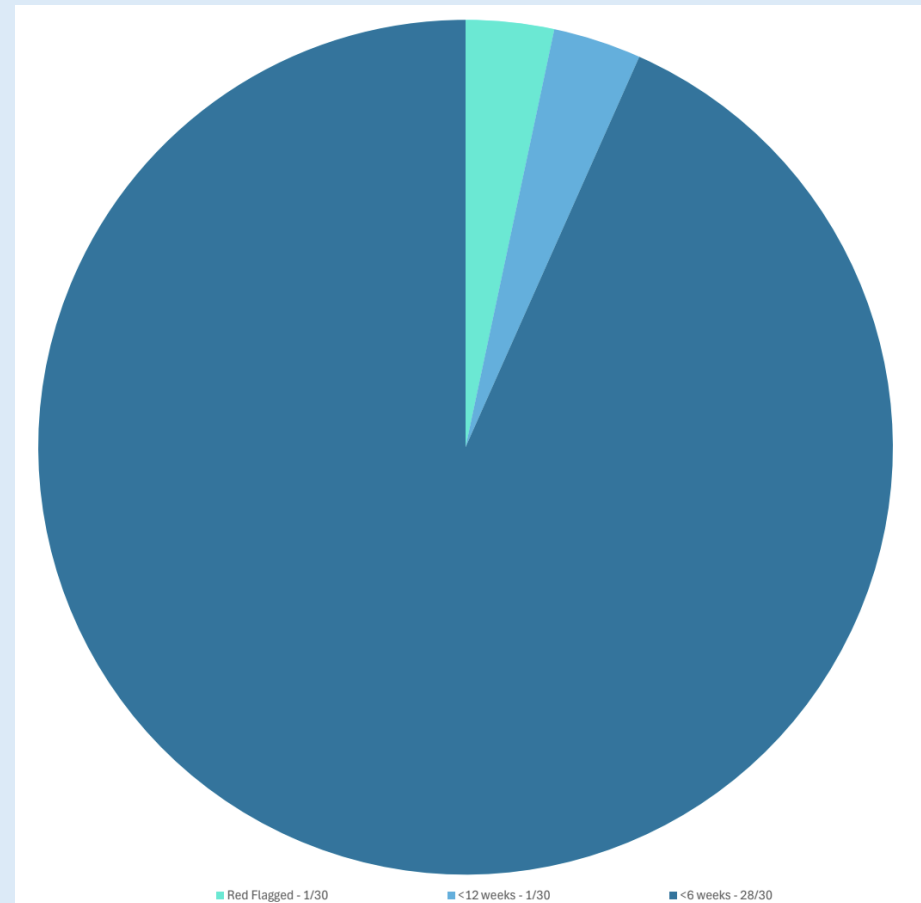
Method:

List of patients attending the outpatient hysteroscopy clinic in SWAH/Omagh DPU were prospectively retrieved from patient access booking office.
Red flag referrals from GP for women with unscheduled bleeding on HRT were selected. Data of completed procedures with histology reports were collected in an Excel sheet from electronic case records and analysed.

Results



1/30 merited red flag referral(USCP)
1/30 merited under 12 weeks pathway
28/30 merited under 6 weeks pathway



Areas of good practice:

- Women prescribed stand-alone estradiol products (oral / transdermal) with concurrent issue of appropriate dose and total days per month progestogen or progesterone- 100% (meets target).
- Women who started HRT ≥ 45 years of age switched to ccHRT after 5 years of sequential HRT or by age 54 (whichever occurs first) 96 %(target - 100%).
- Percentage of women presenting with unscheduled bleeding meeting criteria for USCP referred by a USCP (100%)

Areas of improvement:

- Documentation of the risk factors (recent BMI not available in 70% of the referrals)
- Women who started HRT ≥ 45 years of age to be switched to ccHRT after 5 years of sequential HRT or by age 54 (whichever occurs first)-100% (was 96%)
- Make potential adjustments in HRT during the waiting period
- Follow the new guidelines for referral pathway
- Transvaginal scan in all the patients and proper documentation in the discharge summaries.

Recommendations:

- Education about the new guidelines and referral pathways.

GP interface, sending pamphlets regarding the assessment and pathways.
Presentation of the new guideline at the Departmental teaching.

- Triaging and downgrading the referrals as per the new guidelines

- Setting up a menopausal/HRT clinic:

Referred patients can have TVUSS and then triaged to either optimizing the HRT / taking a pipelle biopsy / redirecting patients with irregular endometrium/ suspected polyp to Hysteroscopy clinic. This can relieve the patient load on Hysteroscopy clinic, while making slots available for patients who need redflag hysteroscopy