

Audit and Re-Audit on Outpatient Hysteroscopy

¹Latif. A., Carroll, M., Sandu Anna, L

¹Mersey and West Lancashire NHS Teaching Hospital, Ormskirk



Mersey and West Lancashire
Teaching Hospitals
NHS Trust

OBJECTIVES

To assess the sources of referrals, review time and understand the main reason for referral to outpatient hysteroscopy (OPH)
To assess how well we are achieving best practice for hysteroscopy

Through this audit, we aim to improve the quality of care provided to patients attending OPH.

METHODS

Retrospective data collected (01/06/2023-31/07/2023) on the OPH hysteroscopy proforma. Total patients = 54.4 excluded: 2 required appointment in the vulval clinic,1 for Mirena removal, 1 inappropriate referral
Re-Audit data collected 01/06/23-31/07/23. Total patients = 99. 14 excluded: 3 for Mirena coil removal, 4 inappropriate referrals,1 declined outpatient hysteroscopy, 5 x DNAs and 1 discharged from rapid access clinic.

The following table indicates the variables assessed in data collection of audit and re-audit

Age	Histology	Method: Vaginoscopy or speculum
Parity, previous MOD	Date seen	Diagnostic or treatment
BMI	Counselling/consent	Ultrasound findings
Reason for referral	Pregnancy test	Reason for failure
Source of referral	Analgesia	Complications

RESULTS

Audit 2022: All patients (100%) were verbally consented and appropriately counselled. 82% patients have analgesia prior to procedure. 3 patients had analgesia during the procedure (2 had local anaesthetic and 1 had entonox). 85% patients had diagnostic hysteroscopy, 9.7% had operative hysteroscopy, 4.8% had both procedures. 98% had vaginoscopy hysteroscopy. Ultrasound recording for 98% patients and 30% RAC patients were seen within 3 weeks

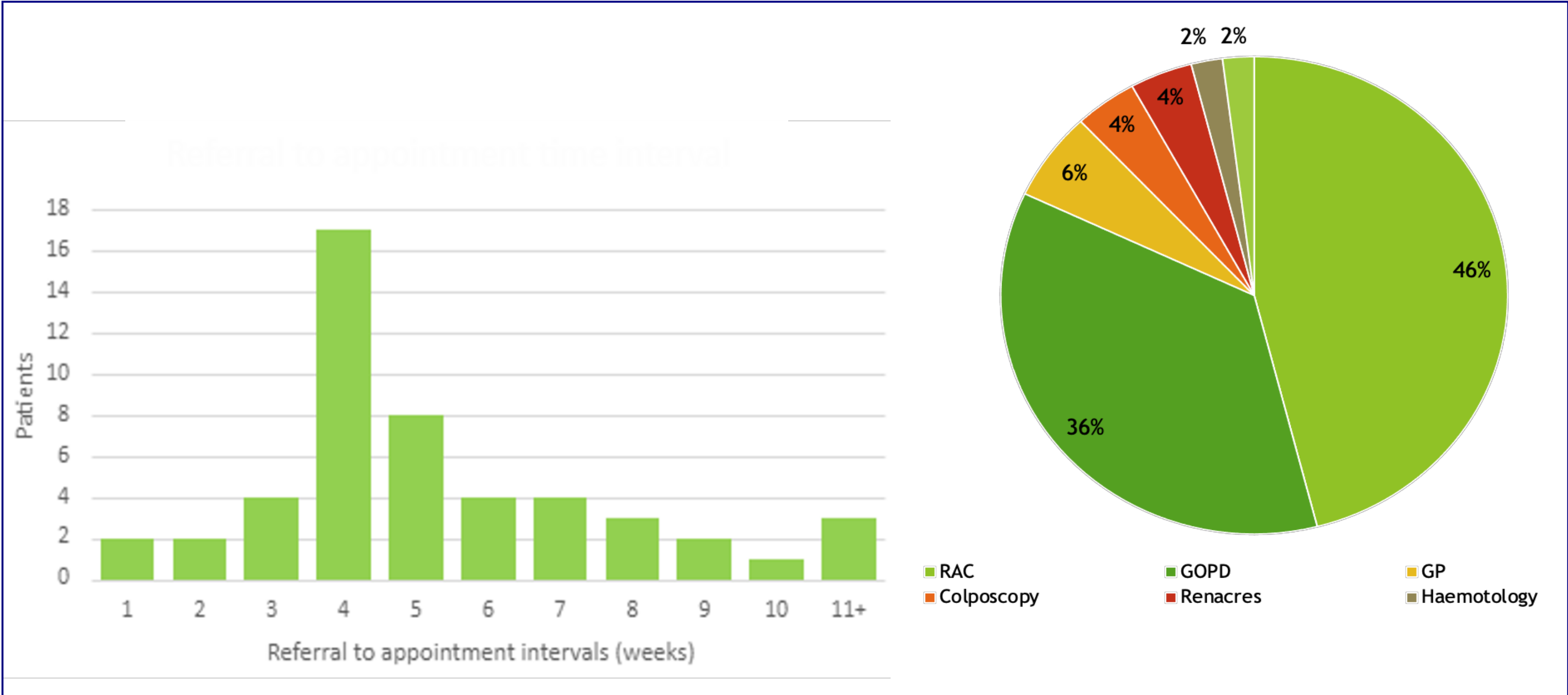


Figure 1: Referral to OPH appointment time (left) and source of referral (right) in 2022

Re-Audit 2024: All patients (100%) patients gave written consent and 97% had appropriate counselling. 94% had analgesia prior to procedure. 92% had ultrasound findings recorded. 92.7% had vaginoscopy OPH. 80% had adiagnostic procedure, 13.2% had diagnostic and operative hysteroscopy, and 6% had only operative hysteroscopy. Total patients referred from rapid access clinic was 58% and majority were seen within 2-3 weeks.

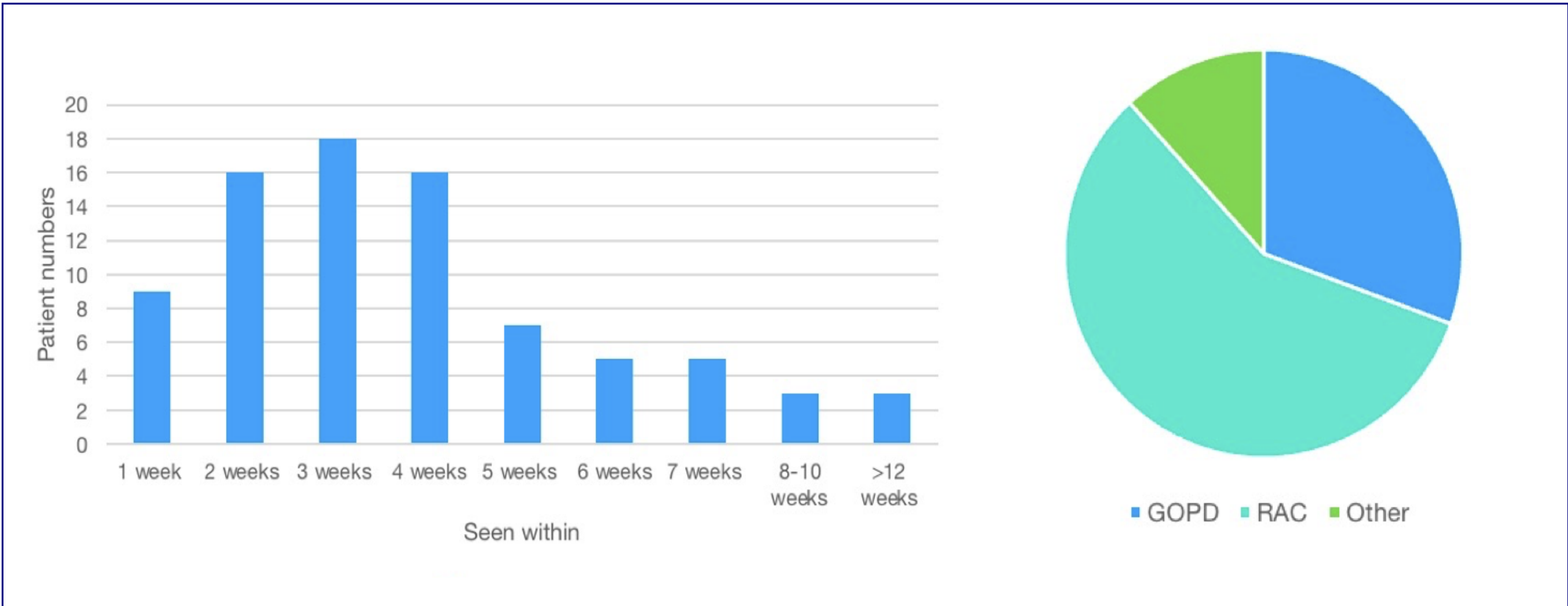


Figure 2: Referral to OPH appointment time (left) and source of referral (right) in 2024

CONCLUSIONS

Recommendations of Audit 2022: We propose a Proforma for OPH. Patients should have written consent and referral to OPH should be timely and appropriate to avoid overburdening the services. This will improve referral especially from rapid access clinics patients. Since this audit, we have introduced written consent form and OPH proforma to our department to provide the best care and services to the patient

Recommendations of Re-Audit 2024: Written consent should be used in all OPH clinics. OPH proforma continued to be used. All patients should have ultrasound prior to procedure. RAC patients should be seen within 2-3 weeks of referral. Outpatient gynaecology manager should disseminate information to record BMI in all patients.