

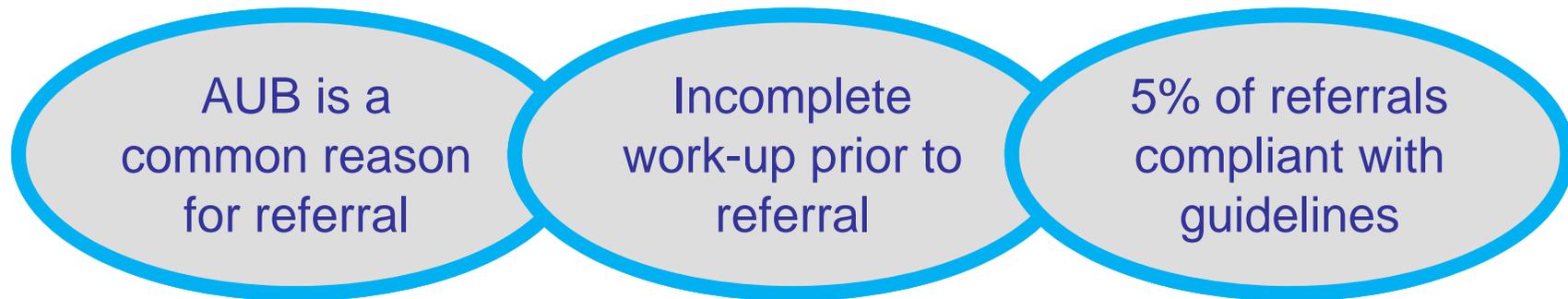
*ADHB & WDHB Gynaecology Collaboration: Premenopausal
Abnormal Uterine Bleeding (AUB) referrals project*

Sarah Sharpe

National Women's Annual Clinical Report Day 15th August 2014

The Problem

At Auckland & Waitemata DHBs over the last years, the volume of referrals for premenopausal AUB has been increasing causing pressure on the Gynaecology Services. Many women referred could be managed in primary care.



Project aims

- To reduce the proportion of unnecessary/inappropriate referrals.
 - To understand what women think and want.
 - To understand from a primary care perspective the barriers to providing quality care for women with abnormal uterine bleeding.
- To identify improvement opportunities and implement solutions so that women receive better, more convenient, consistent and appropriate care.

Perspectives of women with AUB

The bleeding was so unpredictable and embarrassing, especially at work. I was always tired.

I can't afford to buy pads, so I use what I can, even incontinence pads cut up into smaller pieces, or even rags.

Women with heavy periods should have the same respect as women who have smear tests and mammograms and treated with the same importance

I thought my amount of bleeding was normal. My mother had the same thing.

I didn't want to talk to my doctor about the bleeding because I didn't want to have a hysterectomy.

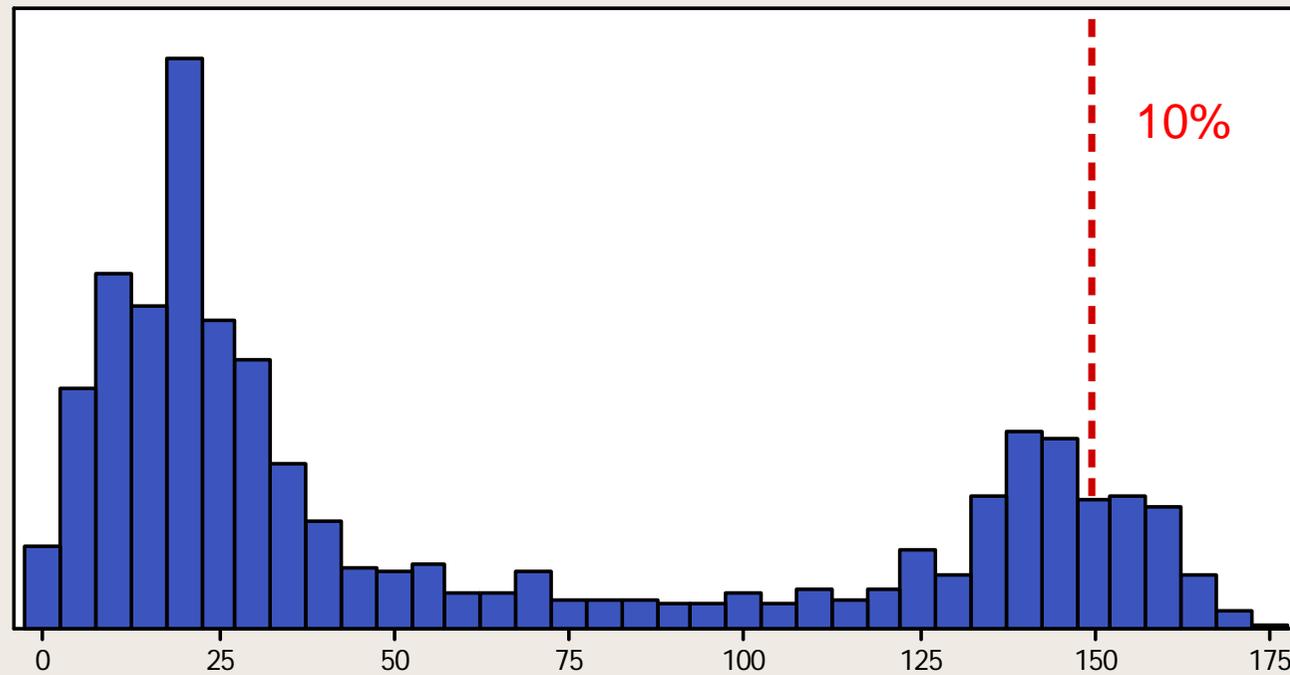
I would much rather see my local GP – she is Cook Island like me and the doctor is much closer than going to hospital.

I had problems and doctor visits and procedures and surgery ...for about 2 years ...it was very stressful and I wish it could have been sorted out quicker.

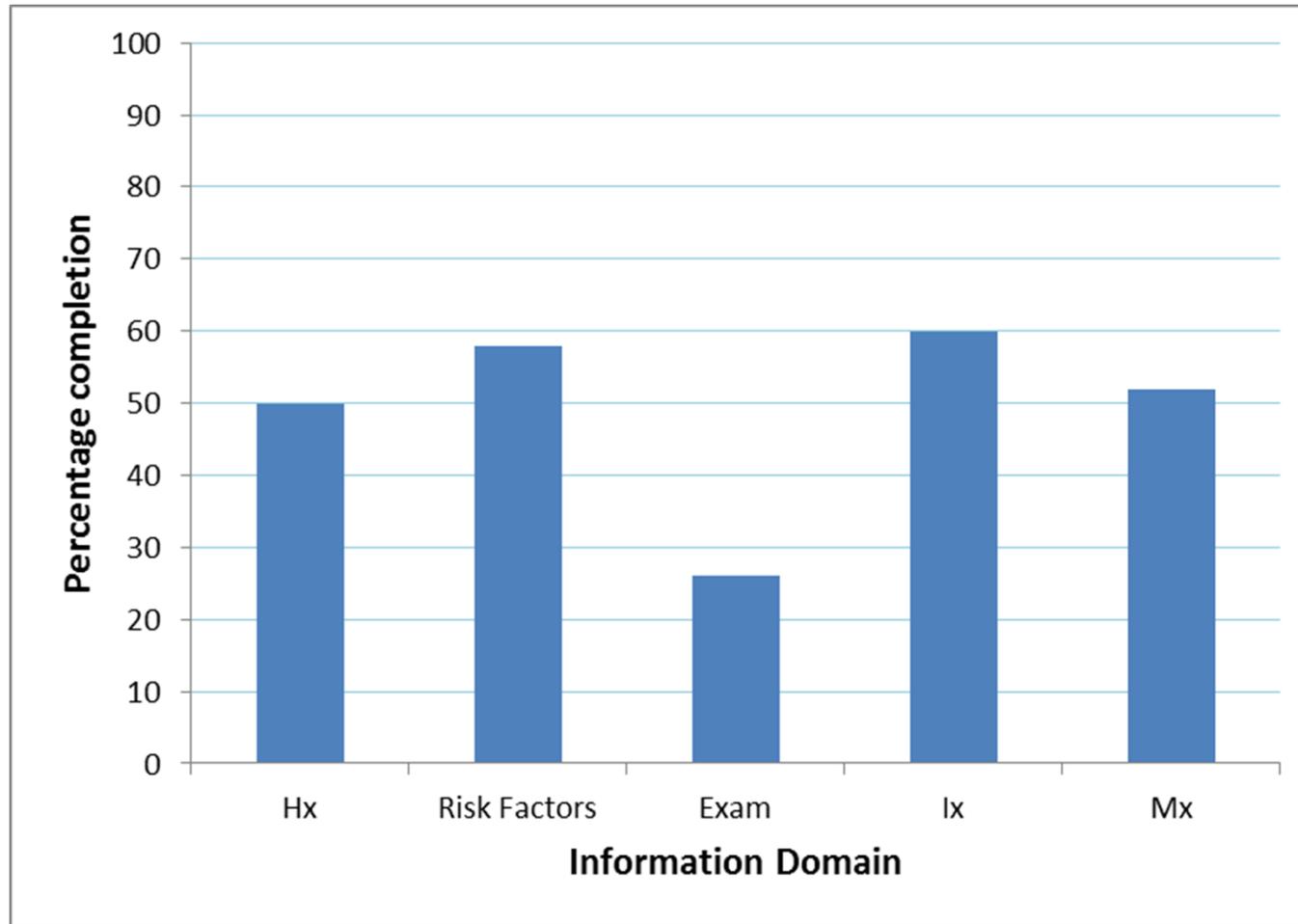
Primary care provider perspectives

- Large costs/burden of current system on patients, particularly for socio-economically deprived patients.
- GPs and Family Planning doctors want to provide more care within their practices for patients with AUB.
- Some confusion about clinical management.
- Would value more communications with the Gynaecology Service.
- Perceived long waiting times for Gynae Outpatient clinic appointments.

Number of days waiting for FSA



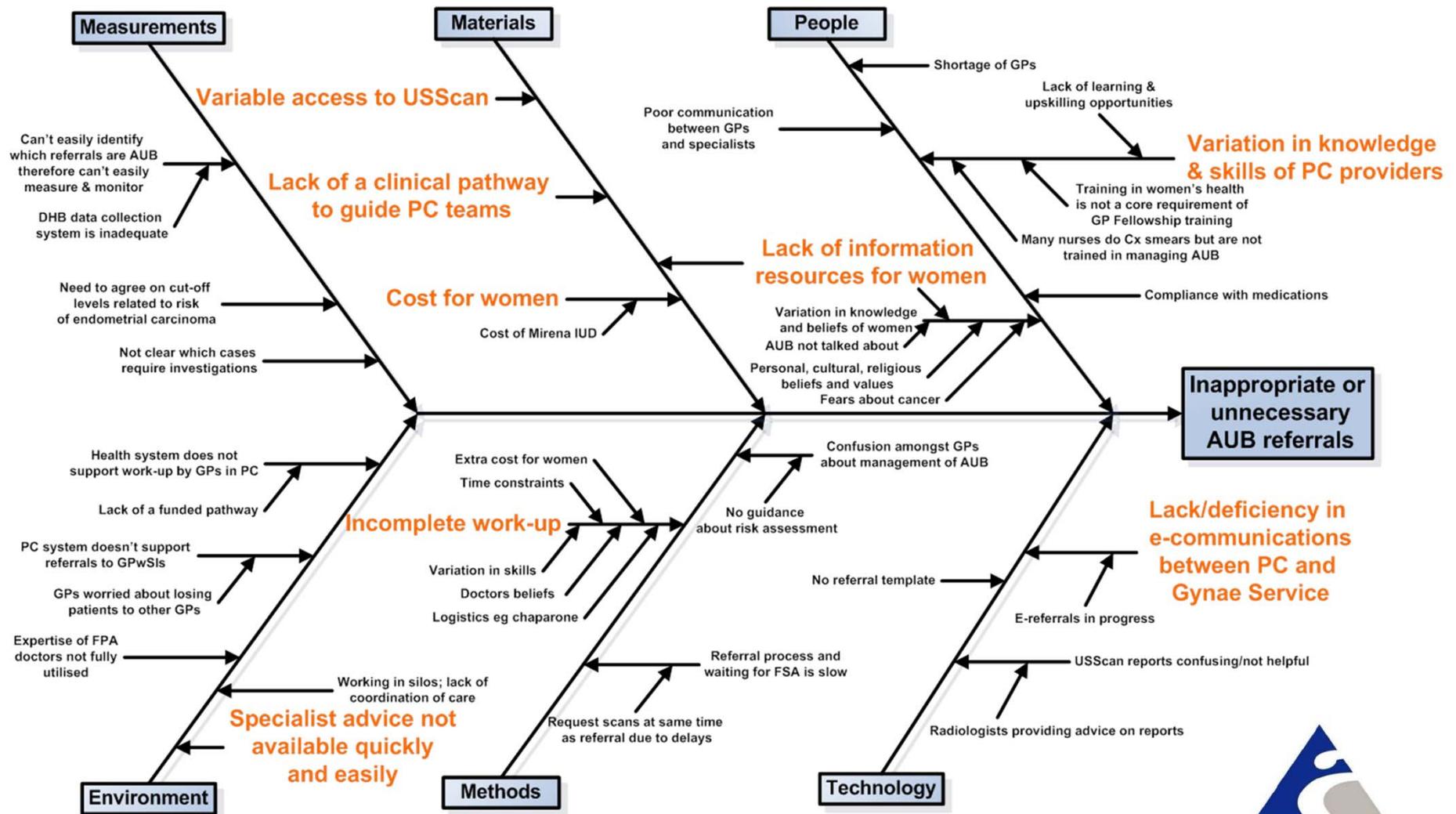
Audit of referral letters



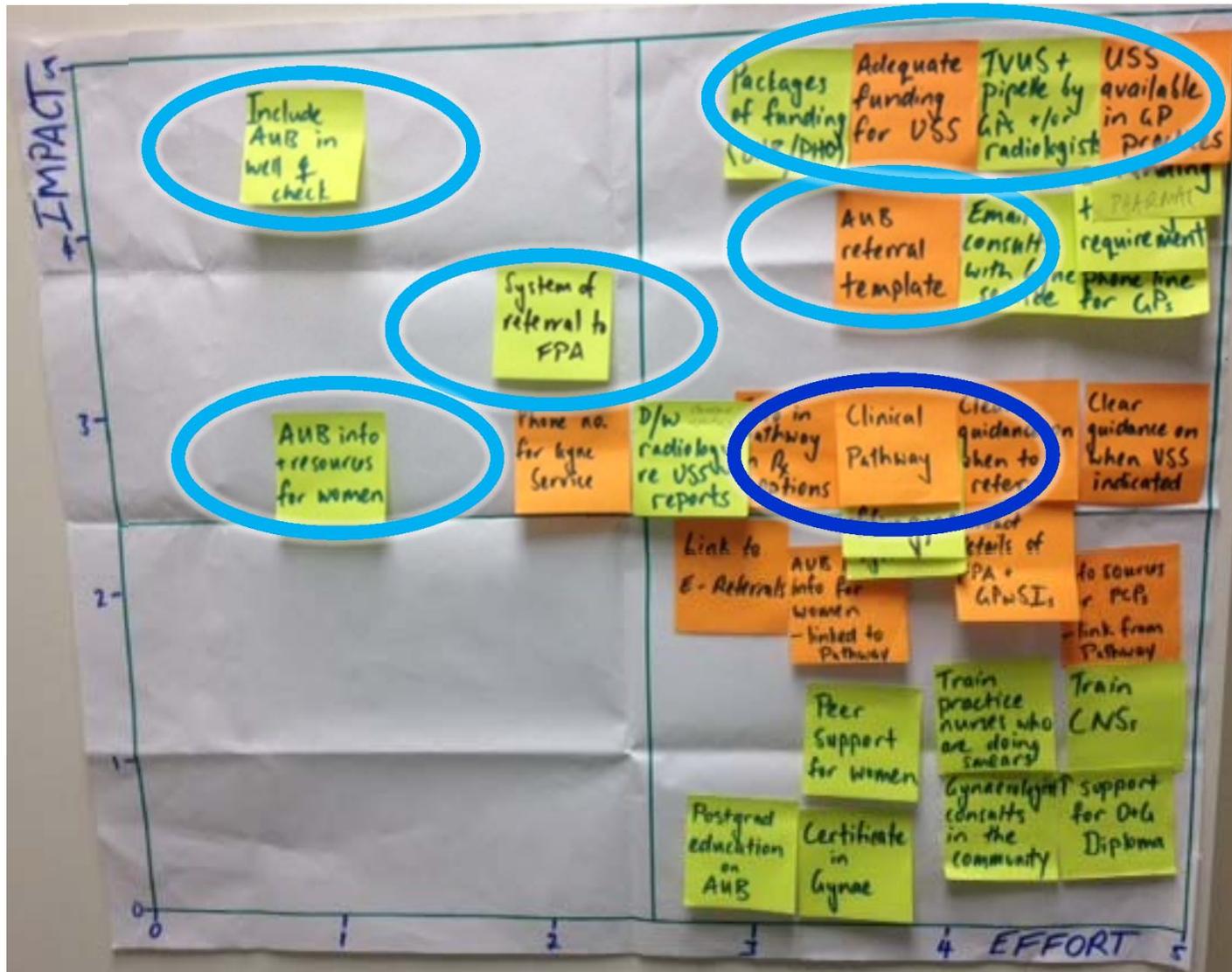
Impacts

- For women:
 - Reduced quality of life (tiredness, anxiety, embarrassment, lack of control).
 - Cost associated with medications, sanitary products, time off work, transport and parking fees at hospital.
 - Fragmented and inconvenient care; sometimes long waiting times.
- For primary care providers:
 - Frustration at not being able to provide optimal care for patients.
 - Lack of clarity about care pathway.
- For gynaecology service:
 - Difficulties with initial triage and assessment due to inadequate information in referral letters.
 - Over-work and re-work

Cause & Effect diagram



Ideas for potential solutions



What we need to do

- Clinical Pathway – currently in development
 - Regional discussions underway.
 - May require service/resource re-configuration.
- Other related elements:
 - E-Referral template.
 - Health information resources for women and primary care providers.
 - Education & up-skilling for primary care providers.
 - Good quality data for monitoring and audit.

Summary & reflections

- 1) Clinical pathway – a useful mechanism for:
 - standardising care for a specific problem in a specific population of people.
 - translating evidence-based recommendations into local structures.
- 2) Implementation: consider enablers and barriers
 - e.g. IT enablers such as e-Referral template.
 - e.g. funding model barriers to service reconfiguration.
- 3) Importance of patient stories and primary care engagement:
 - understand the problem.
 - find out what is important.
 - get ideas for potential solutions.

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