



Quality
Standards

Information and Data Brief: Heavy Menstrual Bleeding

Care for Adults and Adolescents
of Reproductive Age

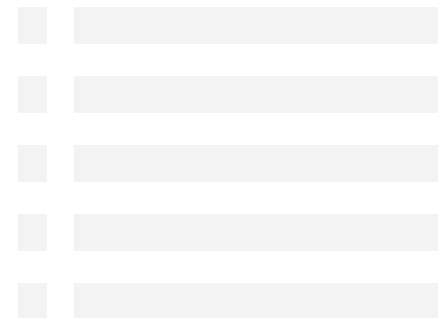
Find out why a particular quality standard
was created and the data behind it

Health Quality
Ontario

Let's make our health system healthier

Quality Standards are:

- Concise sets of easy-to-understand statements outlining what care should look like for people living with certain conditions.
- Based on the best available evidence.
- Accompanied by quality indicators that enable organizations to measure their performance.
- Designed for health care providers to help them understand what care they should be offering, and how to measure it.
- Intended to also help patients, residents, families and caregivers know what to ask for in their care.



The purpose of this brief

Heavy menstrual bleeding affects up to 30% of women of reproductive age and can be debilitating, persistent, and ultimately have a negative impact on a person's quality of life.¹

The data in this brief demonstrate that the care for people with heavy menstrual bleeding varies across Ontario.

This quality standard aims to:

- Inform clinicians and organizations what high-quality health care for people living with this condition should look like.
- Help clinicians and organizations assess the quality of care they are delivering, so they can identify gaps and areas for improvement.

¹ National Institute for Health and Care Excellence. Heavy menstrual bleeding: clinical guideline. London (UK): The Institute; 2007.

How we look at the data

The information presented reflects different perspectives:

- Provincial results over time offer a broad overall system view and highlight trends.
- Results by LHIN region highlight some of the local differences.
- Results by facility provide a picture of how practice differs between hospitals.

Background

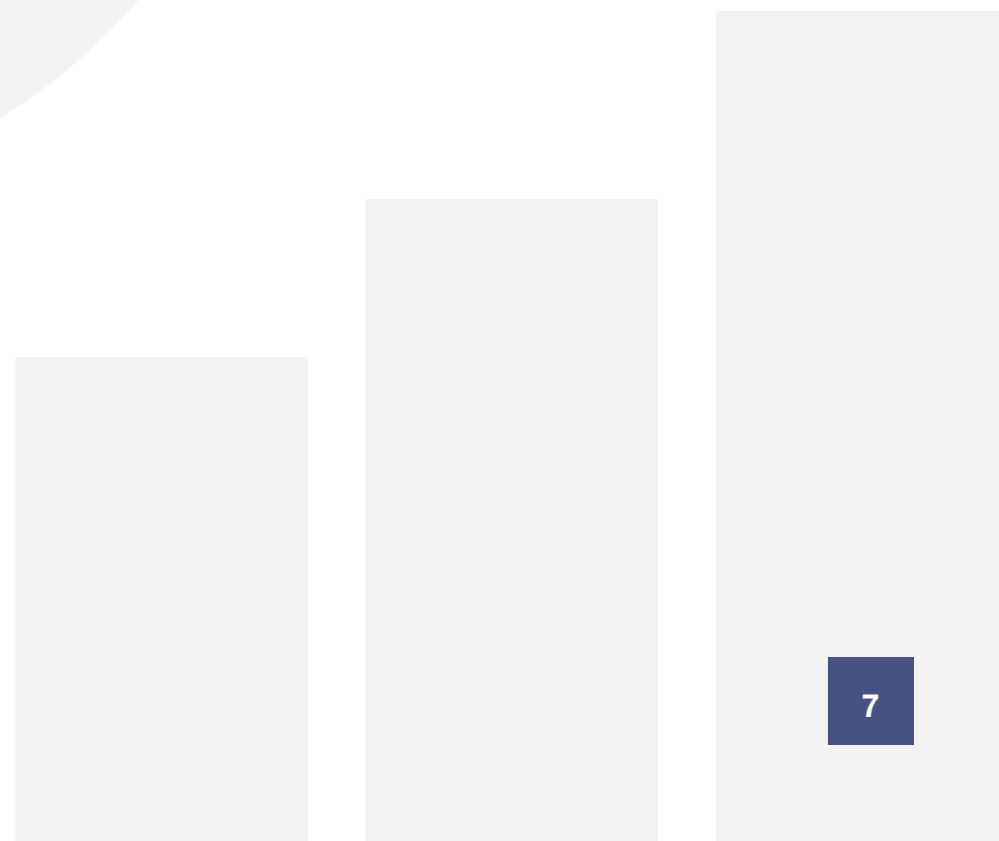
- Hysterectomy is an effective, definitive intervention for treatment of heavy menstrual bleeding.
- But as an invasive procedure that permanently affects fertility, it is not an ideal first-line treatment for most cases of heavy menstrual bleeding.
- Many other effective, less-invasive treatment options for heavy menstrual bleeding exist.
- Access to and availability of these treatments varies across the province
- Wide regional variations in hysterectomy rates for benign (non-cancerous) conditions could imply variations in access to alternative treatments and/or appropriateness (Hall and Cohen, 1994).
- Variations in hysterectomy rates may be related to a number of factors, including differences in population demographics, physician practice patterns, and availability of services. Variations in patient treatment suggest room for improvement in patient care (CIHI, 2013).



Heavy Menstrual Bleeding: The Data

Hysterectomy rates - some context

- We examine provincial hysterectomy rates over time and age-standardized hysterectomy rates by LHIN region to aid in reducing unwarranted regional variations in hysterectomy rates for patients with heavy menstrual bleeding in Ontario.

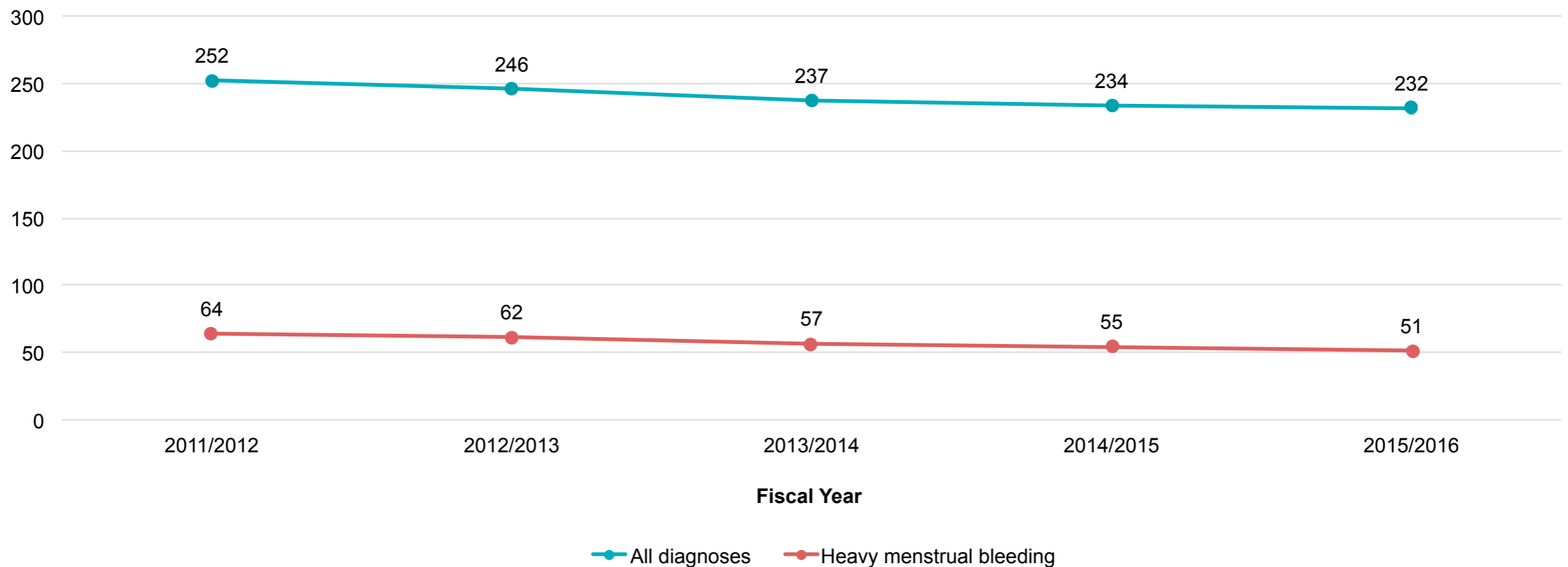


KEY FINDING

Overall, there has been a slight decrease in the rate of hysterectomies for female residents with all diagnoses over time; there has also been a slight decrease in the rate of hysterectomies for those with a diagnosis of heavy menstrual bleeding.

Rate of hysterectomies per 100,000 female residents, in Ontario, 2011/12 to 2015/16

Rate per 100,000 female Ontario residents



Data source: Discharge Abstract Database (DAD) and National Ambulatory Care Reporting System (NACRS) accessed through Canadian Institute for Health Information (CIHI) Portal.

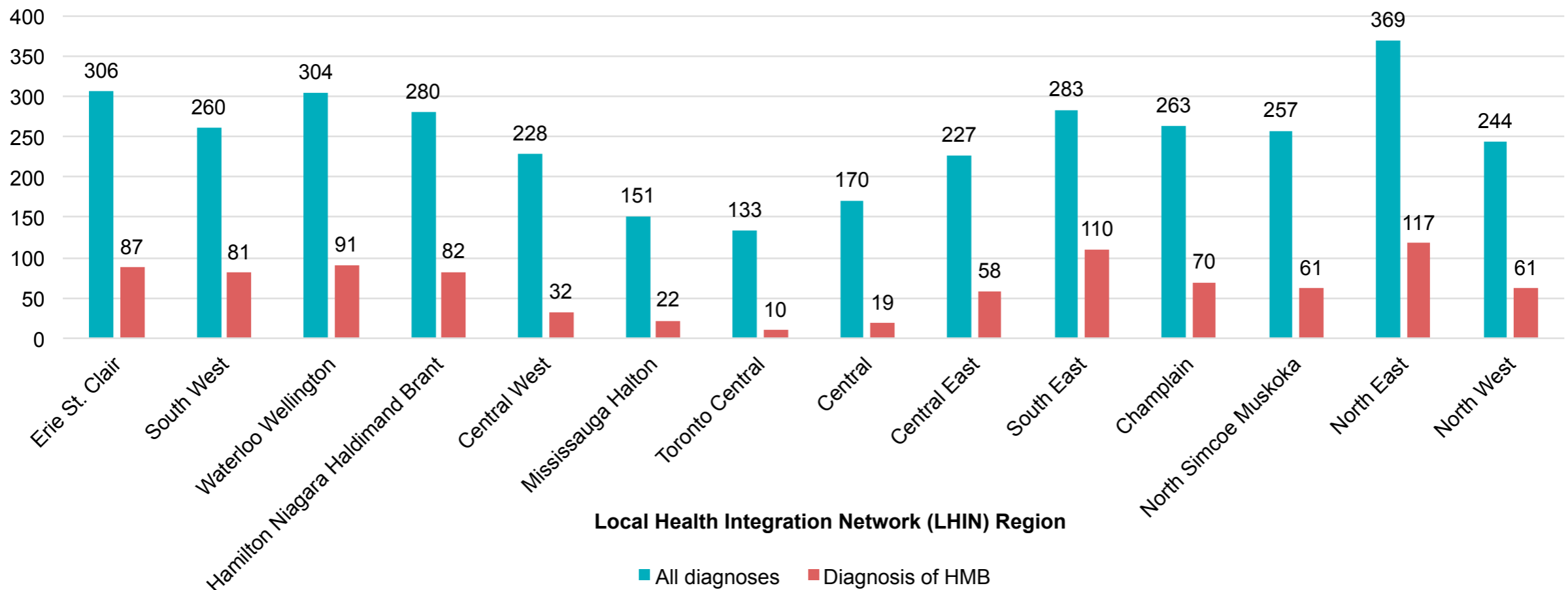
Note: Crude rate.

KEY FINDING

There was wide variation in hysterectomy rate (for all diagnoses) across LHIN regions, from 133 to 369 per 100,000 female residents. There was also wide variation in the hysterectomy rate for those with a diagnosis of heavy menstrual bleeding, from 10 per 100,000 female residents to 117 per 100,000 female residents.

Hysterectomy rate per 100,000 female residents for all diagnoses and for a diagnosis of heavy menstrual bleeding, in Ontario, by LHIN region, 2015/16

Hysterectomy rate per 100,000 female residents

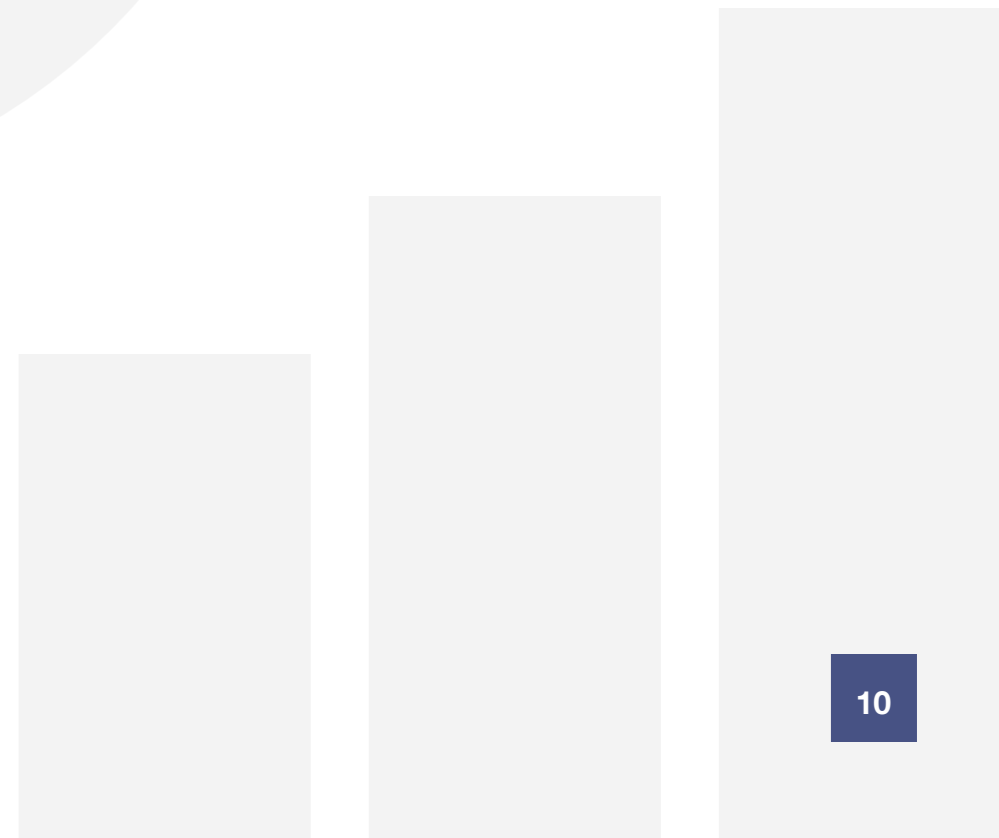


Data source: Discharge Abstract Database (DAD) and National Ambulatory Care Reporting System (NACRS) accessed through Canadian Institute for Health Information (CIHI) Portal.

Note: : Age-adjusted.

Hysterectomy surgical approach - some context

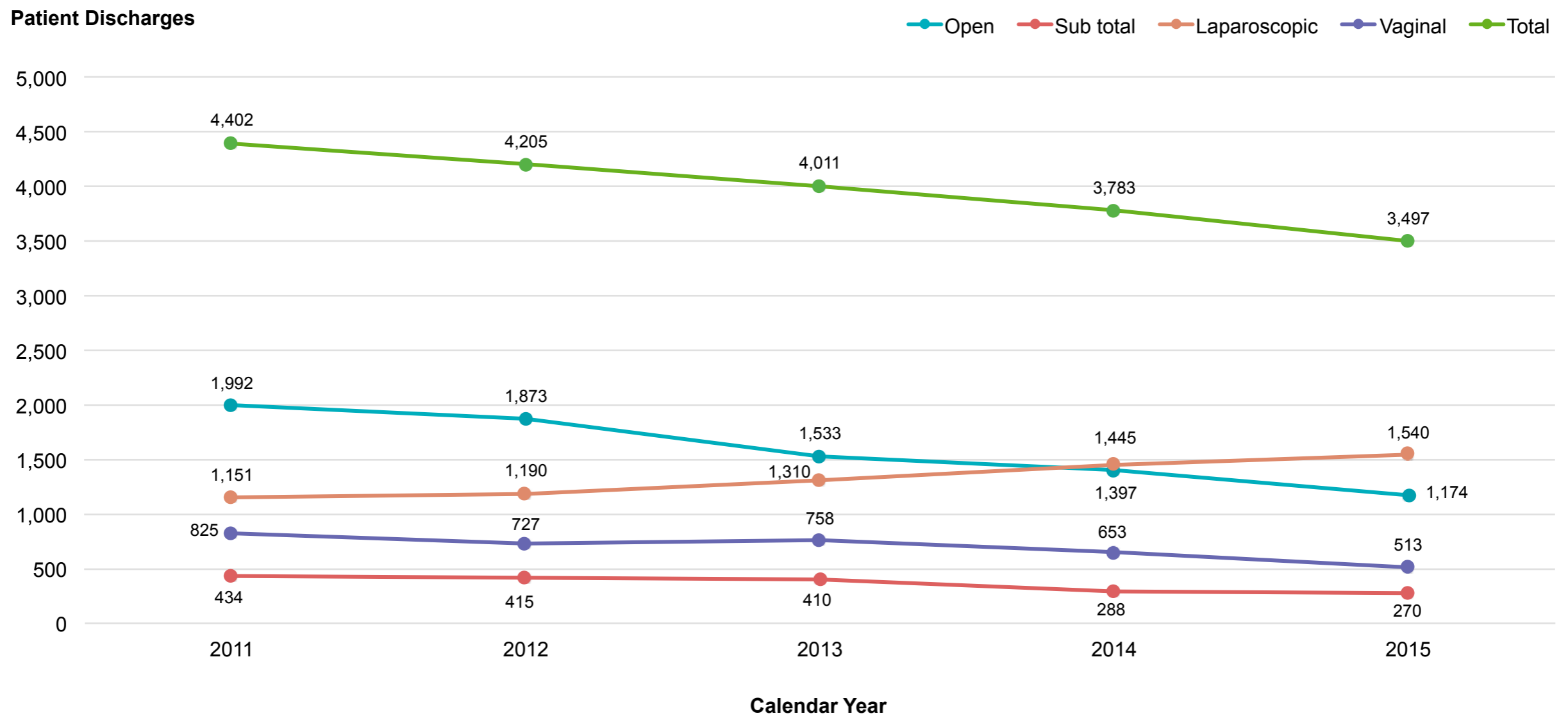
- The quality standard identifies that it is important for patients with heavy menstrual bleeding who have chosen to have a hysterectomy to have the hysterectomy performed by the least invasive route possible. We examine variations between LHIN regions and hospitals in the use of different hysterectomy surgical approaches.



KEY FINDING

Hysterectomy surgical approach for patients diagnosed with heavy menstrual bleeding varied over time.

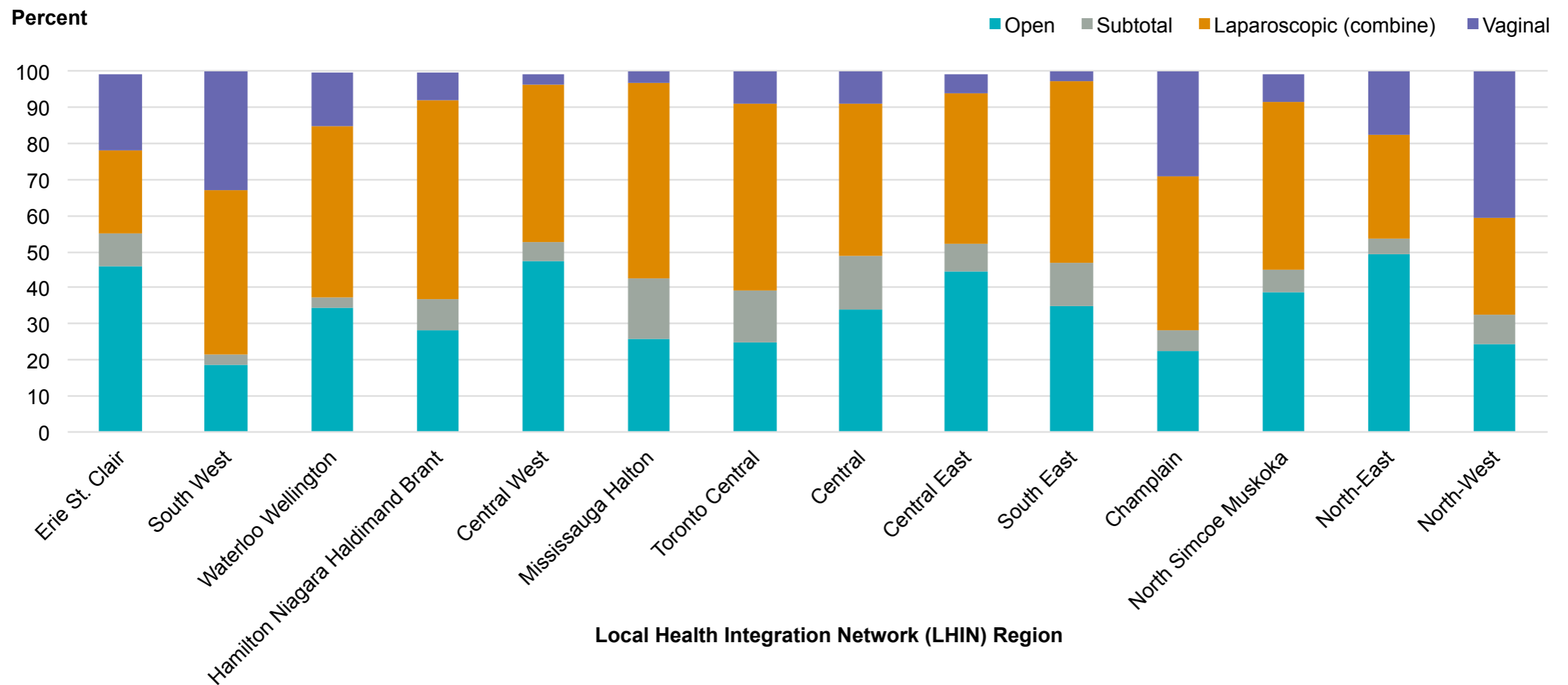
Hysterectomy surgical approaches for patients diagnosed with heavy menstrual bleeding, in Ontario, 2011 to 2015



KEY FINDING

The type of surgical approach used in hysterectomies performed for people with heavy menstrual bleeding varies across LHIN regions. For example, the proportion of hysterectomies performed using an open approach varied from 49% in North East LHIN region to 19% in South West LHIN region.

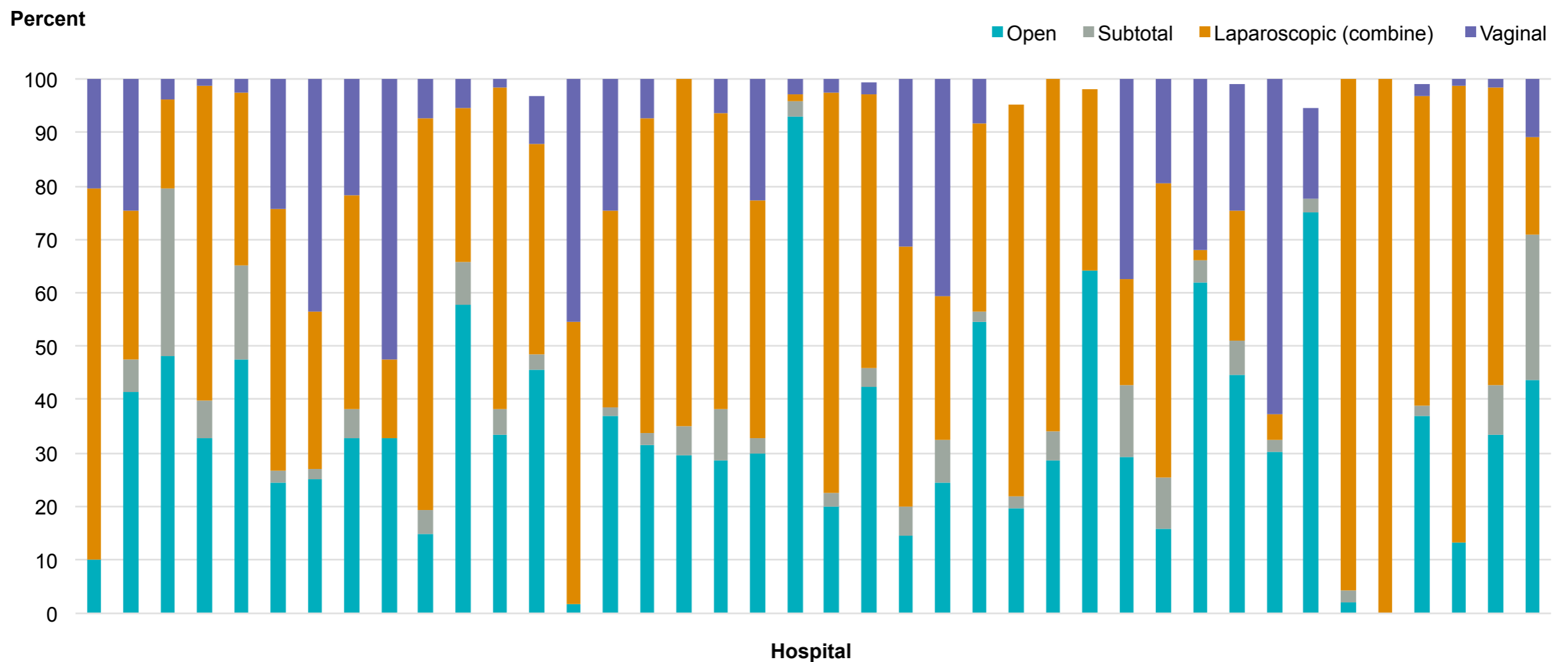
Variations in hysterectomy surgical approaches for patients diagnosed with heavy menstrual bleeding, in Ontario, by LHIN region, 2015/16



KEY FINDING

There is wide variation in the type of hysterectomy surgical approach used across the 40 hospitals with the highest volume of hysterectomies.

Hysterectomy surgical approaches by the 40 hospitals with the highest volume of hysterectomies, in Ontario, 2015/16



Acknowledgements

Health Quality Ontario acknowledges and thanks Dr. Adrian Brown, Associate Professor, University of Toronto, Chief, Dept. of Obstetrics and Gynaecology, Maternal Newborn Medical Program Director, North York General Hospital, for review of this brief.

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Additional Resources

This Information Brief is intended to support the heavy menstrual bleeding quality standard, which can be found in full on the Health Quality Ontario website.

Methodological notes

Hysterectomy intervention codes applied as defined in [CIHI Health Indicators 2013](#):

- RM.91.* (Radical)
- RM.89.* (Total)
- RM.87.BA-GX (Subtotal) 1.RM.87.CA-GX (Subtotal), 1.RM.87.DA-GX (Subtotal), 1.RM87.LA-GX (Subtotal), 1RM89AA (Laparoscopic/Combined), 1RM89DA (Laparoscopic), 1.RM.87.LA-GX (Open)
- RM87 and SU CCI extent attribute coded (Subtotal)

Heavy menstrual bleeding-related diagnoses defined by Most Responsible Diagnosis: ICD-10-CA codes N920, N921, N922, N924, N925, N926, N938, N939 (Bansi-Matharu et al. BJOG 2013)

Age-standardized rates derived through CIHI Portal direct standardization procedure using 5-year age groups

A white square with a thin border containing the text "Quality Standards" in white.

Quality
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For more information:

Website: hqontario.ca/qualitystandards

Contact Us: qualitystandards@hqontario.ca

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The logo for Ontario Health Quality Ontario, featuring a stylized white flower icon to the left of the text "Ontario" and "Health Quality Ontario" below it.

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