

Recommendations for Adoption: Heavy Menstrual Bleeding

Quality
Standards

Recommendations to enable widespread adoption of this quality standard

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About this Document

This document summarizes recommendations at local practice and system-wide levels to support the adoption of the quality standard on heavy menstrual bleeding.

At the local and regional levels, health care providers and organizations in all settings where applicable, local health integration networks (LHINs), and other health system partners across the province are encouraged to use the quality standard as a resource for quality improvement by assessing the care that is currently being provided against the evidence-based care outlined in the quality standard.

While many organizations and providers may be offering the care described in the quality standard, the statements, related measures, and adoption supports are designed to help organizations determine where there are opportunities to focus their improvement efforts. The [Getting Started Guide](#) outlines the process for using this quality standard as a resource to deliver high-quality care.

An important next step will be to action the recommendations included in this document. In some situations, this may require a more detailed plan, new resources, or to leverage or expand existing programs. At the same time, many aspects of the quality standard represent care that can and should be made available today.

A monitoring and evaluation strategy is included in the final section, with suggested measures to monitor and track progress. Health Quality Ontario's Quality Standards Committee will review these regularly, including the actions needed to support implementation.

The Heavy Menstrual Bleeding Quality Standard

This quality standard addresses care for people of reproductive age who have heavy menstrual bleeding, regardless of the underlying cause; it includes both acute and chronic heavy menstrual bleeding and applies to all care settings. It does not apply to people with non-menstrual bleeding or with heavy menstrual bleeding occurring within 3 months of a pregnancy, miscarriage, or abortion.

In 2016, Cancer Care Ontario and Health Quality Ontario jointly developed a Quality-Based Procedures (QBP) [clinical handbook for hysterectomy](#). Experts involved in developing the QBP

handbook identified that the age-adjusted rate of hysterectomies for people with heavy menstrual bleeding varied more than 10-fold across the 14 LHINs, suggesting patients with heavy menstrual bleeding may have inequitable access to the variety of medical and surgical treatments available. This quality standard was subsequently developed, with the intention of reducing variations in care for women with heavy menstrual bleeding.

Click [here](#) to access the quality standard.

The Recommendations for Adoption

The approach to developing these recommendations was guided by the principle of using the quality standards to promote practice improvement among health care professionals.^{i ii iii}

Click [here](#) to download the detailed process and methods guide for the development of quality standards and recommendations for adoption.

The recommendations for adoption were developed after a review of the available evidence and a scan of existing programs,

as well as extensive consultation with the Heavy Menstrual Bleeding Quality Standard Advisory Committee, key stakeholders, and organizations that work in this area; public comment on the quality standard; a series of structured interviews with clinicians; and a survey sent to clinicians across the province (engagement details specific to the development of these recommendations are provided in [Appendix A](#)). These recommendations aim to bridge the gaps between current care and the care outlined in the quality statements.

THE RECOMMENDATIONS FOR ADOPTION **CONTINUED**

These conversations highlighted some common themes: the need to focus on improving access to levonorgestrel-releasing intrauterine device (IUD); variability in access to primary care and specialist services across the province; and gaps in pharmacological treatment.

Equity considerations: A number of equity issues have been identified related to this quality standard topic, including variation in hysterectomy use to treat abnormal uterine bleeding and variability in access to specialist services across the province.

These issues should be taken into consideration to ensure specific adoption strategies do not reinforce current states of inequity and inequality, but rather, where possible, contribute to improvements or highlight areas of opportunity for equality and equity.

The adoption recommendations are organized as follows:

- Integrating the quality standard into practice
 - Quality improvement
 - Access to care
- Education and training
- Policy and system planning

Three time frames for adoption are referenced: Immediate means within 1 year; medium-term refers to 1 to 3 years; and long-term is 3 or more years.

Note that the organizations, programs, and initiatives referenced in this document are examples for consideration, and do not reflect all the organizations, programs, and initiatives doing work in this area across the province.

[Appendix B](#) includes a list of these same recommendations aligned to specific organizations and groups.

ⁱ French SD, Green SE, O'Connor DA, et al. *Developing theory-informed behaviour change interventions to implement evidence into practice: a systematic approach using the Theoretical Domains Framework*. *Implementation Sci.* 2012;7:38.

ⁱⁱ Bero LA, Grilli R., Grimshaw JM, Harvey E, Oxman AD, Thomson M. (1998). *Closing the gap between research and practice: An overview of systematic reviews of interventions to promote the implementation of research findings*. *BMJ.* 1998;315:465-68.

ⁱⁱⁱ National Implementation Research Network. *Implementation drivers* [Internet]. Chapel Hill, NC: FPG Child Development Institute, University of North Carolina [cited 2017 Feb 8]. Available from: <http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers>

Integrating the Quality Standard into Practice - *Quality Improvement*

Gap: There is a lack of practical tools to help providers and organizations integrate the quality standard into daily care practice. Use of common tools would help mitigate duplication of information.

Recommendations	Quality Statements	Action Needed By	Time Frame
Assess the care being provided against the quality standard using Health Quality Ontario's Getting Started Guide and refer to the Action Plan Template as a tool to support quality improvement.	All	Health care providers Health care organizations	Immediate
Identify how existing clinical pathways and guidance materials can be adapted/adopted for providers, with a particular focus on the statements related to treatment protocols. Special consideration should be given for highlighting different approaches that may be required when treating adolescents.	All	Health Quality Ontario	Medium-term
Develop and disseminate a decision aid for patients, families, and providers that aligns with the quality standard.	#2: Shared Decision-Making	Health Quality Ontario	Medium-term

Integrating the Quality Standard into Practice - *Quality Improvement*

Gap: Variations in care may continue to persist if there is no measurement and monitoring system in place to track performance and improvement.

Recommendation	Quality Statements	Action Needed By	Time Frame
Develop a province-wide comparative data source or an audit-and-feedback mechanism to support the adoption and monitoring of this quality standard. Define balancing measures to help identify any unintended consequences and ensure alignment with the hysterectomy QBP.	All	Health Quality Ontario	Medium-term

Adoption Consideration: Health Quality Ontario will align the work that has been done to support the hysterectomy QBP and identify opportunities to support performance measurement or an audit-and-feedback mechanism to support the adoption of this standard.

Integrating the Quality Standard into Practice - Access to Care

Gap: Providers are often unaware of what services are available in their regions or of which providers can perform procedures, such as endometrial biopsy and ablation. This may delay patients' access to services. Also, access to specialists may be limited in rural areas.

Recommendations	Quality Statements	Action Needed By	Time Frame
<p>At the LHIN level, map existing services to the clinical pathway, particularly to the following services:</p> <ul style="list-style-type: none"> Physicians who perform endometrial biopsy and ablation Hospitals that provide intravenous iron Providers who provide interventional radiology Laboratory tests <p>Where data demonstrate high use of hysterectomy in the province, LHINs should examine whether accessibility to primary care, specialists, and/or other services is causing the variation that exists.</p>	<p>4: Endometrial Biopsy</p> <p>7: Endometrial Ablation</p> <p>12: Treatment for Fibroids Causing Heavy Menstrual Bleeding</p> <p>14: Treatment of Anemia and Iron Deficiency</p>	<p>LHINs</p>	<p>Medium-term</p>
<p>Continue to leverage e-Consult to improve timely access to specialty care and facilitate communication between primary care providers and specialists.</p>	<p>6: Referral to a Gynecologist</p>	<p>LHINs</p> <p>Health care providers</p> <p>Health care organizations</p>	<p>Immediate</p>

Adoption Consideration: Primary care practice associations and colleges were identified as potential partners to support this recommendation. The information regarding which individual providers perform endometrial biopsy and ablation may be obtained during membership renewal.

Education and Training

Gap: Skills and capacity should be enhanced in the following key areas:

- Knowledge of pharmacological options that should precede surgery, as outlined in the quality standard
- Surgical options as a last resort
- Endometrial biopsy in the primary care setting
- Screening for bleeding disorders in adolescents

Recommendations	Quality Statements	Action Needed By	Time Frame
Incorporate this quality standard into the standardized education curriculum as part of training for providers, including physicians and nurse practitioners.	All	Clinical education programs	Long-term
Continue to enhance skills and capacity in primary care practices to perform endometrial biopsy to reduce referrals and wait times to gynecology.	All	Clinical education programs	Long-term

Policy and System Planning

The recommendations for adoption include those needed at the system level. In accordance with Health Quality Ontario's mandate, set out in the *Excellent Care for All Act*, the board of directors has formally provided the following recommendations about the heavy menstrual bleeding quality standard to the Minister of Health and Long-Term Care.

Recommendations	Time Frame
1. Use the Health Quality Ontario health technology assessment recommendation to inform funding decisions related to expanding coverage/access to the 52 mg levonorgestrel-releasing IUD for women with idiopathic heavy menstrual bleeding.	Medium-term
2. Evaluate the feasibility of providing intravenous iron in community clinic settings and/or through home care in order to expand access to this therapy.	Medium-term
3. Integrate the quality standard into the provincial digital QBP order set.	Immediate

Measurement and Reporting

Health Quality Ontario will develop a monitoring and evaluation plan for these recommendations as part of the broader quality standards evaluation. This plan may require development of measures and/or a resource plan to support data collection and monitoring. The evaluation will include the following components:

1. Monitor existing databases available through information briefs, Quality Improvement Plans (QIPs), and public reporting. Make note of identified gaps and areas for improvement. For this standard, the outcome indicators below are currently measurable and have been prioritized:
 - Percentage of patients with heavy menstrual bleeding who had unplanned emergency department visits for heavy menstrual bleeding.
 - Rate of hysterectomies among patients with heavy menstrual bleeding, by LHIN.

2. Monitor the uptake of the recommendations for adoption.

A plan to measure the impact of specific recommendations related to clinical care and improvement will be defined (the Re-Aim Framework that includes measurement of Reach, Effectiveness, Adoption, Implementation, and Maintenance provides a useful approach for larger scale improvement interventions that are proposed). This approach could leverage process measures that can be collected from embedded tools, such as order sets.

Health Quality Ontario will recommend that the Ontario Quality Standards Committee receive twice-annual updates on the progress of the recommendations and review any additional measurement that may be needed to assess impact.

Appendix A: Process and Methods for Developing the Recommendations for Adoption

The development of the recommendations for adoption involved extensive consultation with stakeholders across the province from a variety of professional roles and perspectives.

The following organizations and groups were consulted in the development of these recommendation:

- The Ministry of Health and Long-Term Care (MOHLTC)
- The Society of Obstetricians and Gynecologists of Canada (SOGC)
- The Ontario College of Family Physicians (OCFP)
- Women's College Hospital
- LHIN/Health Quality Ontario Clinical Quality Leads

Note: Between January and March 2017, Health Quality Ontario reached out to health care providers across the province and gave them the option of completing a brief survey or a structured interview. This engagement was informed by the Theoretical Domains Framework, which uses 14 domains (knowledge, skills, attitudes, etc.) to identify barriers to behavioural change and/or the ability to put the quality standard into practice. Five providers from the Central and Toronto Central LHINs participated in interviews, including two nurse practitioners, one emergency medicine physician, one family physician, and one obstetrician/gynecologist. As well, five providers in North East and Waterloo Wellington LHINs participated in the survey, including two primary care physicians, one obstetrician/gynecologist, and two primary care nurse practitioners. The results of the survey and interviews were used to further inform the gaps in knowledge, behaviours, and attitudes related to this standard.

Appendix B: Summary Recommendations for Health Sector Organizations and Other Entities

Health Quality Ontario	Time Frame*
<p>Develop a province-wide comparative data source or an audit-and-feedback mechanism to support the adoption and monitoring of this quality standard. Define balancing measures to help identify any unintended consequences and ensure alignment with the hysterectomy QBP.</p>	Medium-term
<p>Develop and disseminate a decision aid for patients, families, and providers that aligns with the quality standard.</p>	Medium-term
<p>Identify how existing clinical pathways and guidance material can be adapted/adopted for providers, with a particular focus on the statements related to treatment protocols. Special consideration should be given for highlighting different approaches that may be required when treating adolescents.</p>	Medium-term
Local Health Integration Networks	Time Frame*
<p>At the LHIN level, map existing services to the clinical pathway, particularly to the following services:</p> <ul style="list-style-type: none"> • Physicians who perform endometrial biopsy and ablation • Hospitals that provide intravenous iron • Providers who provide interventional radiology • Laboratory tests <p>Where data demonstrate high use of hysterectomy in the province, LHINs should examine whether accessibility to primary care, specialists, and/or other services is causing the variation that exists.</p>	Medium-term
<p>Continue to leverage e-Consult to improve timely access to specialty care and facilitate communication between primary care providers and specialists.</p>	Immediate

APPENDIX B CONTINUED

Health Care Providers and Organizations	Time Frame*
Assess the care being provided against the quality standard using Health Quality Ontario's Getting Started Guide and refer to the Action Plan Template as a tool to support quality improvement.	Immediate
Continue to leverage e-Consult to improve timely access to specialty care and facilitate communication between primary care providers and specialists.	Immediate
Clinical Education Programs	Time Frame*
Incorporate this quality standard into the standardized education curriculum as part of training for providers, including physicians and nurse practitioners.	Long-term
Continue to enhance skills and capacity in primary care practices to perform endometrial biopsy to reduce referrals and wait times to gynecology.	Long-term

**Immediate means within 1 year; medium-term refers to 1 to 3 years; and long-term is 3 or more years.*

For more information:

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