

Improving the monitoring and reviewal process of those using Depo-Provera as their contraceptive method in a Primary Care Setting – a Quality Improvement Project.

ScotGEM
Scottish Graduate Entry Medicine



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Depo-Provera (Medroxyprogesterone Acetate) is an injectable long-term contraceptive method, which acts through inhibition of ovulation and thickening of cervical mucus [1]. Administered every 13 weeks by a healthcare professional, prompt attendance is essential to ensure 99% efficacy [1,2]. Research found the most important issue surrounding the use of Depo-Provera (DMPA) is the lack of patient information, where understanding of problems and side effects associated was hindered from biased and inaccurate information [3]. These concerns and side effects are poorly monitored in GP settings leading to patients presenting for additional appointments for discussion and investigations.

Aim: By May 2023, 90% of female patients on Depo-Provera, at Cairnsmore Medical Practice will be reviewed using an evidence-based approach, in accordance with FSRH guidelines, resulting in an improved compliance with this chosen contraceptive method.

Methods:

Quality improvement tools such as Process Mapping, Fishbone Diagram and Forcefield Analysis were completed prior to data collection and enabled the formation of change ideas, listed within Figure 2. These ideas focussed largely on the following:

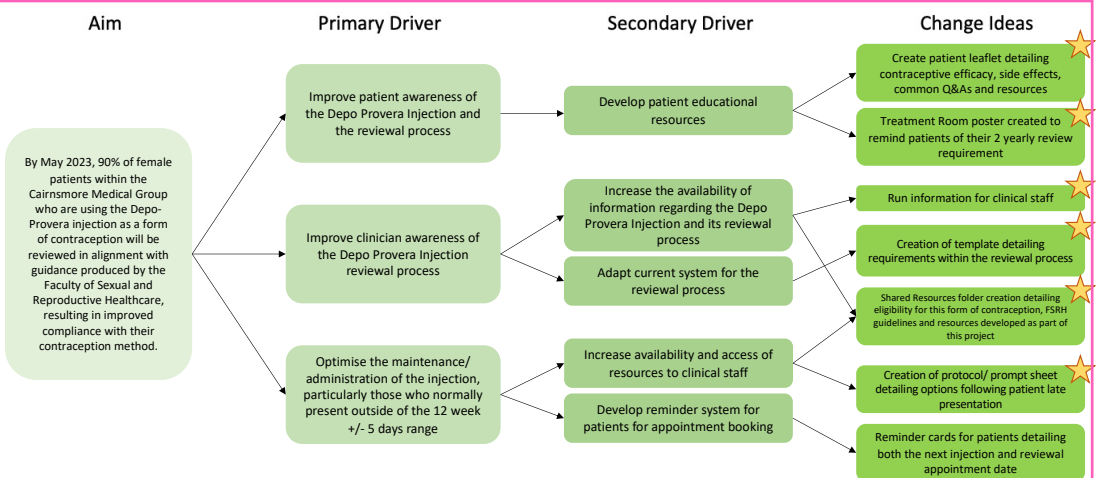
1. Creation of a Template aiding clinicians through the reviewal process.
2. Development of a Patient Information Leaflet detailing side effects and complications associated with DMPA.
3. Prompt sheet creation detailing requirements should the patient present outside of the 13 week window.

“A question and answer session would be beneficial during these reviews however I feel each appointment is already like a review as Blood Pressure and Weight are checked”

“I would really like more time during my appointment to discuss symptoms and changes. People keep telling me about my bones but I don't know why this is important with the Depo”

Figure 1: Patient quotes collected during initial brainstorming of project and baseline questionnaires.

Figure 2: Driver Diagram displaying potential change ideas of the project. Change ideas were developed from discussion with clinicians, during patient consultations and from baseline questionnaires. Change ideas labelled with a yellow star indicates completion within the project.



Results:

- In May 2023, 100% of Depo-Provera reviews contained all 9 features of the care bundle developed as part of this project.
- Processing Measure data fluctuated throughout data collection however largest improvement was seen following the development of the Prompt Sheet and EMIS Template.
- Clinician confidence improved from an average of 4.33 to 4.6 when using a 5-point Likert scale.

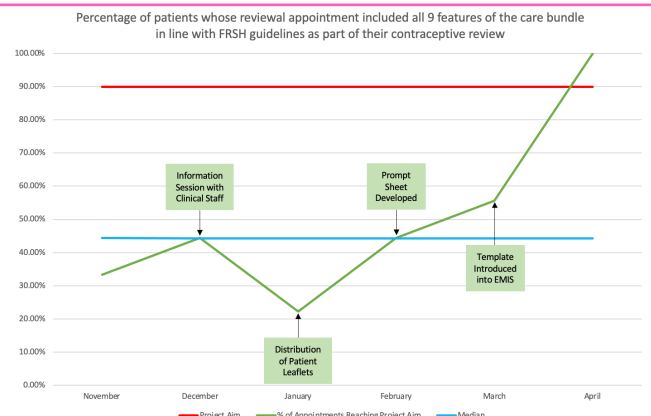


Figure 3: Run chart displaying the percentage of Depo-Provera appointments which included all 9 features of the care bundle (Outcome Measure). Aim surpassed in April'23.

Conclusion: The focus of the project was achieved, developing a reviewal process for Depo-Provera, where a large variation in the number of reviews completing all values set within the care-bundle was displayed (Ranged from 22.2 to 100%). There are long-term measures in place (e.g. EMIS Template and Patient Leaflets) in hope these reviews can be completed efficiently and effectively, with improved monitoring of patient side effects and thoughts regarding this contraception.

References:

- [1] - NHS - The Contraceptive Injection (2021) NHS. NHS. Available at: <https://www.nhs.uk/conditions/contraception/contraceptive-injection/> (Accessed: April 30, 2023).
- [2] - Contraceptive Injection (Jag) Sexual Health Dumfries and Galloway. Available at: <https://sexualhealthdg.co.uk/jag.php> (Accessed: April 30, 2023).
- [3] - Bigg, A. et al. (1999) "Depo Provera. Position paper on clinical use, effectiveness and side effects." *The British Journal of Family Planning*, 25(2), pp. 69-76.