

A quality improvement initiative to implement a recall system for hormone replacement therapy reviews that are evidence based in order to improve patient safety in a primary care practice

References:

1. NICE, "Menopause: diagnosis and management," 2019. [Online]. Available: <https://www.nice.org.uk/guidance/ng23/chapter/Recommendations#long-term-benefits-and-risks-of-hormone-replacement-therapy>. [Accessed 1 March 2023].
2. NICE, "Sex hormones," 2023. [Online]. Available: <https://bnf.nice.org.uk/treatment-summaries/sex-hormones/>. [Accessed 24 April 2023].

Aim statement: By 5 May 2023, 65% of female patients on hormone replacement therapy (HRT) will have responded to an invitation for a review and 70% of those will have had an evidence based review meeting 4 key process measures.

Background

Hormone replacement therapy (HRT) is a treatment for women who are experiencing symptoms of menopause. It can help to alleviate symptoms such as: hot flushes, night sweats, irritability, joint pain, urogenital atrophy, loss of libido and trouble sleeping. NICE guidelines recommend that HRT is only used in the short term, 5 years or less, unless patients have premature ovarian insufficiency [1]. HRT is licensed for symptom relief, [2] but is not without its risks and the chance increase the longer HRT is used [1]. These include venous thromboembolism (VTE), stroke and cardiovascular risks, breast, ovarian and endometrial cancer as well as possible dementia risks.

There are many varying dosages and regimes which can be confusing for both primary care physicians and patients. HRT has a significant potential for adverse effects and a discussion of risks and benefits with patients is essential, and to only use HRT if the benefits outweigh the risks. Patients can change their risk profile over time and NICE guidelines recommend a review of HRT 3 months after initiating treatment, or until stabilised, then annually thereafter [1]. Besides this recommendation, there is very little guidance for HRT reviews even though they are essential to optimal patient care [1].

Problem

The problem identified was that there was a lack of patient safety surrounding HRT within the practice, and no means to structure HRT reviews or prescribing according to NICE guidelines [1]. In creating an idea to improve HRT safety within the practice, I involved practice staff, and the main themes that emerged were sustainable change and a patient-centred approach. I used a process map, fishbone diagram, stakeholder analysis, driver diagram and forcefield analysis to understand the system and develop change ideas.

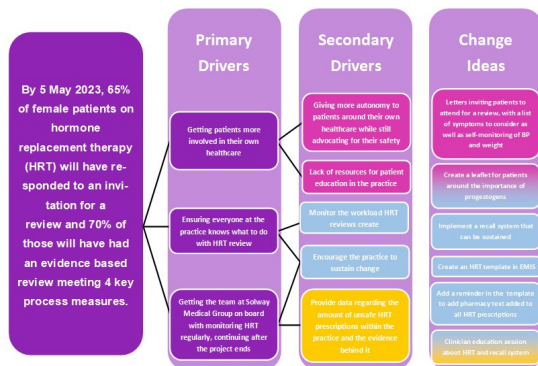


Figure 1: Driver Diagram

Change ideas

3 change ideas were used from the driver diagram. These were tested making use of PDSA cycles.

Recall system

The practice had no recall system for reviewing patients on HRT. I developed an annual review system whereby patients are sent a letter inviting them for a review, with a questionnaire they fill in themselves to reduce work for practice staff and by coding them for a "diary entry" ensuring that they can be routinely recalled.

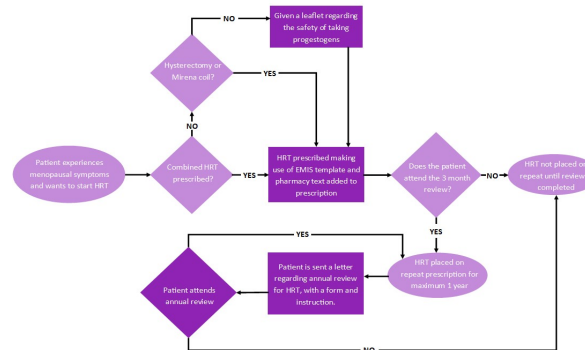
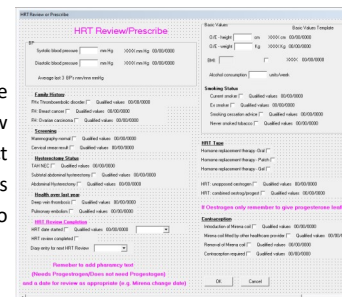


Figure 2: Process map showing how the annual review system, template and leaflet work in practice.

HRT template

A template was created to cover the important aspects related to HRT review or prescribing. The "diary entry" aspect is mandatory, thus ensuring that patients get a review the following year due to being coded on EMIS.



WHY IS THIS IMPORTANT?

The most common thing about progesterone is if you don't take it, there could be a risk to your health. It's important to know what to do if you have any symptoms.

WHAT IF I DON'T LIKE IT?

Don't worry. You can stop taking it at any time. It's important to know what to do if you have any symptoms.

Progestogen

Progesterone is a hormone that is naturally produced by the ovaries. It helps to regulate the menstrual cycle and is important for the health of the uterus.

Patient information leaflet

This was created to inform patients about the importance of progesterogens, side effects, alternatives and most importantly, to contact the practice if they were considering stopping them and the potential hazards of unopposed oestrogen.

Results

There were two outcome measures for the project, firstly the response rate of patients who were invited for review and secondly an all-or-nothing measure for the number of patients who had all 4 process measures completed in their reviews. These were: blood pressure, weight, "HRT review completed" box ticked and "diary entry" completed.

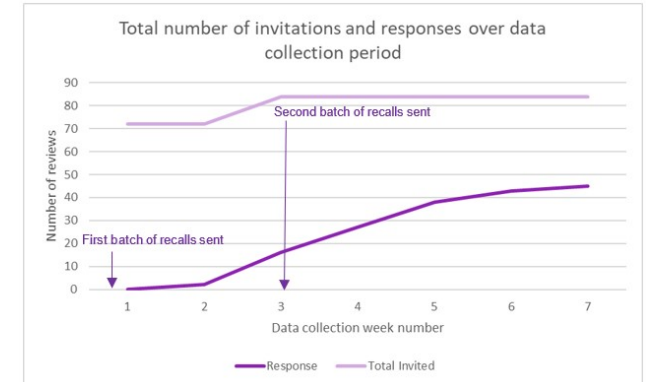
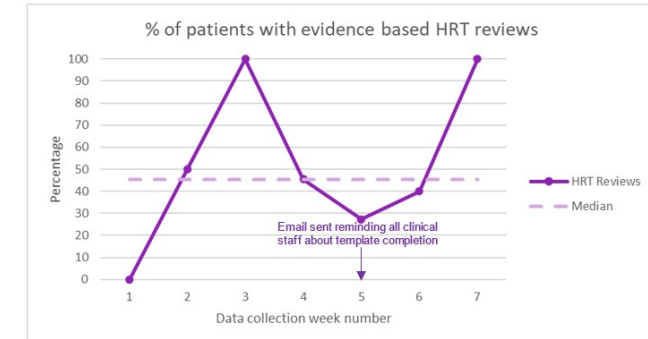


Figure 3 (above) and 4 (below) show outcome 1 (response rate 67%) and 2 (64% review completion) respectively.



Conclusion

Overall, the aim of the project was not met as there was a response rate of 67% and completion rate of the all-or-nothing measure of 64%. However, it can still be considered a success as it created sustainable and important change within the practice, and the safety of HRT prescribing and review has improved.

The project is sustainable as there is a dedicated member of the administration team in charge of the recall system and maintaining the patient list, and the template allows new patients to be coded for diary entries ensuring continuation of reviews.

Author: Lydia Arthur (ScotGEM year 3 student)