Clinical care standard indicators: heavy menstrual bleeding

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Identifying and definitional attributes

Metadata item type:	Indicator Set
Indicator set type:	Other
METEOR identifier:	666572
Registration status:	Health, Standard 17/10/2018
Description:	The Australian Commission on Safety and Quality in Health Care has produced the Heavy menstrual bleeding clinical care standard indicators to assist with local implementation of the Heavy menstrual bleeding clinical care standard (ACSQHC 2017).

The Heavy menstrual bleeding clinical care standard relates to the care of patients with **heavy menstrual bleeding**. It covers management from first recognition of clinically significant heavy menstrual bleeding until its resolution either before or at the menopause. The Standard is relevant to the care provided in primary care settings, including general practice, family planning and sexual health services, as well as that provided in public and private specialist gynaecology clinics and practices, hospitals and radiology clinics.

Heavy menstrual bleeding may be secondary to specific structural abnormalities, including malignancy. The detailed management of these conditions is out of the scope of the Heavy menstrual bleeding clinical care standard. The management of acute heavy menstrual bleeding in an emergency context is also not covered by the clinical care standard, nor are other presentations of abnormal uterine bleeding, including post-coital, intermenstrual and post-menopausal bleeding.

A clinical care standard is a small number of quality statements that describe the clinical care that a patient should be offered for a specific clinical condition. The indicators included in this specification are each intended for local monitoring of compliance with a quality statement and are numbered accordingly. The quality statements that are included in the Heavy menstrual bleeding clinical care standard are as follows:

1. **Assessment and diagnosis**. The initial assessment of a patient presenting with heavy menstrual bleeding includes a detailed medical history, assessment of impact on quality of life, a physical examination, and exclusion of pregnancy, iron deficiency and anaemia. Further investigations are based on the initial assessment.
2. **Informed choice and shared decision making**. A patient with heavy menstrual bleeding is provided with consumer-focused information about treatment options and their potential benefits and risks. The patient is asked about their preferences to support shared decision making for their clinical situation.
3. **Initial treatment is pharmaceutical**. A patient with heavy menstrual bleeding is offered pharmaceutical treatment, taking into account evidence-based guidelines, their individual needs and any associated symptoms. Initial treatment is provided to a patient who is undergoing further investigations to exclude malignancy and significant pathology.
4. **Quality ultrasound**. A patient having an ultrasound to investigate the cause of their heavy menstrual bleeding has a pelvic (preferably transvaginal) ultrasound, which assesses endometrial thickness and uterine morphology in days 5–10 of their menstrual cycle.
5. **Intra-uterine hormonal devices**. When pharmaceutical treatment is being considered, the patient is offered the levonorgestrel intra-uterine system if clinically appropriate, as it is the most effective medical option for managing heavy menstrual bleeding.
6. **Specialist referral**. A patient with heavy menstrual bleeding is referred for specialist review when there is a suspicion of malignancy or other significant pathology based on clinical assessment or ultrasound findings. Referral is also arranged for a patient who has not responded to pharmaceutical

treatment.

7. **Uterine-preserving alternatives to hysterectomy**. A patient who has heavy menstrual bleeding of benign causes and who is considering surgical management is offered a uterine-preserving procedure, if clinically appropriate. The patient receives information about procedures that may be suitable (such as endometrial ablation or removal of local pathology) and is referred appropriately.

8. **Hysterectomy**. Hysterectomy for management of heavy menstrual bleeding is discussed when other treatment options are ineffective or are unsuitable, or at the patient's request. A patient considering a hysterectomy is given balanced information about the risks and benefits of the procedure before making a decision.

Relational attributes

Related metadata references:

See also Clinical care standard indicators: acute coronary syndromes
Health, Standard 12/09/2016

See also Clinical care standard indicators: antimicrobial stewardship
Australian Commission on Safety and Quality in Health Care, Retired 25/01/2022
Health, Standard 12/09/2016

See also Clinical care standard indicators: delirium
Health, Standard 12/09/2016

See also Clinical care standard indicators: hip fracture
Australian Commission on Safety and Quality in Health Care, Superseded 18/06/2018
Health, Standard 12/09/2016

See also Clinical care standard indicators: hip fracture 2018
Australian Commission on Safety and Quality in Health Care, Standard 15/05/2018

See also Clinical care standard indicators: osteoarthritis of the knee
Health, Standard 02/08/2017

Indicators linked to this Indicator set:

[Heavy menstrual bleeding clinical care standard indicators: 1-Proportion of patients with heavy menstrual bleeding who are tested for iron deficiency and anaemia](#)
[Health](#), Standard 17/10/2018

[Heavy menstrual bleeding clinical care standard indicators: 2-Local arrangements for the provision of consumer-focused information about heavy menstrual bleeding](#)
[Health](#), Standard 17/10/2018

[Heavy menstrual bleeding clinical care standard indicators: 3-Proportion of patients with heavy menstrual bleeding who are offered pharmaceutical treatment](#)
[Health](#), Standard 17/10/2018

[Heavy menstrual bleeding clinical care standard indicators: 4a-Local arrangements for conducting investigative pelvic ultrasound in days 5–10 of the menstrual cycle for patients with heavy menstrual bleeding](#)
[Health](#), Standard 17/10/2018

[Heavy menstrual bleeding clinical care standard indicators: 4b-Proportion of patients with heavy menstrual bleeding who have appropriate reporting following an investigative pelvic ultrasound](#)
[Health](#), Standard 17/10/2018

[Heavy menstrual bleeding clinical care standard indicators: 5a-Local arrangements for referral of patients with heavy menstrual bleeding for insertion of a levonorgestrel-releasing intra-uterine system](#)
[Health](#), Standard 17/10/2018

[Heavy menstrual bleeding clinical care standard indicators: 5b-Proportion of patients with heavy menstrual bleeding who are deemed clinically suitable for a levonorgestrel-releasing intra-uterine system and have one inserted or are referred for insertion](#)
[Health](#), Standard 17/10/2018

[Heavy menstrual bleeding clinical care standard indicators: 6-Local arrangements to ensure timely and appropriate referral to a specialist for patients with heavy menstrual bleeding](#)
[Health](#), Standard 17/10/2018

[Heavy menstrual bleeding clinical care standard indicators: 7-Proportion of patients with heavy menstrual bleeding of benign cause(s) who are offered uterine-preserving alternatives to hysterectomy](#)
[Health](#), Standard 17/10/2018

[Heavy menstrual bleeding clinical care standard indicators: 8-Hospital rate of hysterectomy per 100 episodes](#)
[Health](#), Standard 17/10/2018

[Heavy menstrual bleeding clinical care standard indicators: 9-Local arrangements to measure and act upon patient-reported outcomes related to heavy menstrual bleeding](#)
[Health](#), Standard 17/10/2018

Collection and usage attributes

National reporting arrangement:	The Indicator specification: heavy menstrual bleeding clinical care standard has been developed to assist with the local implementation of the Heavy menstrual bleeding clinical care standard (ACSQHC 2017). These indicators are intended for local use by primary health care providers/ networks, specialists, hospitals and **local hospital networks**. There are no benchmarks set for any of the indicators in this specification. There is a provision under the specification of indicator 8, which relates to hospital rates of hysterectomy for heavy menstrual bleeding, for hospitals to calculate their own rate against a national reference population (using a tool accessible from the ACSQHC website). However, this tool is for the purposes of local quality improvement and monitoring only, and does not constitute or imply a national benchmark. For all indicators, health service providers using the indicators can monitor their own results over time or compare them with those from other providers, with whom they have made such arrangements.
Comments:	Most of the data required by the indicator specifications cannot be sourced from routine collections. Local health services will need to conduct prospective collections or retrospective medical records audits of all patients with heavy menstrual bleeding, for a specific time period. For most of the indicators, the time frame over which data are collected, or sourced from medical records, will be guided by the expected sample size. Samples need to be large enough to identify a change in compliance with the quality statement that is deemed meaningful between audit periods. This will vary by indicator.

Some indicators refer to 'local arrangements'. These may include clinical guidelines, protocols, care pathways or any other documentation providing guidance to clinicians on the care of patients with heavy menstrual bleeding. Monitoring the implementation of the Heavy menstrual bleeding clinical care standard will assist in meeting some of the requirements of the National Safety and Quality Health Service (NSQHS) Standards (ACSQHC 2012). |

Source and reference attributes

Submitting organisation:	Australian Commission on Safety and Quality in Health Care
Reference documents:	ACSQHC (Australian Commission on Safety and Quality in Health Care) 2012. National Safety and Quality Health Service Standards. Sydney: ACSQHC. Viewed 27 August 2017, https://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf

ACSQHC (Australian Commission on Safety and Quality in Health Care) 2017. Heavy menstrual bleeding clinical care standard. Sydney: ACSQHC. |