QUALITY STANDARDS

Heavy Menstrual Bleeding

Technical Specifications

2024 UPDATE

Ontario Health

Table of Contents

How to Use the Technical Specifications 3

Measurement to Support Improvement 4

Equity Considerations 4

Quality Standard Scope 4

Cohort Identification 5

Cohort Identification Using Administrative Data 5

Overarching Indicators That Can Be Measured Using Provincial Data 7

Indicator 1: Percentage of people with heavy menstrual bleeding who have unplanned visits to emergency department for heavy menstrual bleeding 7

Indicator 2: Rate of hysterectomies in people with heavy menstrual bleeding, by region 10

Overarching Indicators That Can Be Measured Using Only Local Data 13

Statement-Specific Indicators 14

How to Use the Technical Specifications

This document provides technical specifications to support the implementation of the *Heavy Menstrual Bleeding* quality standard. Care for people with heavy menstrual bleeding is a critical issue, and there are substantial gaps and variations in the quality of care that people with heavy menstrual bleeding receive in Ontario. Recognizing this, Ontario Health released the quality standard to identify opportunities that have a high potential for quality improvement.

This document is intended for use by those looking to implement the *Heavy Menstrual Bleeding* quality standard, including clinicians working in regional or local roles.

This document has dedicated sections to describe the following:

- Indicators that can be used to measure progress toward the overarching goals of the quality standard as a whole
- Statement-specific indicators that can be used to measure improvement for each quality statement within the quality standard

Indicators may be provincially or locally measurable:

- Provincially measurable indicators: how we can monitor the progress being made to improve care at the provincial level using provincial data sources
- Locally measurable indicators: what you can do to assess the quality of care that you provide locally

The following tools and resources are provided as suggestions to assist in the implementation of the *Heavy Menstrual Bleeding* quality standard:

- The *Getting Started Guide* outlines the process for using quality standards as a resource to deliver high-quality care; it contains evidence-based approaches, as well as useful tools and templates to implement change ideas at the practice level
- Our Spotlight Report highlights examples from the field to help you understand what successful quality standard implementation looks like

Measurement to Support Improvement

This document accompanies Ontario Health's *Heavy Menstrual Bleeding* quality standard. The Heavy Menstrual Bleeding Quality Standard Advisory Committee identified 4 overarching indicators to monitor the progress being made to improve care for people with heavy menstrual bleeding in Ontario. Some overarching indicators are provincially measurable (well-defined or validated data sources are available), and some are measurable only locally (the indicators are not well defined, and data sources do not currently exist to measure them consistently across health care teams and at the system level).

The *Heavy Menstrual Bleeding* quality standard also includes numerous statement-specific indicators that can be used to measure improvement for each quality statement in the quality standard.

Additional information on measuring indicators can be found in the *Quality Standards Measurement Guide*. The measurement guide also includes descriptions of data sources that can be used to support quality standard indicators that are measured consistently across health care teams, health care sectors, and the province.

Equity Considerations

Ontario Health is committed to promoting health equity and reducing disparities, and it encourages collecting data and measuring indicators using equity stratifications that are relevant and appropriate for your population, such as patient socioeconomic and demographic characteristics. These may include age, income, region or geography, education, language, race and ethnicity, gender, and sex. Please refer to Appendix 3, Values and Guiding Principles*,* in the quality standard for additional equity considerations.

Quality Standard Scope

This quality standard includes 14 quality statements addressing areas that were identified by the Heavy Menstrual Bleeding Quality Standard Advisory Committee as having high potential for quality improvement in the way that care for heavy menstrual bleeding is currently provided in Ontario. It focuses on adults and adolescents of reproductive age presenting with either acute or chronic heavy menstrual bleeding in any care setting, regardless of the underlying cause of the bleeding. However, it does not cover the management of cancer or endometriosis once diagnosed. This quality standard does not apply to people who are pregnant or postmenopausal, or who have had a delivery, miscarriage, or abortion in the past 3 months.

In this quality standard, we consider heavy menstrual bleeding to mean excessive menstrual blood loss that interferes with people's physical, social, emotional, or material quality of life. It can occur alone or in combination with other symptoms.[1]

Cohort Identification

For measurement at the provincial level, people with heavy menstrual bleeding can be identified using administrative data. For local measurement, people with heavy menstrual bleeding can be identified using local data sources (such as surveys, electronic medical records, or clinical patient records).

Cohort Identification Using Administrative Data

Survey data suggest that heavy menstrual bleeding affects 18% to 32% of people of reproductive age,[2,3] but clinical administrative data show that much fewer seek treatment, likely due to poor self-recognition, normalization of symptoms, and under-coding of heavy menstrual bleeding in clinical databases.[2-4] It is estimated that 50% to 80% of people with heavy menstrual bleeding do not seek treatment for their symptoms.[4] Based on advisory committee consensus, we have used a 5-year period to identify health care interactions for heavy menstrual bleeding as a way of defining the population that currently has heavy menstrual bleeding and helping to mitigate under-detection.

To identify people with heavy menstrual bleeding for the provincially measurable indicators in this quality standard, the Discharge Abstract Database (DAD), the National Ambulatory Care Reporting System (NACRS), and the Ontario Health Insurance Plan (OHIP) Claims Database can be used. Please refer to the measurement guide for more information on these databases.

To identify people who have a diagnosis of heavy menstrual bleeding during a hospital visit, hospital records from DAD can be used, as well as emergency department visits and day surgery records from NACRS. The following are inclusions from the *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Canada* (ICD-10-CA):

- N92.0: Excessive and frequent menstruation with regular cycle
- N92.1: Excessive and frequent menstruation with irregular cycle
- N92.2: Excessive menstruation at puberty
- N92.4: Excessive bleeding in premenopausal period
- N92.5: Other specified irregular menstruation
- N92.6: Irregular menstruation, unspecified; bleeding not otherwise specified, periods not otherwise specified
- N93.8: Other specified abnormal uterine and vaginal bleeding
- N93.9: Abnormal uterine and vaginal bleeding, unspecified
- N94.8: Other specified conditions associated with female genital organs and menstrual cycle
- N94.9: Unspecified condition associated with female genital organs and menstrual cycle

To identify people who have a diagnosis of heavy menstrual bleeding outside of hospital, such as during a primary care visit, OHIP claims records can be used. However, because there is no specific diagnosis code for heavy menstrual bleeding in the OHIP Claims Database, a proxy method is suggested based on advisory committee consensus. This suggested proxy definition uses the OHIP fee

code for insertion of an intrauterine contraceptive device (a common method of treatment for heavy menstrual bleeding) combined with relevant OHIP diagnosis codes:

- OHIP fee code G378: insertion of intrauterine contraceptive device, AND
- One of the following OHIP diagnosis codes (*International Statistical Classification of Diseases, Injuries, and Causes of Death, Ninth Revision* [ICD-9]):
  - 626: Disorder of menstruation
  - 218: Benign neoplasms: uterine fibroid, leiomyoma

Overarching Indicators That Can Be Measured Using Provincial Data

Indicator 1: Percentage of people with heavy menstrual bleeding who have unplanned visits to the emergency department for heavy menstrual bleeding

DESCRIPTION

Indicator name: Percentage of people with heavy menstrual bleeding who have unplanned visits to the emergency department for heavy menstrual bleeding

Directionality: Lower is better

Measurability: Measurable at the provincial level

Dimension of quality: Effectiveness

Quality statement alignment: All quality statements

CALCULATION

Denominator

Number of people who have had any health care services or visits for heavy menstrual bleeding in the last 5 years (i.e., the fiscal year of interest and the 4 years leading up to it)

Inclusions
People aged ≥ 13 years and ≤ 55 years (see the Cohort Identification section for a full list of details)

Exclusions

- People presenting with vaginal bleeding as result of external cause (i.e., trauma)
  - DAD and NACRS (ICD-10-CA; any diagnosis type)
    - N930: Postcoital and contact bleeding
- People who are within 3 months of delivery or who are pregnant (use a 40-week look-back from the delivery date to approximate pregnancy)
  - DAD (Canadian Classification of Health Interventions [CCI] code)
    - 5.MD.^^.^^: Delivery (birthing) interventions
- People with an abortion or miscarriage in the past 3 months
  - DAD and NACRS (ICD-10-CA; any diagnosis type)
    - O00-O08: Pregnancy with abortive outcome

  - DAD (CCI code)
    - 5.CA.^^.^^: Termination of pregnancy
  - OHIP (ICD-9 code)
    - 632: Missed abortion
    - 633: Ectopic pregnancy
    - 634: Incomplete abortion, complete abortion
    - 635: Therapeutic abortion
    - 640: Threatened abortion, hemorrhage in early pregnancy
- People presenting with vaginal bleeding due to pregnancy or postpartum bleeding
  - DAD and NACRS (ICD-10-CA; any diagnosis type)
    - O20: Haemorrhage in early pregnancy
    - O34: Maternal care for known or suspected abnormality of pelvic organs
    - O44.1: Placenta praevia with haemorrhage
    - O45: Premature separation of placenta (abruptio placentae)
    - O46: Antepartum haemorrhage, not elsewhere classified
    - O67: Labour and delivery complicated by intrapartum haemorrhage, not elsewhere classified
    - O72: Postpartum haemorrhage
- People with lochia bleeding after pregnancy
  - DAD and NACRS (ICD-10-CA; any diagnosis type)
    - O72.102, O72.104, O72.109: Other immediate postpartum haemorrhage
    - O72.202, O72.204, O72.209: Delayed and secondary postpartum haemorrhage
- People presenting with irregular non-menstrual bleeding
  - DAD and NACRS (ICD-10-CA; any diagnosis type)
    - N92.3: Ovulation bleeding (regular intermenstrual bleeding)
- People with bleeding outside reproductive age: postmenopausal bleeding (bleeding occurring more than 1 year after acknowledged menopause), precocious menstruation
  - DAD and NACRS (ICD-10-CA; any diagnosis type)
    - E30.1: Precocious puberty
    - N950: Postmenopausal bleeding
- People diagnosed with endometriosis
  - DAD and NACRS (ICD-10-CA; any diagnosis type)
    - N80: Endometriosis
  - OHIP (ICD-9 code)
    - 615: Diseases of breast and female pelvic organs: acute or chronic endometritis
    - 617: Other disorders of female genital tract: endometriosis

Numerator

Number of people in the denominator who have unplanned visits to the emergency department for heavy menstrual bleeding in the reporting period of interest

Inclusions

- Unscheduled or unplanned visits to the emergency department identified by NACRS variables: ED visit indicator = 1
- Unplanned visits with any of ICD-10-CA diagnosis codes listed in the Cohort Identification section

Method

Numerator ÷ Denominator × 100

Data Sources

DAD, NACRS, OHIP

LIMITATIONS

Using administrative databases, our ability to identify the population with heavy menstrual bleeding is limited. OHIP has few relevant diagnosis codes for health care interactions, resulting in records that might not accurately reflect this population. Diagnosis codes in NACRS might also not accurately reflect the reasons for the health care visit.

At the local level, survey questions or electronic medical records could be used to identify the population with heavy menstrual bleeding; however, information about unplanned visits to the emergency department might not be available.

COMMENTS

This indicator can be measured at the local level using electronic medical records to identify the population of interest, along with information from emergency departments to capture unplanned visits.

Based on advisory committee consensus, we have used a 5-year retrospective period to identify health care interactions for heavy menstrual bleeding as a way of defining the population that currently has heavy menstrual bleeding and helping to mitigate under-detection.

Indicator 2: Rate of hysterectomies in people with heavy menstrual bleeding, by region

DESCRIPTION

Indicator name: Rate of hysterectomies in people with heavy menstrual bleeding, by region

Directionality: Lower is better

Measurability: Measurable at the provincial level

Dimension of quality: Effectiveness

Quality statement alignment: All quality statements

CALCULATION

Denominator

Number of people who have had any health care services or visits for heavy menstrual bleeding in the last 5 years (i.e., the fiscal year of interest and the 4 years leading up it)

Inclusions

People aged ≥ 13 years and ≤ 55 years (see the Cohort Identification section for a full list of details)

Exclusions

- People presenting with vaginal bleeding as result of external cause (i.e., trauma)
  - DAD and NACRS (ICD-10-CA; any diagnosis type)
    - N930: Postcoital and contact bleeding
- People who are within 3 months of delivery or who are pregnant (use a 40-week look-back from the delivery date to approximate pregnancy)
  - DAD (CCI code)
    - 5.MD.^^.^^ : Delivery (birthing) interventions
- People with an abortion or miscarriage in the past 3 months
  - DAD and NACRS (ICD-10-CA; any diagnosis type)
    - O00-O08: Pregnancy with abortive outcome
  - DAD (CCI code)
    - 5.CA.^^.^^: Termination of pregnancy
  - OHIP (ICD-9 code)
    - 632: Missed abortion
    - 633: Ectopic pregnancy
    - 634: Incomplete abortion, complete abortion
    - 635: Therapeutic abortion
    - 640: Threatened abortion, haemorrhage in early pregnancy

- People presenting with vaginal bleeding due to pregnancy or postpartum bleeding
  - DAD and NACRS (ICD-10-CA; any diagnosis type)
    - O20: Haemorrhage in early pregnancy
    - O34: Maternal care for known or suspected abnormality of pelvic organs
    - O44.1: Placenta praevia with haemorrhage
    - O45: Premature separation of placenta (abruptio placentae)
    - O46: Antepartum haemorrhage, not elsewhere classified
    - O67: Labour and delivery complicated by intrapartum haemorrhage, not elsewhere classified
    - O72: Postpartum haemorrhage
- People with lochia bleeding after pregnancy
  - DAD and NACRS (ICD-10-CA; any diagnosis type)
    - O72.102, O72.104, O72.109: Other immediate postpartum haemorrhage
    - O72.202, O72.204, O72.209: Delayed and secondary postpartum haemorrhage
- People presenting with irregular non-menstrual bleeding
  - DAD and NACRS (ICD-10-CA; any diagnosis type)
    - N92.3: Ovulation bleeding (regular intermenstrual bleeding)
- People with bleeding outside reproductive age: postmenopausal bleeding (bleeding occurring more than 1 year after acknowledged menopause), precocious menstruation
  - DAD and NACRS (ICD-10-CA; any diagnosis type)
    - E30.1: Precocious puberty
    - N950: Postmenopausal bleeding
- People diagnosed with endometriosis
  - DAD and NACRS (ICD-10-CA; any diagnosis type)
    - N80: Endometriosis
  - OHIP (ICD-9 code)
    - 615: Diseases of breast and female pelvic organs: acute or chronic endometritis
    - 617: Other disorders of female genital tract: endometriosis

Numerator

Number of people in the denominator who had a hysterectomy in the reporting period of interest

Inclusions

- DAD and NACRS (CCI codes) to identify hysterectomies performed in hospital and via day surgery
  - Hysterectomy using a combined laparoscopic and vaginal approach: 1.RM.89.AA, 1.RM.91.AA
  - Hysterectomy using a laparoscopic approach: 1.RM.89.DA, 1.RM.91.DA, 1.RM.87.DA-GX (restricted to those with an “SU” or subtotal hysterectomy extent attribute)
  - Hysterectomy using a vaginal approach: 1.RM.89.CA, 1.RM.91.CA, 1.RM.87.CA-GX (restricted to those with an “SU” or subtotal hysterectomy extent attribute)

- Hysterectomy using an open approach (abdominal) 1.RM.89.LA, 1.RM.91.LA, 1.RM.87.LA-GX (restricted to those with an “SU” or subtotal hysterectomy extent attribute)

Method

Numerator ÷ Denominator × 100

Data Sources

DAD, OHIP, NACRS

LIMITATIONS

Using administrative databases, our ability to identify the population with heavy menstrual bleeding is limited. OHIP has few relevant diagnosis codes for health care interactions, resulting in records that might not accurately reflect this population. Diagnosis codes in NACRS might also not accurately reflect the reasons for the health care visit.

At the local level, survey questions or electronic medical records could be used to identify the population with heavy menstrual bleeding; however, information about hysterectomies performed might not be available.

COMMENTS

This indicator will help investigators review and understand regional variations in hysterectomy. It can be measured at the local level using electronic medical records to identify the population of interest, along with information from hospitals to capture hysterectomies.

Based on advisory committee consensus, we have used a 5-year retrospective period to identify health care interactions for heavy menstrual bleeding as a way of defining the population that currently has heavy menstrual bleeding and helping to mitigate under-detection.

The intervention codes for hysterectomy types listed above can also be used for the statement-specific indicators for quality statement 11 (see page 19).

Overarching Indicators That Can Be Measured Using Only Local Data

You might want to assess the quality of care you provide to people with heavy menstrual bleeding. You might also want to monitor your own quality improvement efforts. It could be possible to do this using your own clinical records, or you might need to collect additional data. We recommend the following potential indicators, which currently can be measured only using local data collection:

- Percentage of people with heavy menstrual bleeding who report being satisfied with symptom control
  - Denominator: number of people with heavy menstrual bleeding (from survey results or from an administrative or clinical database, with the intent of linking to survey data)
  - Numerator: number of people from the denominator who report being satisfied with symptom control
  - Potential data sources: DAD, NACRS, OHIP Claims Database, patient experience surveys or audits
- Percentage of people with heavy menstrual bleeding who report that their clinician always or often involves them in decisions about their care and treatment
  - Denominator: number of people with heavy menstrual bleeding (from survey results or from an administrative or clinical database, with the intent of linking to survey data)
  - Numerator: number of people from the denominator who report that their clinician always or often involves them in decisions about their care and treatment
  - Potential data sources: DAD, NACRS, OHIP Claims Database, Health Care Experience Survey

Statement-Specific Indicators

The *Heavy Menstrual Bleeding* quality standard includes statement-specific indicators that are provided as examples; you may wish to create your own quality improvement indicators based on the needs of your population. We recommend that you identify areas to focus on in the quality standard and then use 1 or more of the associated indicators to guide and evaluate your quality improvement efforts.

Quality Statement 1: Comprehensive Initial Assessment

Percentage of people with heavy menstrual bleeding who have a comprehensive initial assessment for heavy menstrual bleeding, including a detailed history, a complete blood count test, a gynecological examination, and a pregnancy test

- Denominator: total number of people with heavy menstrual bleeding
- Numerator: number of people in the denominator who have a comprehensive initial assessment for heavy menstrual bleeding, including a detailed history, a complete blood count test, a gynecological examination, and a pregnancy test (if pregnancy is possible)
- Data source: local data collection
- Note: This indicator can be calculated as an overall percentage and for each listed component

Quality Statement 2: Shared Decision-Making

Percentage of people with heavy menstrual bleeding who report that they received information from their clinician about treatment options, including treatment objectives, side effects, risks, impact on fertility, and anticipated out-of-pocket costs for each option

- Denominator: total number of people with heavy menstrual bleeding
- Numerator: number of people in the denominator who report that they received information from their clinician about their treatment options, including treatment objectives, side effects, risks, impact on fertility, and anticipated out-of-pocket costs for each option
- Data source: local data collection
- Note: This indicator can be calculated as an overall percentage and for each listed component

Percentage of people with heavy menstrual bleeding who report that they received their preferred treatment option

- Denominator: total number of people with heavy menstrual bleeding
- Numerator: number of people in the denominator who report that they received their preferred treatment option
- Data source: local data collection

Quality Statement 3: Pharmacological Treatments

Percentage of people with heavy menstrual bleeding whose medical records indicate that they were offered a choice of pharmacological treatments (non-hormonal and hormonal options)

- Denominator: total number of people with heavy menstrual bleeding
- Numerator: number of people in the denominator whose medical records indicate that they were offered a choice of pharmacological treatments (non-hormonal and hormonal options)
- Data source: local data collection

Quality Statement 4: Endometrial Biopsy

Percentage of people with heavy menstrual bleeding who have an endometrial biopsy

- Denominator: total number of people with heavy menstrual bleeding
- Numerator: number of people in the denominator who have an endometrial biopsy (biopsies conducted within 1 month of endometrial ablation should be excluded to avoid including nondiagnostic biopsies)
- Data sources: local data collection; at the system level, DAD, NACRS, OHIP Claims Database
- Note: The purpose of this indicator is to measure the overall rate of endometrial biopsies and variation across the province. It is not intended to show whether endometrial biopsies are being done appropriately. This indicator should be used to assess only those aged 40 to 55 years (advisory committee consensus)

Percentage of people with heavy menstrual bleeding who have an endometrial biopsy but do not have the listed risk factors for endometrial cancer or endometrial hyperplasia

- Denominator: total number of with heavy menstrual bleeding who had an endometrial biopsy
- Numerator: number of people in the denominator who do not have the listed risk factors for endometrial cancer or endometrial hyperplasia
  - Risk factors: age older than 40 years, bleeding that does not improve with pharmacological treatment, chronic anovulation, persistent intermenstrual bleeding, obesity, prolonged exposure to unopposed estrogens or tamoxifen, diabetes, nulliparity, early menarche, family history of endometrial cancer
- Data source: local data collection

Quality Statement 5: Imaging

Percentage of people with heavy menstrual bleeding who have imaging of the uterus but did not have a pelvic or gynecological examination in the preceding year

- Denominator: total number of people with heavy menstrual bleeding who have imaging of the uterus, stratified by:
  - Ultrasound
  - Saline-infused hysterography
  - Hysteroscopy
  - Magnetic resonance imaging
- Numerator: number of people in the denominator who did not have a pelvic or gynecological examination in the preceding year
- Data source: local data collection
- Note: This indicator measures the inappropriate use of imaging for heavy menstrual bleeding

Quality Statement 6: Referral to a Gynecologist

Percentage of people with heavy menstrual bleeding who are seen by a gynecologist within 3 months of referral

- Denominator: total number of people with heavy menstrual bleeding who are referred to a gynecologist
- Numerator: number of people in the denominator who are seen by the gynecologist within 3 months of referral
- Data source: local data collection

Percentage of people with heavy menstrual bleeding who are seen by a gynecologist and who have a comprehensive initial assessment prior to referral (including a detailed history, a complete blood count test, a gynecological examination, and a pregnancy test if indicated)

- Denominator: total number of people with heavy menstrual bleeding who are seen by a gynecologist
- Numerator: number of people in the denominator who have a comprehensive initial assessment prior to referral, including:
  - A detailed history
  - A complete blood count test
  - A gynecological examination
  - A pregnancy test, if indicated
- Data source: local data collection

Percentage of people with heavy menstrual bleeding who are seen by a gynecologist and who are offered pharmacological treatment to address heavy menstrual bleeding prior to referral

- Denominator: total number of people with heavy menstrual bleeding who are seen by a gynecologist
- Numerator: number of people in the denominator who are offered pharmacological treatment to address heavy menstrual bleeding prior to referral
- Data source: local data collection

Quality Statement 7: Endometrial Ablation

Percentage of people with heavy menstrual bleeding who have endometrial ablation, by type of ablation (any, resectoscopic, non-resectoscopic)

- Denominator: total number of people with heavy menstrual bleeding
- Numerator: number of people in the denominator who have endometrial ablation, by type of ablation:
  - Any
  - Resectoscopic
  - Non-resectoscopic
- Data sources: local data collection; at the system level, DAD, NACRS, OHIP Claims Database

Percentage of people with heavy menstrual bleeding who have endometrial ablation and who have endometrial sampling within 3 months before the procedure

- Denominator: total number of people with heavy menstrual bleeding who have endometrial ablation
- Numerator: number of people in the denominator who have endometrial sampling within 3 months before the procedure, including the day of the procedure
- Data sources: local data collection; at the system level, DAD, NACRS, OHIP Claims Database

Quality Statement 8: Acute Heavy Menstrual Bleeding

Percentage of people who have an outpatient follow-up visit with a clinician within 4 weeks of leaving the hospital for an unplanned emergency department visit or hospital admission for heavy menstrual bleeding

- Denominator: total number of people who have an unplanned emergency department visit or hospital admission for heavy menstrual bleeding
- Numerator: number of people in the denominator who have an outpatient follow-up visit with a clinician within 4 weeks of leaving the hospital
- Data sources: local data collection; at the system level, DAD, NACRS, OHIP Claims Database

- Note: Follow-up appointments should be scheduled to coincide with the patient's next period, which is estimated to be within 4 weeks. At the system level, DAD, NACRS, and the OHIP Claims Database can measure follow-up with a physician but cannot capture follow-up appointments with other clinicians

Percentage of people who have an unplanned emergency department visit for heavy menstrual bleeding within 60 days after an initial emergency department visit or hospital discharge for heavy menstrual bleeding

- Denominator: total number of people who have had an unplanned emergency department visit or hospital discharge for heavy menstrual bleeding
- Numerator: number of people in the denominator who have an unplanned emergency department visit for heavy menstrual bleeding within 60 days after the initial visit or hospital discharge
- Data sources: local data collection; at the system level, DAD, NACRS, OHIP Claims Database

Quality Statement 9: Dilation and Curettage

Percentage of people with nonacute heavy menstrual bleeding who undergo dilation and curettage

- Denominator: total number of people with nonacute heavy menstrual bleeding
- Numerator: number of people in the denominator who undergo dilation and curettage (exclude nonelective dilation and curettage)
- Data sources: local data collection; at the system level, DAD, NACRS, OHIP Claims Database

Percentage of people with acute heavy menstrual bleeding who undergo dilation and curettage and who also have a hysteroscopy

- Denominator: total number of people with acute heavy menstrual bleeding who undergo dilation and curettage
- Numerator: number of people in the denominator who have a hysteroscopy during the same procedure
- Data sources: local data collection; at the system level, DAD, NACRS, OHIP Claims Database

Quality Statement 10: Offering Hysterectomy

Percentage of people with heavy menstrual bleeding who have a hysterectomy and who have a documented discussion about other treatment options

- Denominator: total number of people with heavy menstrual bleeding who have a hysterectomy
- Numerator: number of people in the denominator who have a documented discussion about other treatment options
- Data source: local data collection

Quality Statement 11: Least Invasive Hysterectomy

Proportion of hysterectomies among people with heavy menstrual bleeding that are performed as vaginal, laparoscopic, or abdominal

- Denominator: total number of people with heavy menstrual bleeding who have a hysterectomy
- Numerator: number of people in the denominator who have a hysterectomy, by method:
  - Vaginal
  - Laparoscopic
  - Abdominal
- Data sources: local data collection; at the system level, DAD, NACRS, OHIP Claims Database
- Note: See overarching indicator 2 (page 10) for intervention codes for the hysterectomy types listed above

Percentage of people with heavy menstrual bleeding who have a hysterectomy and who have a preoperative hemoglobin concentration greater than 120 g/L

- Denominator: total number of people with heavy menstrual bleeding who have a hysterectomy
- Numerator: number of people in the denominator who have a preoperative hemoglobin concentration greater than 120 g/L
- Data source: local data collection
- Note: When auditing, ensure that you use the hemoglobin concentration taken closest to the surgery date

Quality Statement 12: Surgical Procedures for Fibroids Causing Heavy Menstrual Bleeding

Percentage of people with heavy menstrual bleeding who have a diagnosis of fibroids and who are offered a choice of 3 surgical procedures: uterine artery embolization, myomectomy, and hysterectomy

- Denominator: total number of people with heavy menstrual bleeding who have a diagnosis of fibroids
- Numerator: number of people in the denominator who are offered a choice of 3 surgical procedures:
  - Uterine artery embolization
  - Myomectomy
  - Hysterectomy
- Data source: local data collection

Quality Statement 13: Bleeding Disorders in Adolescents

Percentage of people aged 10 to 19 years with heavy menstrual bleeding who are screened for risk of inherited bleeding disorders

- Denominator: total number of people aged 10 to 19 years with heavy menstrual bleeding
- Numerator: number of people in the denominator who are screened for risk of inherited bleeding disorders
- Data source: local data collection

Quality Statement 14: Treatment of Anemia and Iron Deficiency

Percentage of people with heavy menstrual bleeding who are diagnosed with anemia or iron deficiency and are treated with iron (oral or intravenous)

- Denominator: total number of people with heavy menstrual bleeding who are diagnosed with anemia or iron deficiency
- Numerator: number of people in the denominator who are treated with iron, by delivery method:
  - Oral
  - Intravenous
- Data source: local data collection
- Note: Each type of iron treatment should be calculated separately, along with the overall rate

Percentage of people with heavy menstrual bleeding who are diagnosed with anemia and who have a blood transfusion

- Denomi nator: total number of people with heavy menstrual bleeding who are diagnosed with anemia
- Numerator: number of people in the denominator who have a blood transfusion
- Data sources: local data collection; at the system level, DAD, NACRS, OHIP Claims Database

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Looking for More Information?

Visit hqontario.ca or contact us at QualityStandards@OntarioHealth.ca if you have any questions or feedback about this quality standard.

Ontario Health
500–525 University Avenue
Toronto, Ontario
M5G 2L3

Toll Free: 1-877-280-8538
TTY: 1-800-855-0511
Email: QualityStandards@OntarioHealth.ca
Website: hqontario.ca

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@OntarioHealth.ca
Document disponible en français en contactant info@OntarioHealth.ca

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