



# A&E/EDTU Managing Patients with Menorrhagia

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## Aim

To reduce

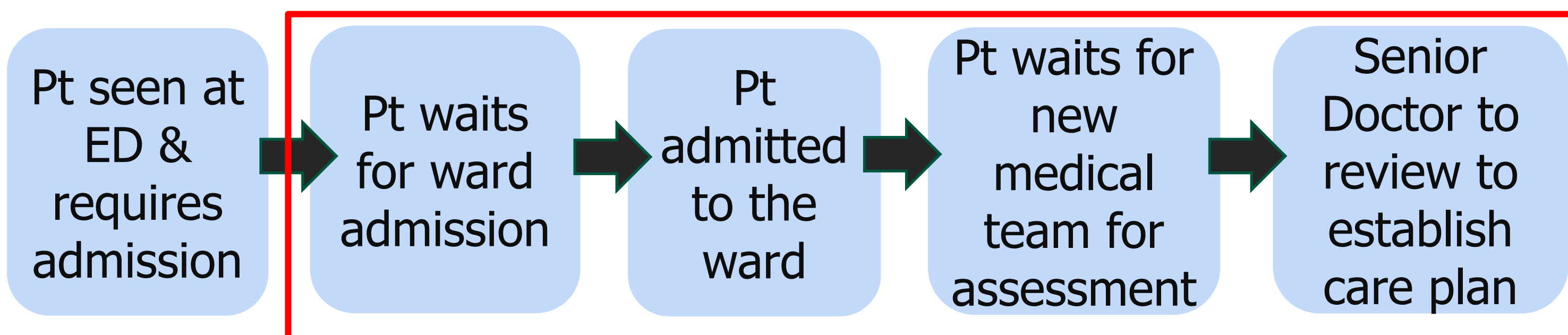
1. Ward admission rate of A&E patients needing management of menorrhagia with anaemia by 50%. 
2. The length of inpatient stay by 50%. 

## Background

Prior to the implementation of the EDTU Menorrhagia pathway, patients presenting to A&E with menorrhagia and associated anaemia were required to be admitted to the wards for further monitoring and treatment.

After the transfer to ward, patients had to wait for a new medical team to assess them and for a Senior Doctor's review to establish a definitive management plan. This process resulted in **disjointed care and prolonged wait times for patients.**

### Pre-EDTU Patient Journey



## Team Members

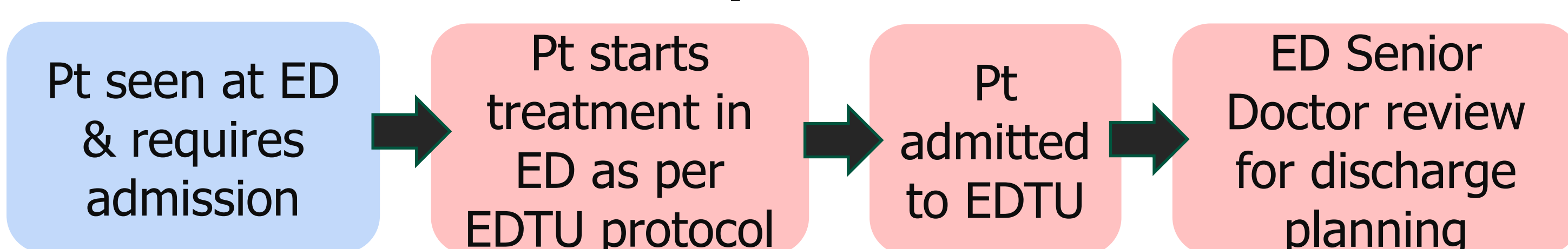
Name	Designation	Department
Ms. Rachel Yek	Nurse Clinician	A&E
Ms. Bernice Leong	Assistant Director	A&E
Ms. Kathleen Koh	Assistant Manager	A&E
Ms. Lai Xian Hui	Executive	A&E
Ms. Nur Ilyana Bte Mohamed Salleh	Senior Executive Assistant	A&E

## Interventions / Implementation

The EDTU Menorrhagia pathway was implemented on 1st March 2024 for patients presenting with heavy menstrual bleeding with anaemia (Hb <7g/dL, or <8g/dL in patients with Ischaemic heart disease (IHD) and statistical data were obtained until 31<sup>st</sup> January 2025.

<b>Inclusion criteria:</b>	>16 years old, not pregnant
<b>Exclusion criteria:</b>	Hb level <5g/dL, haemodynamic instability, other causes of anemia, significant co-morbidities

### Current EDTU Patient Journey



### Treatment

- Blood transfusion or intravenous iron injection (mild anemia symptoms), and/or
- Oral mefenamic acid, oral tranexamic acid or intramuscular progesterone (depending on the severity of menstrual bleeding)

### Discharge from EDTU

- Patients that are haemodynamically stable, with no adverse reactions to treatment(s) and improved anaemia could be discharged.
- On discharge, patients will be prescribed with oral mefenamic acid/tranexamic acid, with a referral to KKH Gynaecology clinic for follow up within 2-4 weeks.

## Onward 2026

### SP1: Assign Patients into Care Streams

Reduce rate of admission

Resources are right sited to right patient segment

Deployment of care model to meet patient segment needs

### Quality & Patient Safety / Operational Resilience / Staff Well-Being

Standard of care improved with the protocol in place

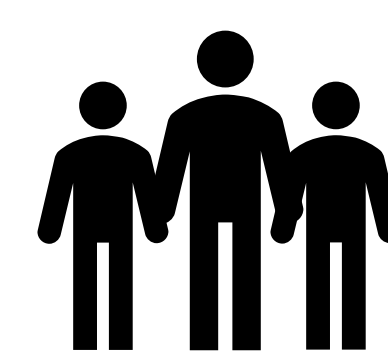
Regular audits were conducted to ensure compliance and identify areas for improvement

A&E staff's competency of the protocol were maintained through regular trainings.

Conducted regular review and feedback from staff to smoothen the execution of the protocol.

## Results & Outcomes

### 87% Reduction in Ward Admission



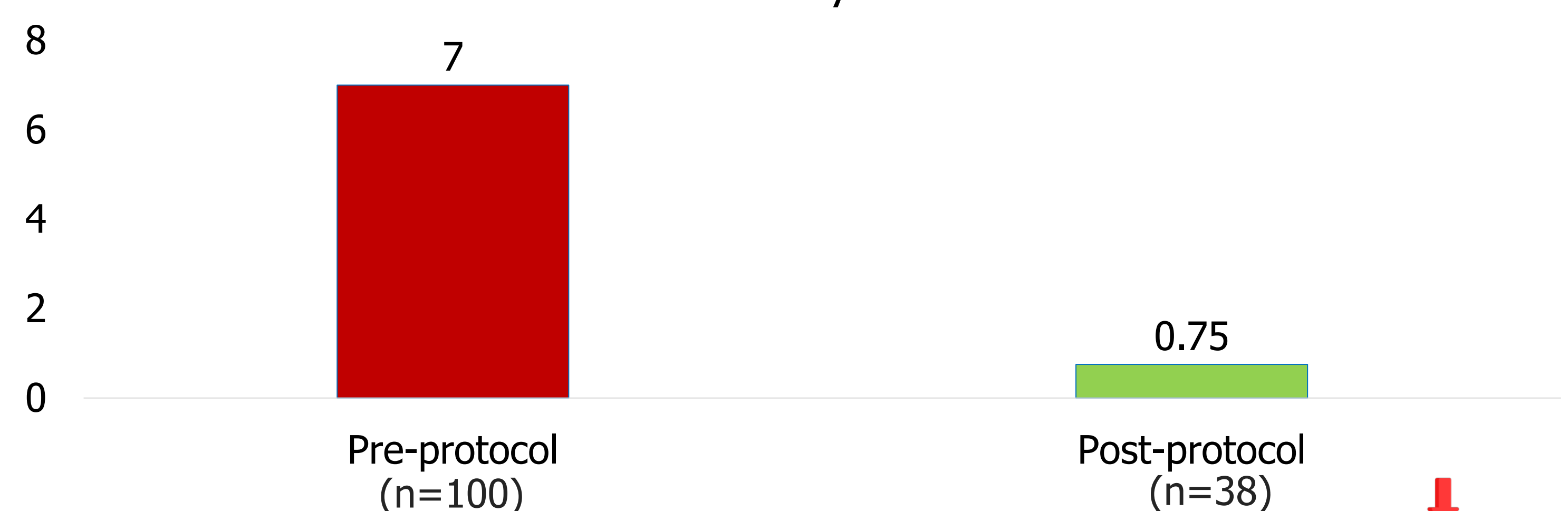
**38** patients were admitted to EDTU under the EDTU Menorrhagia Protocol during the pilot phase.

**33** patients were discharged home within 24 hours of EDTU admission (92%) with **no A&E readmission within a month for related complications.**

**5** patients were admitted to the wards from EDTU (13%).

### 90% Reduction in Average Length of Inpatient Stay

ALOS in ward (pre-protocol) vs. ALOS EDTU (post-protocol) in Days



### 231 Bed Days & \$462,000 saved with the EDTU Menorrhagia Protocol pilot

- Bed day savings = 7 (ALOS pre protocol) x 33 (patients discharged post protocol) = 231 bed days
- Bed day cost savings = 231 bed days x \$2000 (revised acute bed day cost) = \$462,000

## Conclusion

The implementation of the EDTU Menorrhagia pathway ensures that patients continue to receive care from the A&E team, facilitating the development of a quicker and more consistent management plan in accordance with established protocols.

This streamlined approach enhances the efficiency of our clinical teams, generates cost savings, and elevates the quality of care provided to this patient group.