

Improving safe use of the mirena coil in HRT

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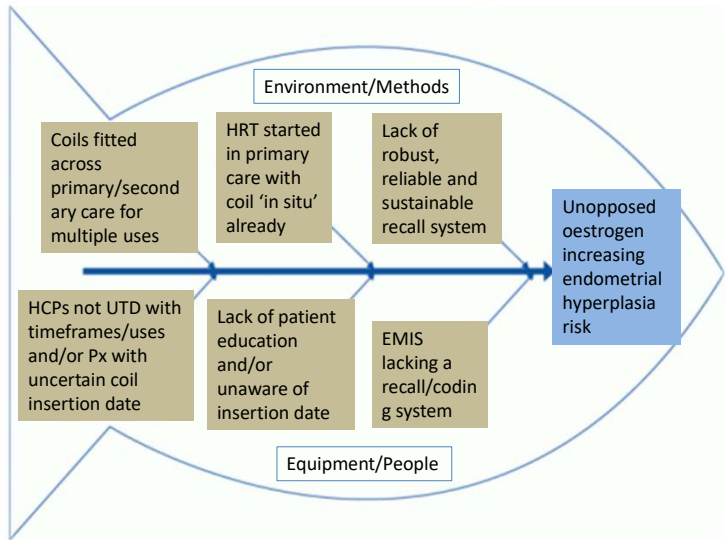


1 Background to the project

The mirena coil has many uses all with a different number of years licensing. To complicate matters, in the last year, the licensing timeframe has changed twice for contraception, however remains the same for HRT. The licensing (4 years) differs to FSRH timeframe approval for HRT (5 years).

I am a coil fitter at both my GP practice and a sexual health clinic giving me an interest in how the processes work at different sites. Neither have a 'Mirena Recall System' and given the increase in both use of mirenas and HRT in the last 10 years, choosing this area for a QIP felt important for patient safety and safe prescribing. At our practice numerous patients had been found to be receiving unopposed oestrogen due to their coils expiring for this indication. My aim is to make this improvement PCN wide by the end of 2024.

2 Understanding the current situation or problem

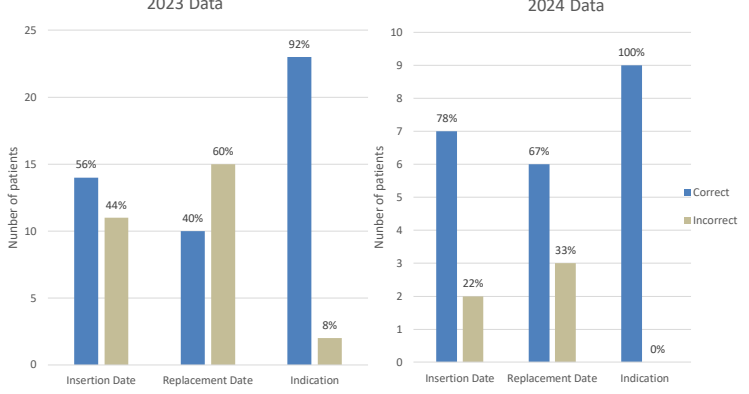


3 What are we trying to accomplish?

Correct use of mirena in HRT = replacement by 5 years 100% of the time	HCPs knowledge up to date	Good knowledge of different uses	HRT progesterone element 5 years
		Up to date electronic records	Contraception now 8 years
Improved patient education	Remembering fitting date	HRT reviews up to date	Coding when fitted in practice/externally
		Oestrogen Px has mirena fitting date on	Emphasise date/not losing mirena card
Awareness of other progesterone options	Knowing duration of use	Suggest adding to electronic diary	Replace IUS within 5 years
		Consider patch or utrogestan tablet	

4 How will we know that a change results in an improvement?

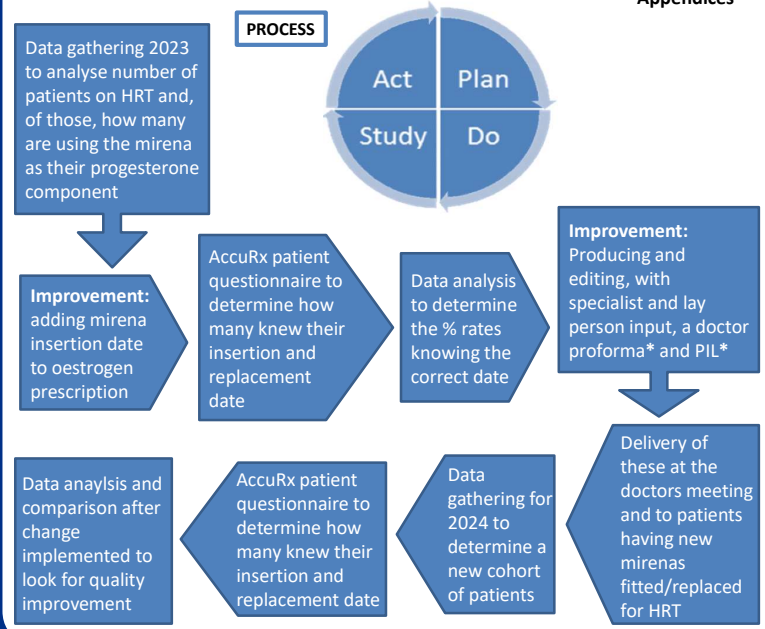
RESULTS Response Rate 2023 - 52% 2024 - 82%



- ✓ Over 20% improvement in patient knowledge of both insertion and replacement date
- ✓ Personalised PIL with mirena replacement dates added to be continually used in the future
- ✓ Engagement of practice staff to continually update oestrogen prescriptions and use information sheets
- ✓ Less patients found to be receiving unopposed oestrogen and needing urgent USS referrals
- ✓ Overall reduction in risk of endometrial hyperplasia/cancer for patients using HRT

5 What changes can we make that will result in improvement?

Plan: Assess the reason for patients receiving unopposed oestrogen and consider changes that could be implemented to avoid this risk
Do: Data analysis, prescription edits, create Patient Information Leaflet (PIL)* and Doctor Proforma* and implement use by discussing at practice meeting etc
Study: Further data analysis and review looking for a change in numbers after implementing new processes
Act: Alter these processes/add new ones in response to feedback/success and share with PCN/aim for sustainability



6 Key reflections, learning and next steps

Learning
 Focusing on QI only and not reverting to auditing has resulted in a successful QIP – hopefully sustainability will be achieved and patient risk reduced in this area

Extra QI for general HRT use as a result of project

- Oestrogen Px updated for all patients on HRT – oral progesterone or no progesterone required added to those not using mirena – to improve patient awareness and help safer EPS signing for doctors
- Review of oral oestrogen users ensuring recent discussion regarding higher risk of this compared to transdermal
- 1st Cohort sent PIL with mirena dates to ensure their benefit/patient safety from QIP

Reflection/Limiting Factors

- 2nd cohort smaller data size
- More recent fitting increases likelihood of patient remembering date
- Higher response rate

Next steps/Sustainability

- Doctor and patient sheets loaded to our practice protocol site for easy access/use
- Shared with PCN colleagues at board meeting 31st October for use elsewhere

BIGGER thinking!

- ? Communication between local coil fitting sites – sexual health clinics/GP/gynae
- ? National system for mirena recall
- ? Mirena manufacturers changing insertion cards/including new PIL in box