

Impact of previous gynecologic care and gynecology service consults on abnormal uterine bleeding follow-up

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Abstract

PURPOSE: This study aims to investigate whether patients who previously established gynecologic care at Loyola University Medical Center (LUMC) or who had a Gynecology Service consult in the ED were more likely to follow-up once discharged.

METHODS: A retrospective chart review was conducted examining patients presenting to LUMC ED with abnormal uterine bleeding (AUB) from 2014-2016. Patients with vaginal bleeding that was determined to be associated with pregnancy, the postpartum period, non-uterine sources, or a previously established cancer diagnosis were excluded from the chart review. Variables including previously established gynecologic care at LUMC, Gynecology Service consult performed in the ED, and follow-up with an LUMC gynecologist within 6 weeks of the ED visit were recorded. Analysis of these variables was performed to examine any trends between interactions with Loyola gynecology and follow-up rates.

RESULTS: A total of 452 unique LUMC ED patient visits for AUB were analyzed. Of these patients, 33.40% had previously established gynecologic care at LUMC, 20.35% received a Gynecology Service consult in the ED, and 31.86% followed-up with an LUMC gynecologist within 6 weeks of their ED visit.

Overall, 42.70% of patients had received previous care with Loyola Gynecology and/or received a Gynecology Service consult in the ED on the day of their visit. Of patients who had an encounter with LUMC Gynecology, either prior to or during their ED visit, 52.33% followed-up after discharge. Amongst patients with no previous LUMC Gynecology interaction, only 16.60% followed-up.

CONCLUSIONS: Patients who presented to LUMC ED with AUB were more likely to seek follow-up care if they had previously established gynecologic care and/or if they received a Gynecology Service consult in the ED. Gaining a greater understanding of the factors that influence whether a patient seeks follow-up care for AUB is crucial in improving healthcare continuity and patient outcomes.