



Human
Fertilisation &
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Authority

Achieving better clinical standards – best practice in OHSS

**Annual conference 2018
workshop**

Chairs: Yacoub Khalaf (morning session)
and Tony Rutherford (afternoon session)

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Audit of admissions coded for 'OHSS' in a single hospital trust

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OHSS management

- Often managed in general gynaecology setting
- Out-of-hours presentation
- Staff involved may not be familiar with fertility treatment and its complications
- Clear UK guidelines exist for management of OHSS (rcog.org.uk)
- However, these need to be 'translated' into locally-applicable guidance

Hospital Admission for OHSS

- In May 2017, the Daily Mail accused fertility clinics of a '***cover-up over the number of women developing a painful and potentially fatal side effect of IVF***'
- This accusation was based on the discrepancy between the number of cases of OHSS reported by clinics to the HFEA and the number of hospital admissions coded for OHSS, annually between 2010 and 2015

Hospital Admissions for 'OHSS'



THE NUMBERS GAP			
Cases of severe OHSS reported by clinics			
■ 2010	16	■ 2013	46
■ 2011	48	■ 2014	42
■ 2012	44	■ 2015	60
NHS hospital emergency admissions for OHSS			
■ 2010/11	691	■ 2013/14	744
■ 2011/12	841	■ 2014/15	774
■ 2012/13	701	■ 2015/16	836

- According to data obtained by the newspaper, between 2010 and 2015, there were 4,792 admissions for OHSS in the UK, while only 256 cases were reported to the HFEA during the same time period.

Aims of Audit

- To identify if there is a discrepancy between number of patients admitted in our Trust with a diagnosis of OHSS and the number of cases of OHSS reported to the HFEA by our clinic.
- To identify whether or not the clinic is meeting the standard for reporting cases of OHSS to the HFEA.

Standard – 100% cases should be reported as per requirements of CoP

HFEA requirement for reporting OHSS in current Code of Practice

- An 'adverse incident' is any event, circumstance, activity or action which has caused, or has been identified as potentially causing harm, loss or damage to patients, their embryos and/or gametes, or to staff or a licensed centre. This includes serious adverse events, serious adverse reactions, breaches of confidentiality, anomalies or deficiencies in the obtaining or recording of consent, ***and ovarian hyperstimulation syndrome (OHSS) which requires a hospital admission and has a severity grading of severe or critical.***

Methods

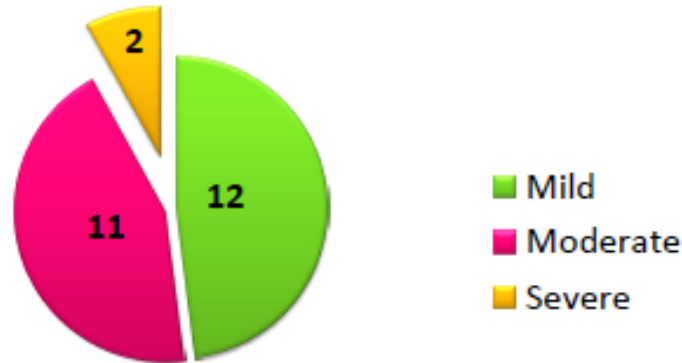
All emergency attendances and admissions coded for OHSS (ICD-10 code N98.1) between 1st January 2016 and 31st December 2016 were identified from the hospital coding database.

Paper notes and electronic medical records were reviewed by two authors independently, using a proforma to extract data and establish the correct diagnosis.

If OHSS was identified, it was classified based on the RCOG classification as mild, moderate, severe or critical (2).

The quality management system of the unit was interrogated to identify OHSS-related incident reports to the HFEA.

Results



- Following review, OHSS remained the correct diagnosis in 25 admissions, of which 12 were mild, 11 moderate and 2 severe.

- The remaining admissions were incorrectly coded; appropriate diagnoses included hyperemesis gravidarum, pancreatitis, cholecystitis, Pelvic Inflammatory Disease and post-oocyte retrieval pain.

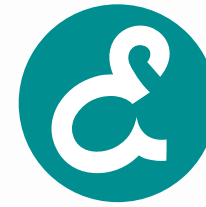
- In the same period 1 case of severe OHSS was reported to HFEA from our unit.

Discussion

- A weakness of this audit is that we did not look at admissions to other Trusts in our catchment area
- However, this single site audit did not find evidence of systemic under-reporting of OHSS
- Further work over a larger number of hospital trusts and a longer period of time may show different results
- The NHS coding system does not appear to be a reliable method of identifying cases of OHSS

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OHSS proforma

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15 March 2018

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Current work with OHSS

Review information in the Code of Practice. Clinics will be required to report **all** severe and critical cases of OHSS (irrespective of whether or not they involved a hospital admission).

Provide clearer guidance to clinics to encourage patients to report 'out of area' cases of OHSS.

The form was developed with input from the RCOG, BFS and other experts in this area.

HFEA will collect this data. It will then be analysed by an expert to produce papers re prevention strategies.

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Patient follow ups

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Discussion and questions

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