

Multidisciplinary care for women with inherited bleeding disorders: Virtual made real

Thibeault C, Crochetière C, David M, Francoeur D, Rivard GE, Winikoff R.
 Women and bleeding disorders program, CHU Sainte-Justine, Montreal, Quebec, Canada.

Introduction

In the last decades, the number of women followed in hemophilia treatment centers is constantly increasing, in part due to the rising awareness of bleeding disorders as a cause of abnormal uterine bleeding.^[2] This increase can be a burden on the available resources, every center must find the most efficient way to organize multidisciplinary care for these women. Standards of care for the management of women with inherited bleeding disorders have been published.^[1,2,5,6] The multidisciplinary care is often limited by restrictions regarding physical space, physicians' schedules and on-site availability of specialists. Canada is a vast country, of which the territory includes several remote areas. Hospitals in isolated regions often lack medical specialists who are able to treat and manage women with inherited bleeding disorders. These limitations shouldn't affect the access of care for this clientele.

Objectives

Evaluate the multidisciplinary care for women with inherited bleeding disorders across Canada.

Measure the satisfaction of health care professionals in multidisciplinary teams caring for women with inherited bleeding disorders.

Promote the use of current technology to improve the management of women affected by inherited bleeding disorders who live in remote areas.

Method

A questionnaire was conceived and addressed to all the nurse coordinators in the hemophilia treatment centers in Canada. The questionnaire was sent by e-mail and could be returned by fax or by e-mail. The response rate was 52%.

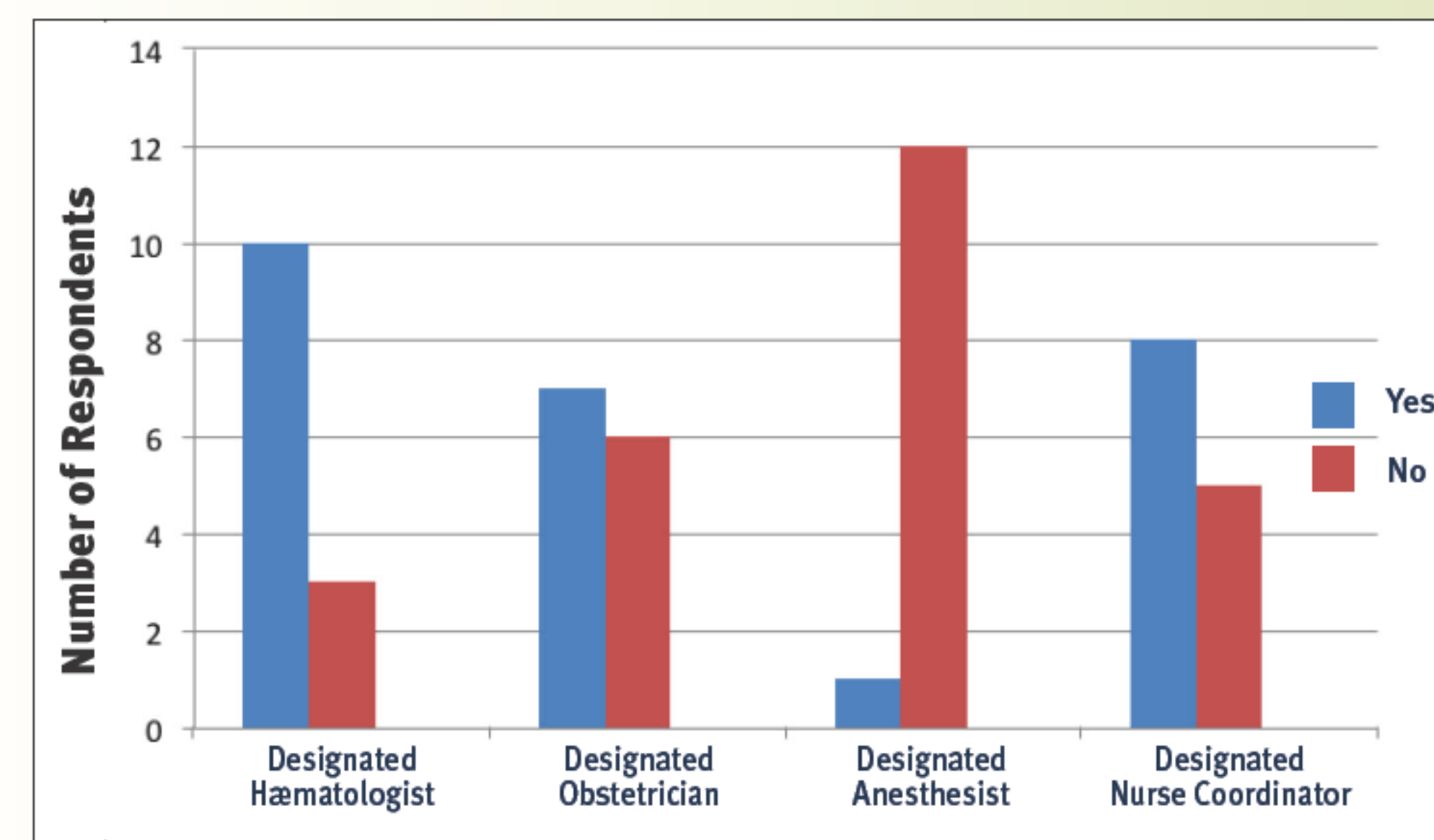
The questionnaire addressed quantitative issues such as: Involved specialists; specialized care delivered by the health care center; access to videoconferencing; the organization of their multidisciplinary care (patient assessment, multidisciplinary meetings for discussion of complex cases), and qualitative issues such as: satisfaction regarding communication; confidence; implication; management within the multidisciplinary team. Completed questionnaires remained confidential.

Results

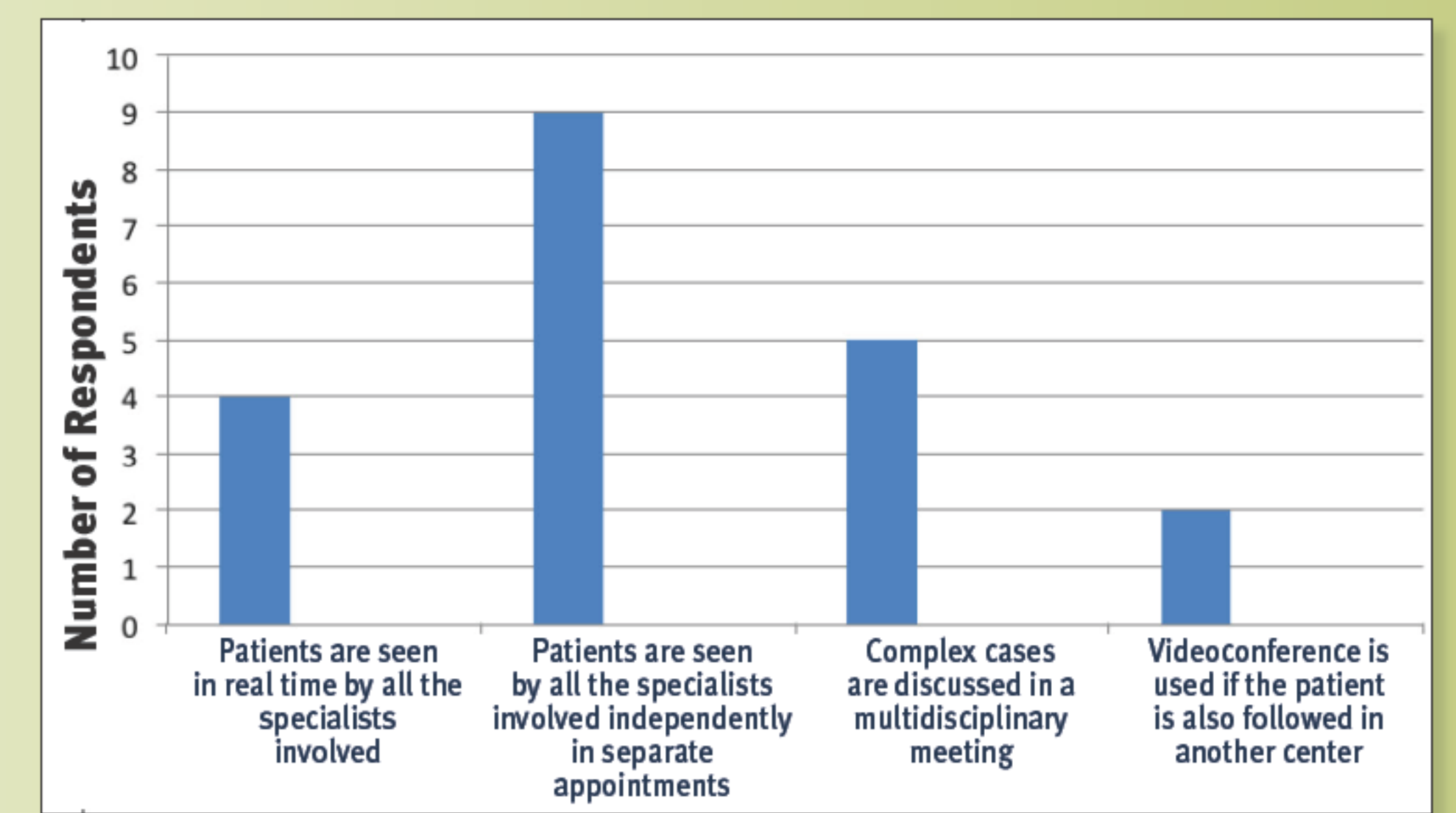
From these results, we notice that not all the hemophilia treatment centers in Canada have a multidisciplinary setting for the management of women with inherited bleeding disorders. Where such programs exist, the multidisciplinary care services are mostly organized with patients who are seen independently in separate appointments. Many centers use multidisciplinary discussion for complex cases, but a few of them use videoconference to share expertise with other health care centers.

More than 50 % of the nurse coordinators reported they were very satisfied regarding the management of women with inherited bleeding disorders by their multidisciplinary team. Nurses also reported they were very satisfied in terms of communication, confidence and implication of their multidisciplinary team.

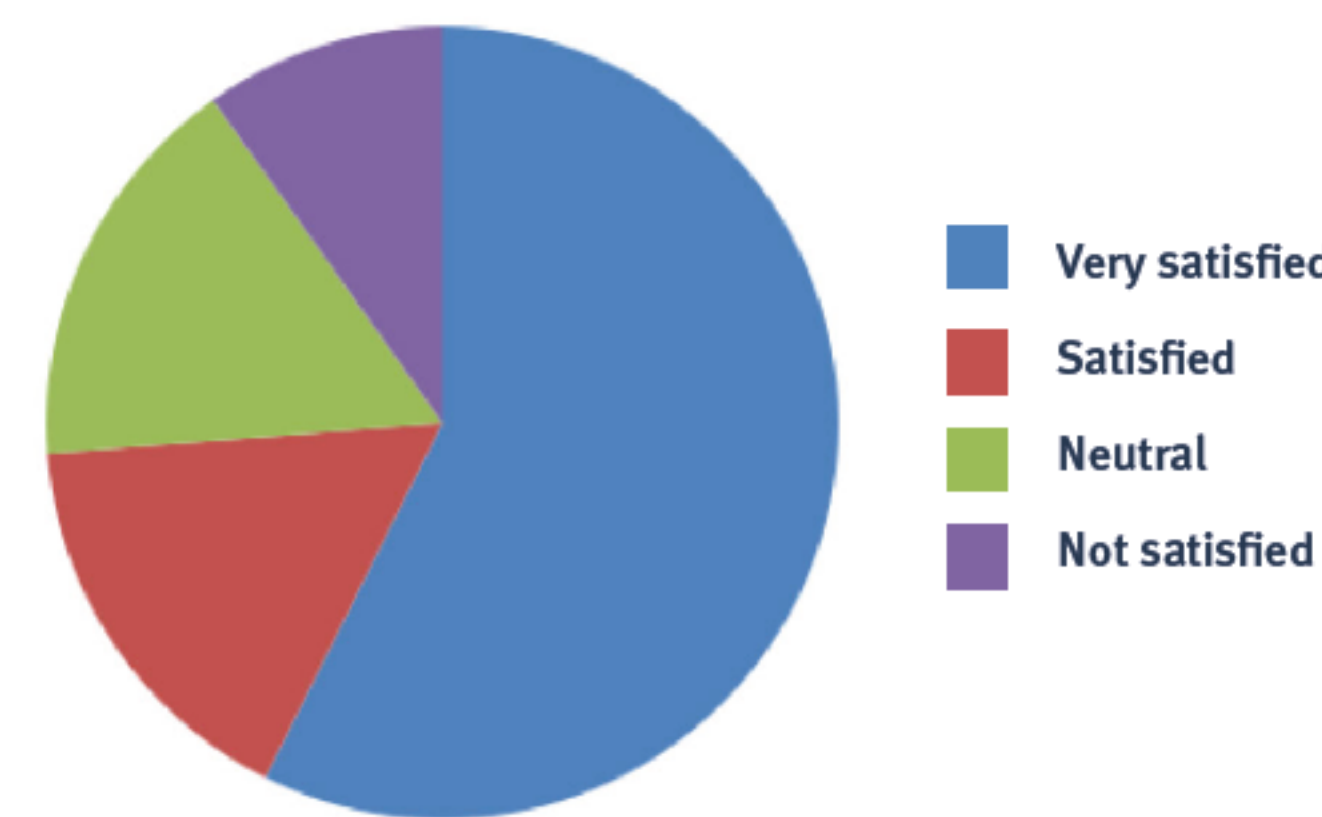
For women known to have an inherited bleeding disorder, does your treatment center have:



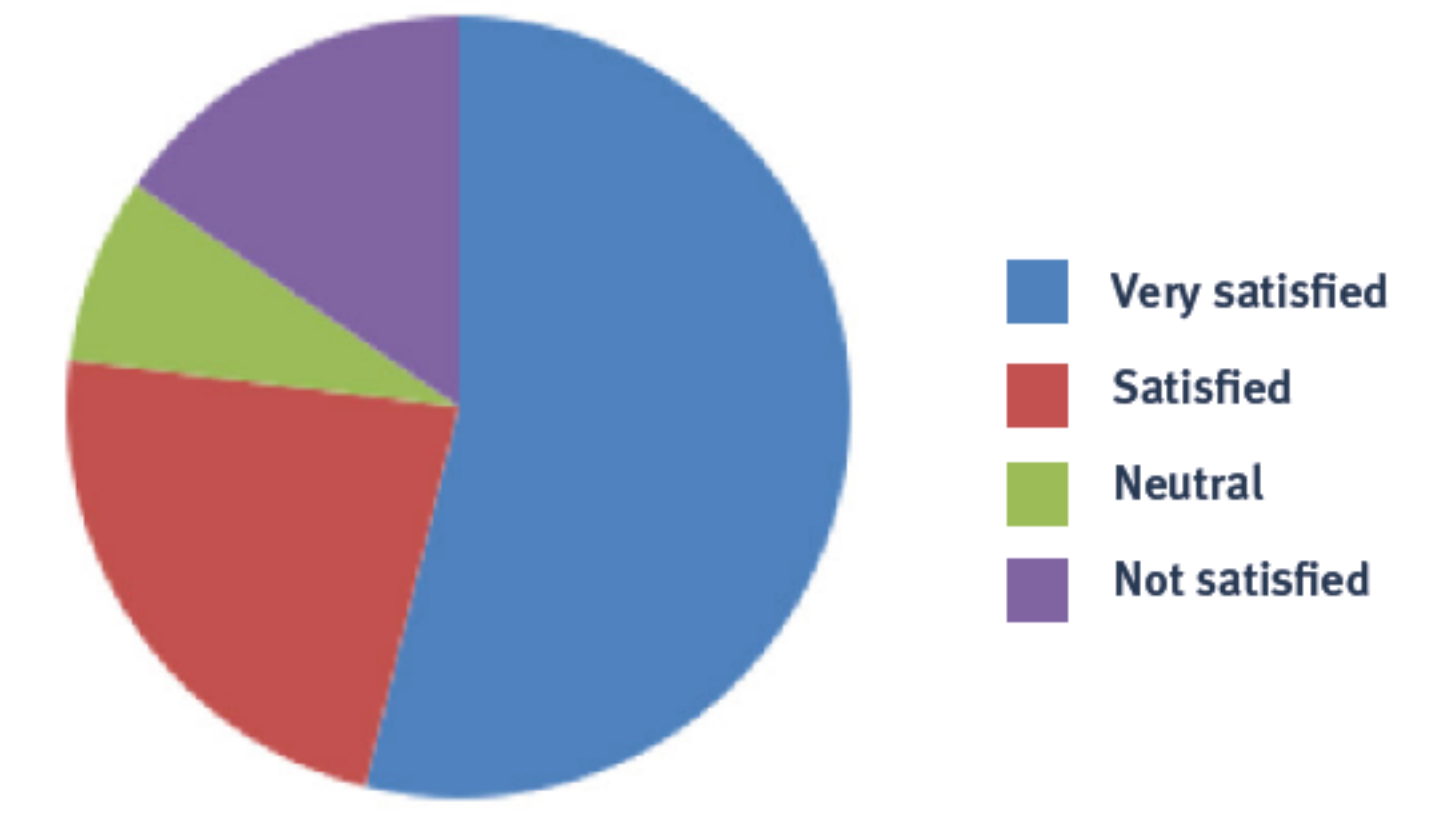
How is your multidisciplinary care services organized ?



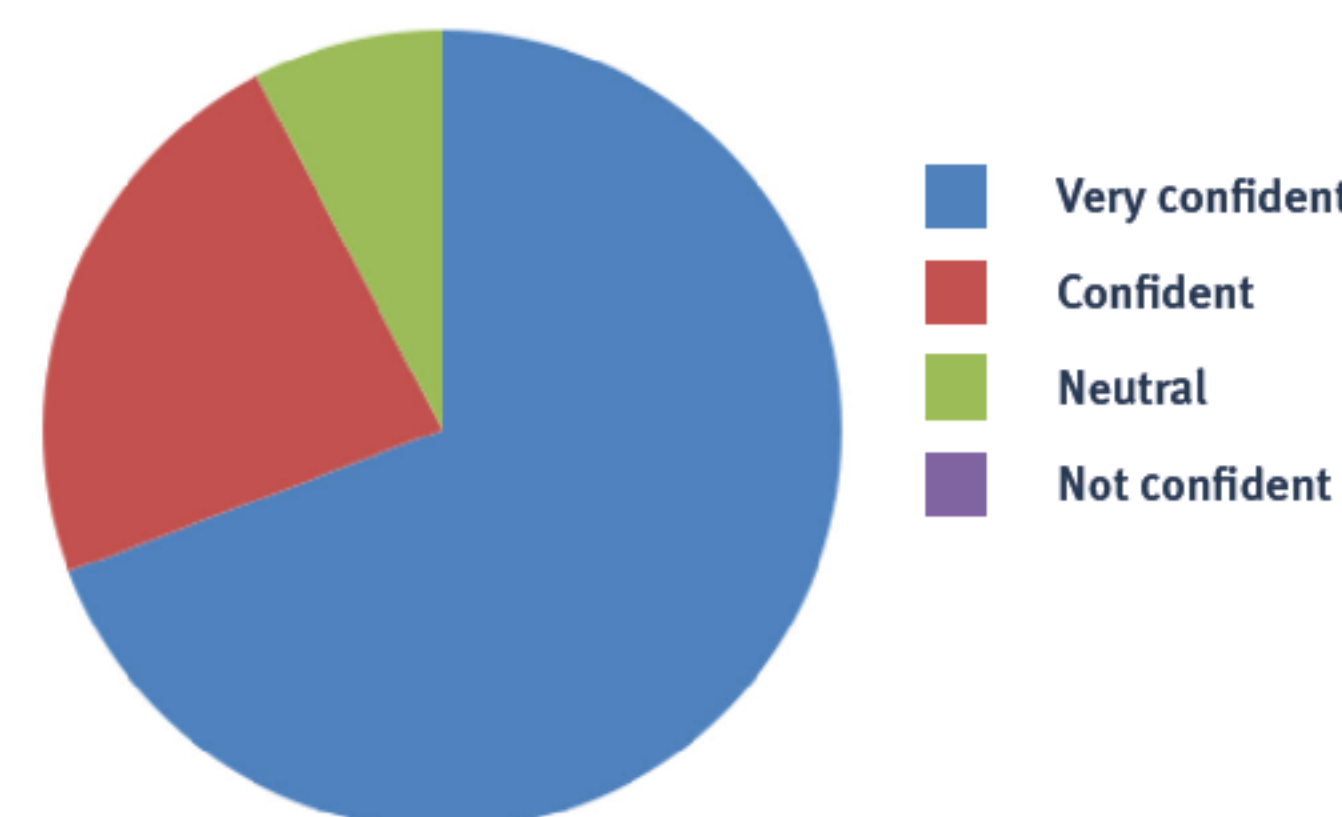
In general, are you satisfied with the management of women affected by inherited bleeding disorder in your center?



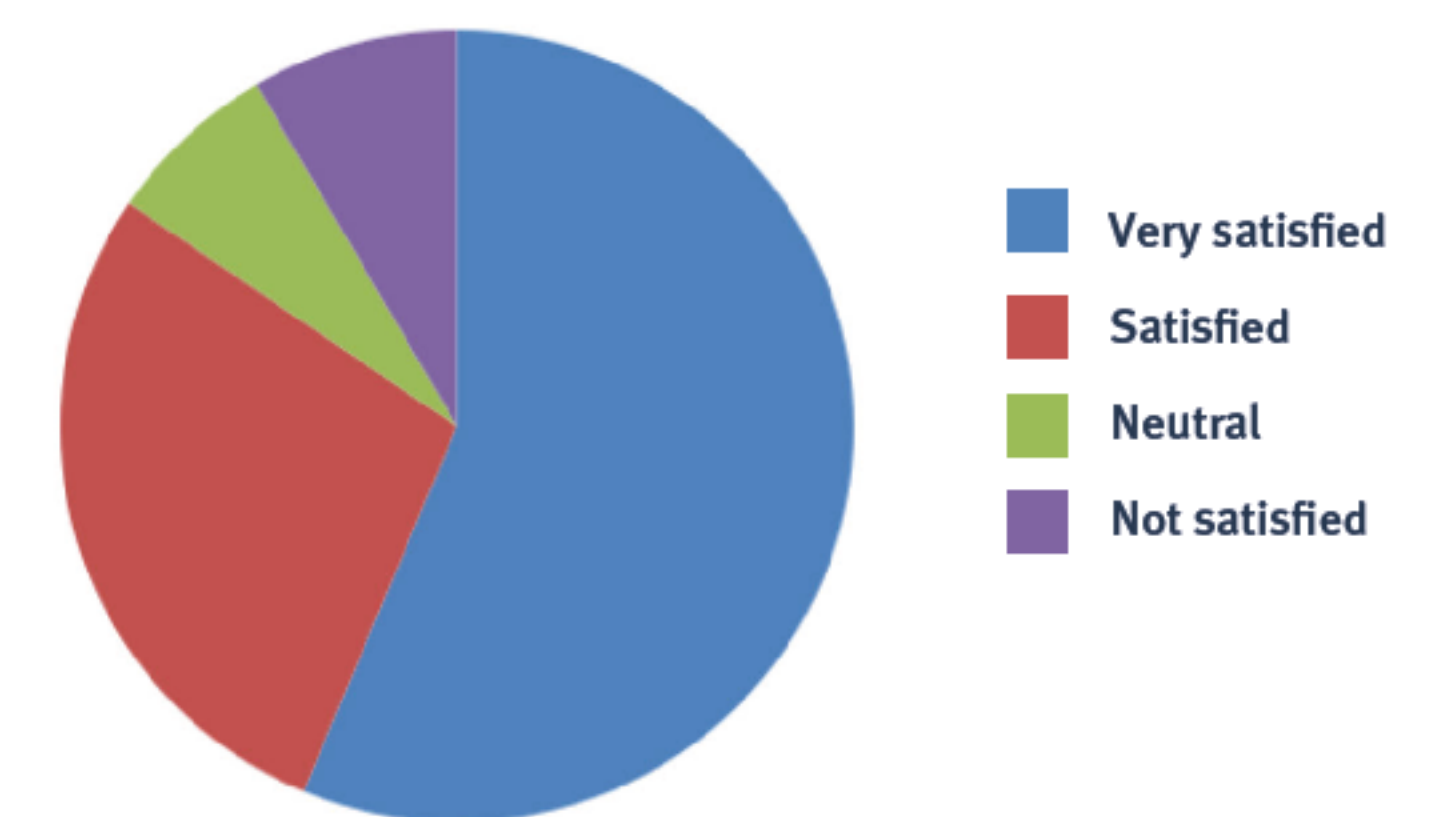
Are you satisfied with the communication between your team members?



What is your level of confidence towards your multidisciplinary team?



Are you satisfied with the implication of each team member in your interdisciplinary team?



Conclusion

Expert opinions agree that the contribution of at least a haematologist, an obstetrician, an anesthetist and a nurse coordinator should govern the multidisciplinary care for the management of women with inherited bleeding disorders. Lack of resources and time can be challenging to achieve the published standards of care.

Multidisciplinary care for women with inherited bleeding disorders should remain a priority for hemophilia treatment centers. Further efforts need to be planned to help the health care centers located in isolated areas. Professionals based in remote health care centers should benefit from the expertise of specialists from the hemophilia treatment centers in order to manage or refer women with bleeding disorders.

Multidisciplinary discussion using virtual technology such as videoconference can represent an efficient way to share expertise. Indeed, virtual multidisciplinary care allows the contribution of each discipline and promotes access for women to receive appropriate care for their condition. One of the essential roles of the nurse coordinator is to facilitate communication between health care professionals. Therefore, by coordinating videoconferences allowing other centers to participate and share expertise for the benefit of women affected by inherited bleeding disorders, the nurse coordinator will be an essential component to facilitate communication within this multidisciplinary approach.

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