

A multidisciplinary clinic for women with bleeding disorders: The administration perspective

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INTRODUCTION AND OBJECTIVE

Women with bleeding disorders commonly experience diminished quality of life and disability during their reproductive years due to heavy menstrual bleeding. Many of these women require a multidisciplinary approach to achieve adequate hemostatic control.

In 2014, we developed a Multidisciplinary Clinic for Women with Bleeding Disorder (MCWBD) at St. Michael's Hospital, Toronto, Canada. The fourth clinic of its kind in Canada.

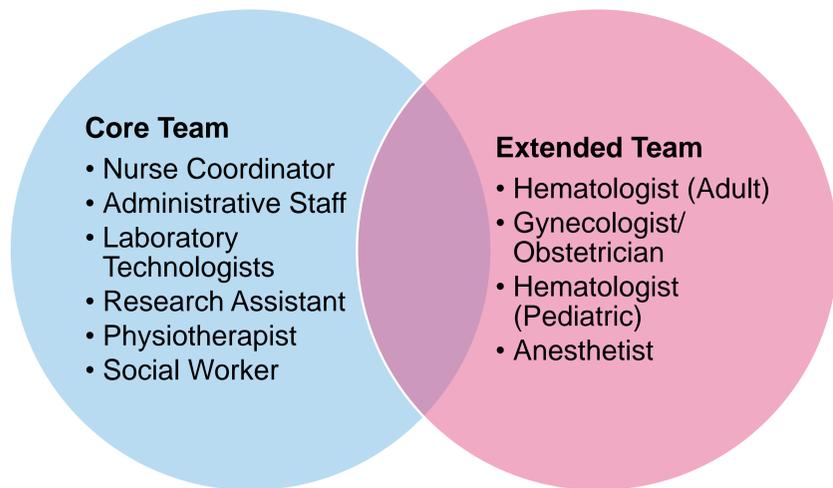
The vision of the **MCWBD** was to physically place the hematologic and obstetrical/gynecological specialties together to improve efficiency, comprehensiveness, and quality of care. The addition of pediatric hematology and anesthesia offered further opportunity for collaborative and streamlined delivery of care.

Since the establishment of this clinic, the multidisciplinary team works together to provide: assessment, treatment, support and education to women with bleeding disorders.

The clinic is convenient and efficient for patients; it represents a "one-stop care" concept.

METHODS AND MATERIALS

The administrative undertaking required to successfully organize a multidisciplinary clinic with 4 medical subspecialties is cumbersome and multifaceted.



Taking an idea from conception to implementation involved a number of components and steps:

1

- Develop the Vision and Plan
- Obtain Staff Commitment
- Obtain Hospital Support

2

- Meeting Finance, Scheduling Team
- Coordinating Scheduling Logistics
- Create Patient flow template
- Generate Clinic List for Team Review

3

- Organize Pre clinic meeting for Patient Review
- Meeting with patient
- Tracking Patient Care Outcomes

4

- Future Marketing
- Database Formation and Data Collection



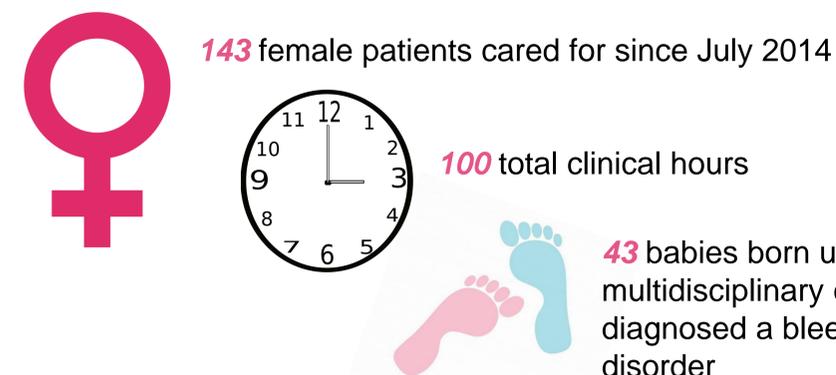
Multidisciplinary Clinic
for Women with
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RESULTS

Twenty-five clinics have been held since July 2014. The clinic has treated more than 143 patients with heterozygous hemophilia A and B, VWD, and rare inherited bleeding disorders in over 100 clinical hours. The clinic has supported numerous pregnant women and seen the arrival of 43 babies.

Patients are now able to see multiple healthcare providers in one place, reducing the burden of numerous appointments and improving the coordination of care at St. Michael's Hospital and external hospitals.

The clerical role remains crucial to the successful implementation of monthly clinics and team meetings.



SUMMARY AND CONCLUSION

The multidisciplinary team has effected a major improvement in the management of patients with complex healthcare needs.

The improvement is the result of the comprehensive nature of this clinic and the enhanced communication between health care providers and patients. The intense administrative oversight and coordination has been essential for its success.

ACKNOWLEDGEMENTS

The **MCWBD** would like to acknowledge the hard work and dedication of all core team members, commitment from the consultation team, and support of the St. Michael's hospital administration. All of whom have contributed to the success of the **MCWBD** and for all the patients who benefit from their expertise.



Poster Presented at: