Background.

The NSF for long term conditions (2005) states *people with long term neurological conditions are to have their specific neurological needs met while receiving treatment or care for other reasons in any health or social care setting*.

People living in Cambridgeshire with MS are admitted frequently to Addenbrookes hospital. Often these admissions and discharges happened without the MS nurses on site being aware of them. Valuable opportunities to provide episodes of focused care, to act as advocates or to be involved early in discharge planning were missed. Traditionally, the MS team of nurses had to rely on busy ward staff, family or friends to alert the team to the presence of a patient with MS in the hospital. It was an unsatisfactory system and frustrating for all.

HELLO ?   IS ANYBODY THERE ?
In-patient alert system for patients with MS

History of alert systems.

In patient alert systems were started in A&E depts to highlight patients with special requirements to staff. Patients names would be added to special registers many of which became national registers such as the child protection register, the domestic abuse register and infectious disease register. Hospitals often went on to develop their own registers for specific patients such as those receiving chemotherapy and those with severe allergies. Research from a year long trial (Hoe Hoe J *et al* 2010;14) demonstrated that computerised in-patient alert systems reduced time intervals significantly from A&E arrival to evaluation (dubbed door-to-needle time).
It helped to facilitate swift, efficient communication allowing a more cohesive, organised team approach to patient care.

Aim.

The aim of the project was to improve equal access to all patients with MS admitted to the hospital removing previous inconsistencies. It was important to capture all patients with a diagnosis of MS whether it was those receiving DMT treatments or those from the community with progressing and advanced MS.
From the start, our priority was to have a very visual alert system so newly admitted patients with MS could be seen "at a glance"
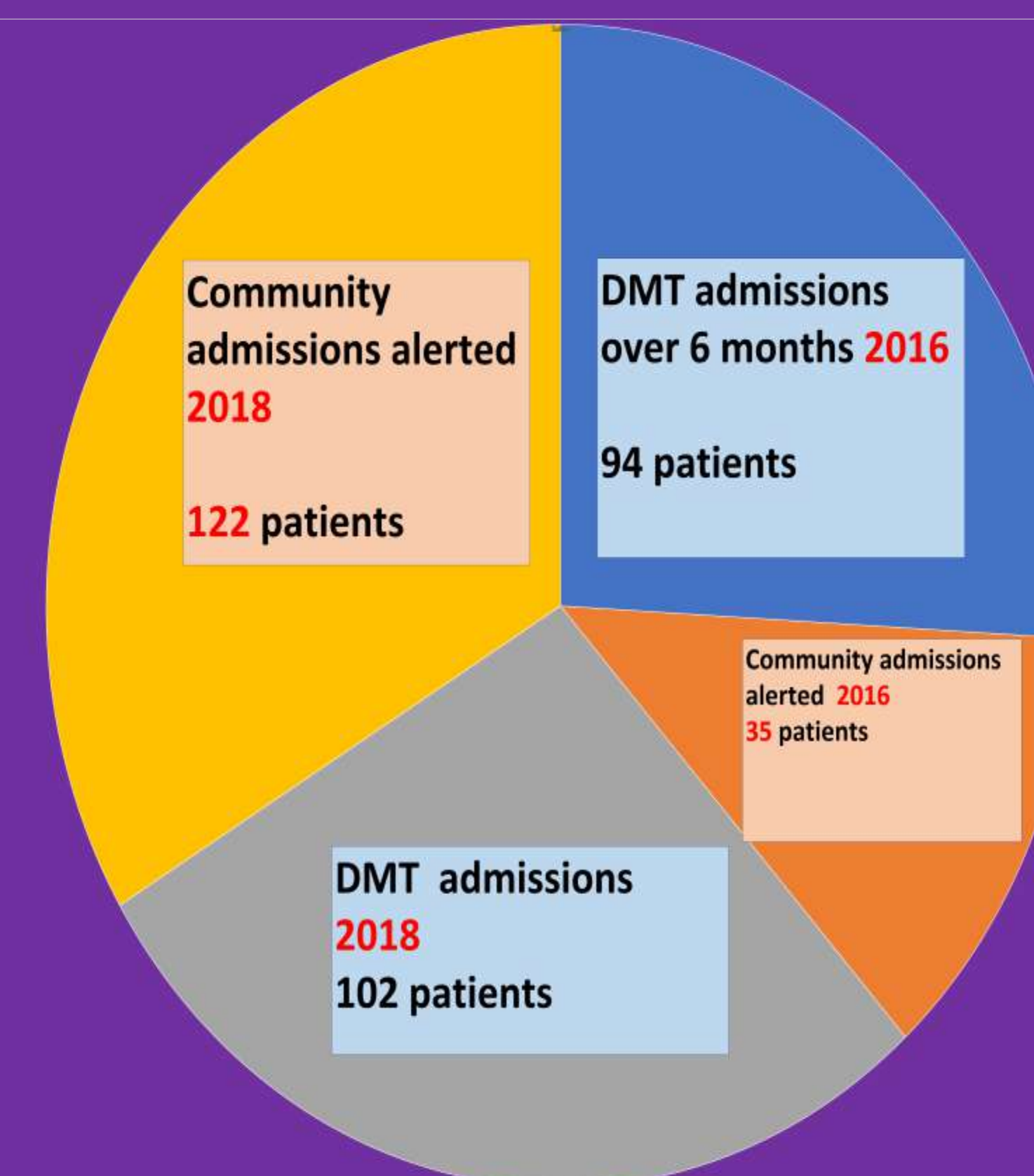
Barriers.

- Anxiety within the team that it would add more work to the daily schedule.
- Concerns about our ability to respond to perceived increased workload.
- What implication the information collected might have.
- Difficulties getting the IT department to take it on and see it as a priority. There were long delays from conception of the idea to execution of the project and it was important to be persistent.

West Suffolk hospital.
- Informed via System one
- Informed by consultants.

PETERBOROUGH Hospital.
- Relies on MS nurse checking the inpatient register. There is a visual MS specific icon.
- Receives emails, phone calls from wards.

What **alert systems** are used in **neighbouring** hospitals

Norfolk and Norwich hospital
. MS nurses access daily reports from Patient Administration system (PAS) but it does rely on somebody inputting the information so an alert can be seen.

Hinchingbrooke Hospital
- Community MS Specialist nurse notified via a 999 alert or through an out of hours record both visible on System one.

Method

- Discussed with IT technician broad ideas as to what kind of alert system was wanted.
- Narrowed ideas down to **an on-screen visual aid** that all staff could see on their individual log-in screen.
- The **alert** shows patient name, DOB, date of admission, current place of care in hospital, diagnosis.
- The system was tested for a period of 2 weeks by the technician and then by the team for a period of 4 weeks after which it went live and is used daily.
  - .

Comparison of MS Inpatient alerts 2016 to 2018 over same 6 month period

Community admissions alerted 2018
122 patients

DMT admissions over 6 months **2016**
94 patients

Community admissions alerted **2016**
35 patients

DMT admissions **2018**
102 patients

Benefits of alert system to management.

Previously MS nurses were aware of on average 6 MS patients admissions a week before alert system in place. Now all MS admissions are recorded and team aware of 12 on average.
Data in the future can be used to look at frequent attenders, average length of stay in hospital, delayed discharges and capture reasons for admissions.
They system could be extended for use to collect data for other patients with neurological conditions.

Benefits of alert system to team.

- Initial anxieties of team allayed as positive effects of system became apparent.
- Instead of work load increasing it became more efficient.
- Triaging of MS patients became much better. The most acute were highlighted and visited on ward.
- Prioritising community visits post discharge patients could be arranged in a more timely way.

Patient feedback and Comments 100% positive.

"Warm, friendly"
"Saw a familiar face"
"Understands me and my condition"

"Knowledgeable"
"Seen quickly following admission"

"Nice to know someone is on my side who understands the disease. She spoke to other staff on the ward for me "

"Wish they had an alert system when I was there. Nobody understands MS like the specialist nurses do"

"Felt listened to"
"Supportive"

Conclusion

In-patient alert system met the aims set out from the start:
- It is a quick and easy system to use.
- It now provides equal access in a timely manner to all those admitted with a diagnosis of MS to an MS specialist nurse.
- It allows us to carry out focused episodes of care enhancing patient experience. Management plans can be created an in-patient which aim to avoid repeat admissions.
- Local community MS nurses are now alerted to a recent admission from their caseloads

Happy Patients = Successful Practice

References
1) Department of Health. The national service framework for long-term conditions. www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/ PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4105361&chk=jJ7dri (accessed 15th August 2018).
2) Hoe and Hoe *et al* A Computerized In-Hospital Alert System for Thrombolysis in Acute Stroke Print ISSN: 0039-2499. Online ISSN: 1524-4628 Copyright © 2010 American Heart Association, Inc. All rights reserved. Stroke is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231 doi: 10.1161/STROKEAHA.110.583591 Stroke. 2010;41:1978-1983; originally published online July 22, 2010;(Accessed 15th August 2018)