OptiMiSe
Patient-centric management in MS

OptiMiSe Outcomes Audit:
pilot findings of a care delivery outcomes assessment in the OptiMiSe community

Sarah White[1]*, Deborah Burrage[2], Gail Clayton[3]*, Emma Matthews[4]*, Rachel Morrison[5]*, Denise Owen[6]*, Del Thomas[7]*, Karen Vernon[8]*

1. St George's University Hospital NHS Foundation Trust; 2. Lucid Group; 3. Cardiff & Vale University Health Board; 4. Northampton General Hospital NHS Trust;
5. NHS Western Isles; 6. North Bristol NHS Trust; 7. Wye Valley NHS Trust; 8. Salford Royal NHS Foundation Trust; *OptiMiSe for MS nurses Steering Committee

● Background and introduction

- The OptiMiSe programme has been designed by nurses, for nurses, with the ultimate goal of advancing quality of care outcomes for people with multiple sclerosis (MS)
- Education is delivered through meetings with a personalised reflective learning design, and ongoing tailored support, to help nurses and their multidisciplinary teams (MDTs) to make changes in their own practice and wider service
- OptiMiSe addresses priority areas identified by the expert nurse Steering Committee: patient-centric care; evidence-based patient management; safe, appropriate use of treatments; and multidisciplinary care and nurse leadership
- A guiding principle of the OptiMiSe programme is that the education and support provided must result in measurable improvements for the participating nurses
- In 2017–18, the programme follow-up was augmented with an 'Outcomes Audit', which was piloted to assess quality of care outcomes in the OptiMiSe community, including adherence to relevant NICE guidance[1] and non-elective hospital admissions[2]
  - Non-elective hospital admissions can be a costly consequence of gaps in care for people with MS. Reductions in these costs attributable to changes made following OptiMiSe programme education could be useful for nurses needing to justify study leave to attend OptiMiSe events in future
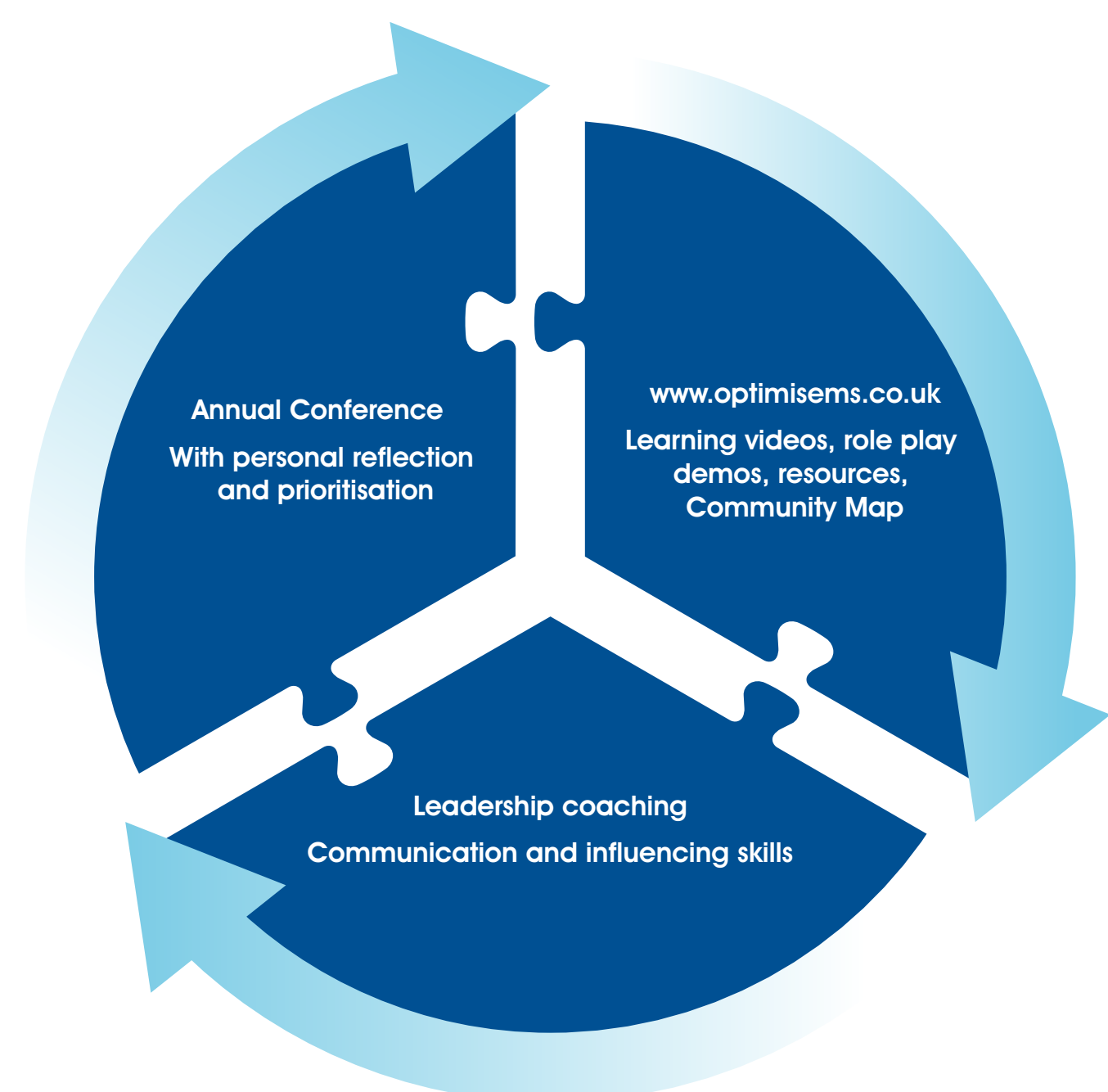
● Methods

OptiMiSe education: reflective learning and action planning
- At the 2017 OptiMiSe Annual Conferences in London (April) and Leeds (May), nurses attended sessions comprised of plenary presentations, interactive workshops and peer-to-peer exchange **(Box 1)**; covering the following topics:
  - Multidisciplinary patient assessments and annual review
  - Patient-centric consultation techniques
  - Evaluating the right treatment for the right patient
  - Service redesign and action planning (supported by the MS Trust)
- At the end of each session, nurses completed a 'Reflection Template', outlining how the session was relevant to an issue that they faced in their practice, how serious the issue was, and how they planned to apply their learning
  - Nurses were asked to select their priority change and hand in the relevant Reflection Template at the end of the meeting, to be posted back to them as a reminder
- After the conferences, nurses had the opportunity to access an educational website (www.optimisems.co.uk) containing concise learning videos, role play demonstrations, downloadable presentations and useful resources, as well as the Community Map – a virtual map of MS nurses in the UK to connect with for advice, by topic
- Nurses planning service changes also had the opportunity to attend a leadership training day **(Figure 1)**

Box 1. OptiMiSe 2017 Annual Conferences

Figure 1. OptiMiSe programme components 2017 / 18

Outcomes Audit – care delivery outcomes

- An Outcomes Audit survey was designed to provide a robust, quantitative assessment of care delivery by nurses taking part in the OptiMiSe programme, and their services
- The baseline Outcomes Audit was completed by nurses at one of the two 2017 OptiMiSe Annual Conferences
- Nurses were given the opportunity to complete the Outcomes Audit for the follow-up online (December 2017) and at the 2018 Annual Conferences in London (April) and Glasgow (May)
  - Nurses were not given access to their baseline audits when completing their follow-up, to avoid creating any unconscious bias
- Nurses who provided data on non-elective hospital admissions for baseline and follow-up were provided with a report on the cost impact of these admissions, according to NICE[2]

● Results

- The baseline Outcomes Audit was completed by 37 nurses. Of these nurses, 16 completed the follow-up (43%)
- Although based on a small sample size, comparison of follow-up versus baseline audit results have revealed some interesting observations:

Multidisciplinary patient assessments and annual reviews
- There was a 200% relative (14% absolute) increase in the number of nurses who have 81%–100% of their patient caseload reviewed by an MDT (n=14) **(Figure 2, panel A)**
  - Patient awareness that their single point of contact for coordinating MDT care is their MS nurse remained unchanged at 100% (n=14) **(Figure 2, panel A)**
- A 31% relative (17% absolute) increase in the proportion of patients with an annual review scheduled (n=12) was observed **(Figure 2, panel A)**
- There was an 8% relative (7% absolute) reduction in the number of nurses who reported having an MDT in place to advise on patient care (n=15) **(Figure 2, panel A)**

Service redesign and action planning
- There was a 25% relative (13% absolute) increase in the number of nurses reporting that their services had been, at least in part, audited (n=16) **(Figure 2, panel B)**
  - Similarly, there was a 29% relative (13% absolute) increase in the number of nurses reporting that they know how to obtain permission from their Trust or Health Board to use patient tools or surveys (n=16) **(Figure 2, panel B)**
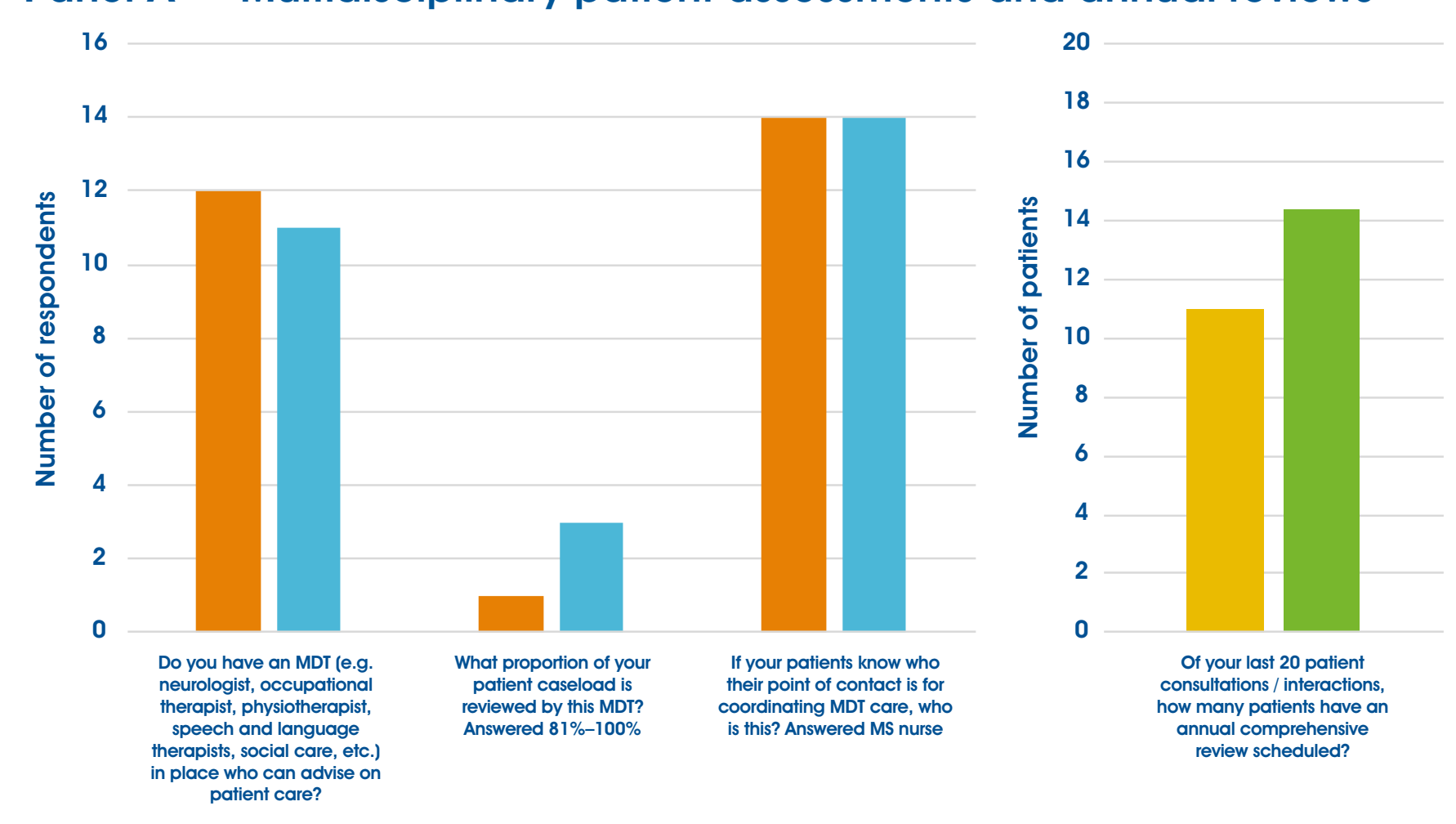
Patient-centric consultations
- There was a 43% relative (21% absolute) increase in the number of nurses able to effectively or very effectively elicit patient factors to help them arrive at an agreed care or management plan (n=14) **(Figure 2, panel C)**
  - Similarly, there was a 31% relative (17% absolute) increase in the proportion of patients who left consultations / interactions understanding that they had a documented care / management plan (n=12) **(Figure 2, panel C)**

Non-elective hospital admissions
- There was a 67% relative and 31% absolute increase in the number of nurses knowing how to find out how many of their patients had a non-elective hospital admission (n=13) **(Figure 2, panel D)**
- Three nurses provided numbers of non-elective hospital admissions for baseline and follow-up. An excerpt of the savings calculation in one nurse's personalised report is shown in **Box 2**

Figure 2. OptiMiSe Outcomes Audit pilot results

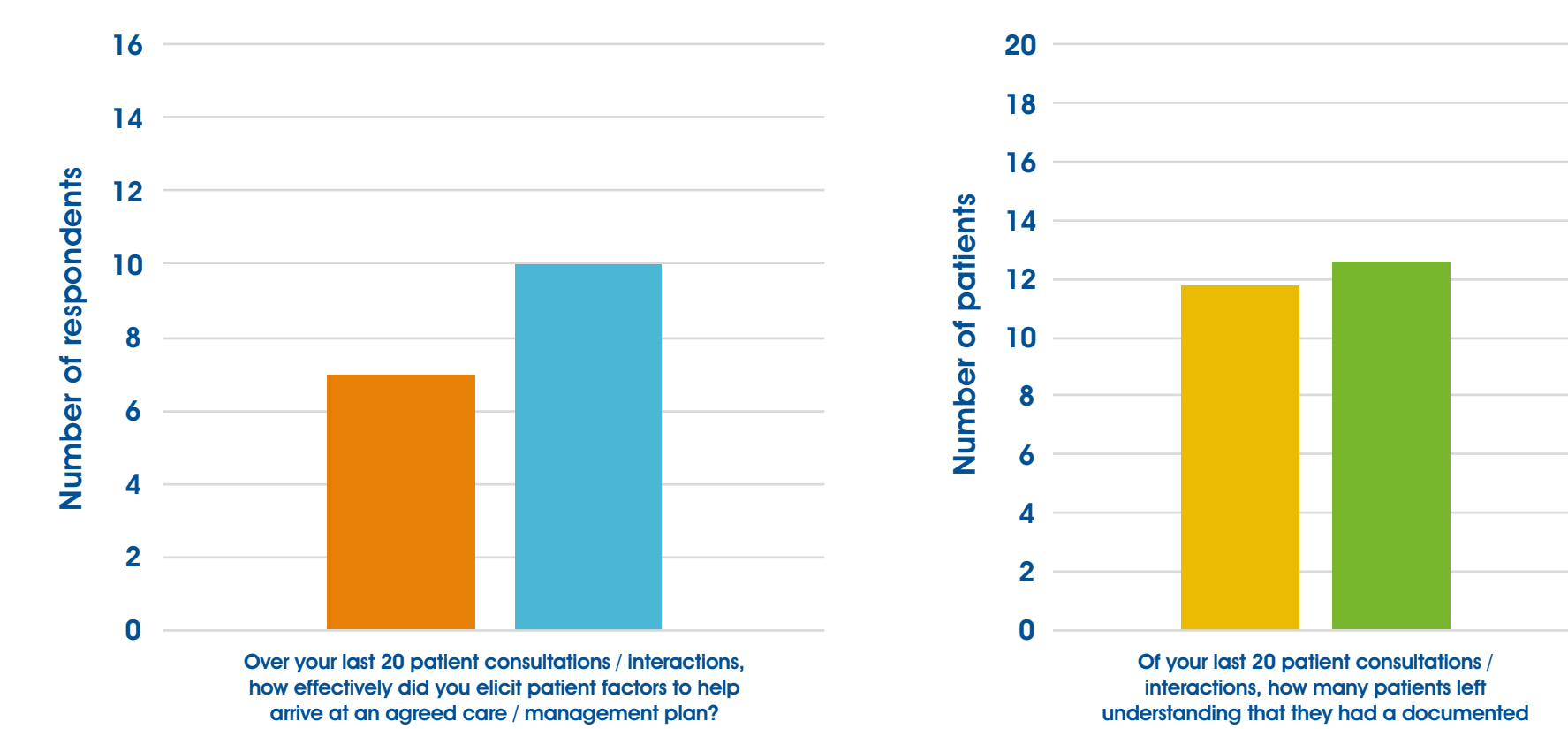#### Panel A — Multidisciplinary patient assessments and annual reviews

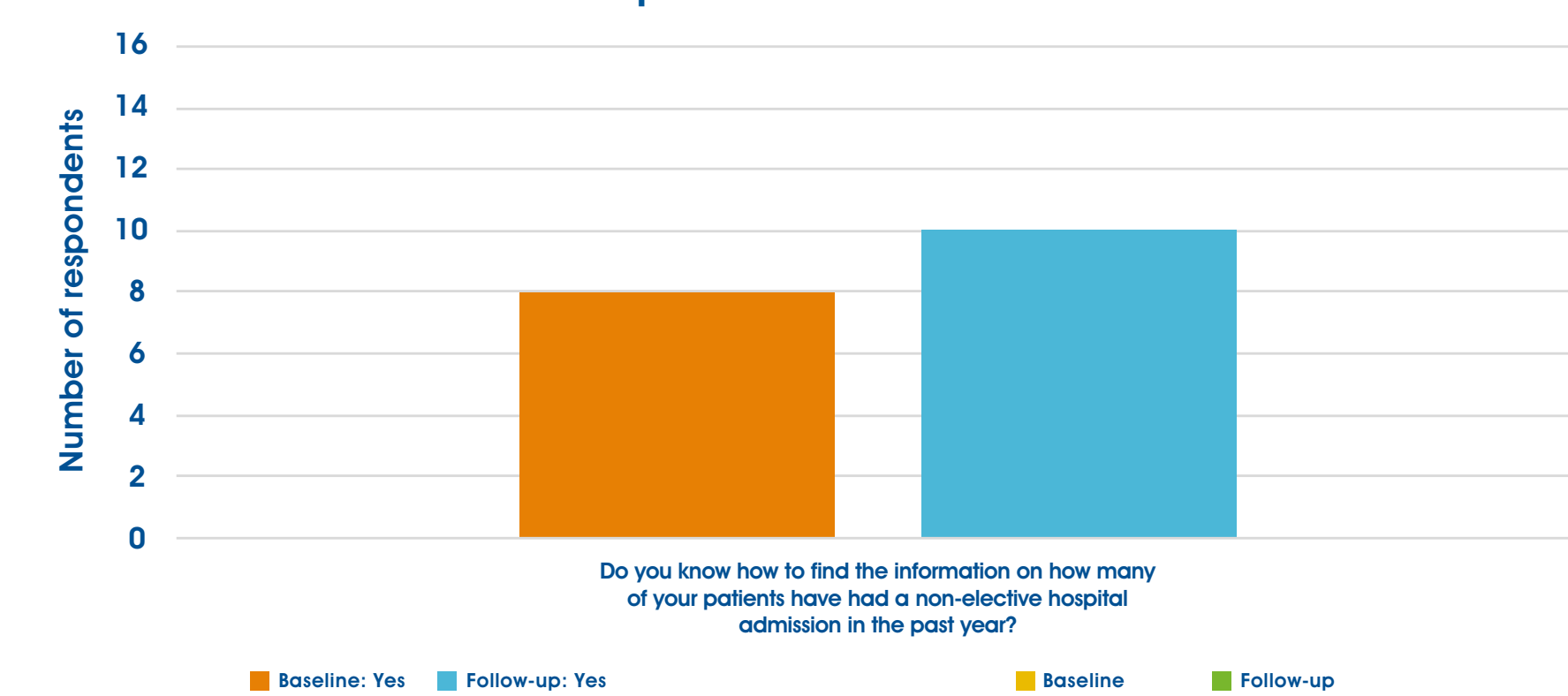
Panel B — Service redesign and action planning
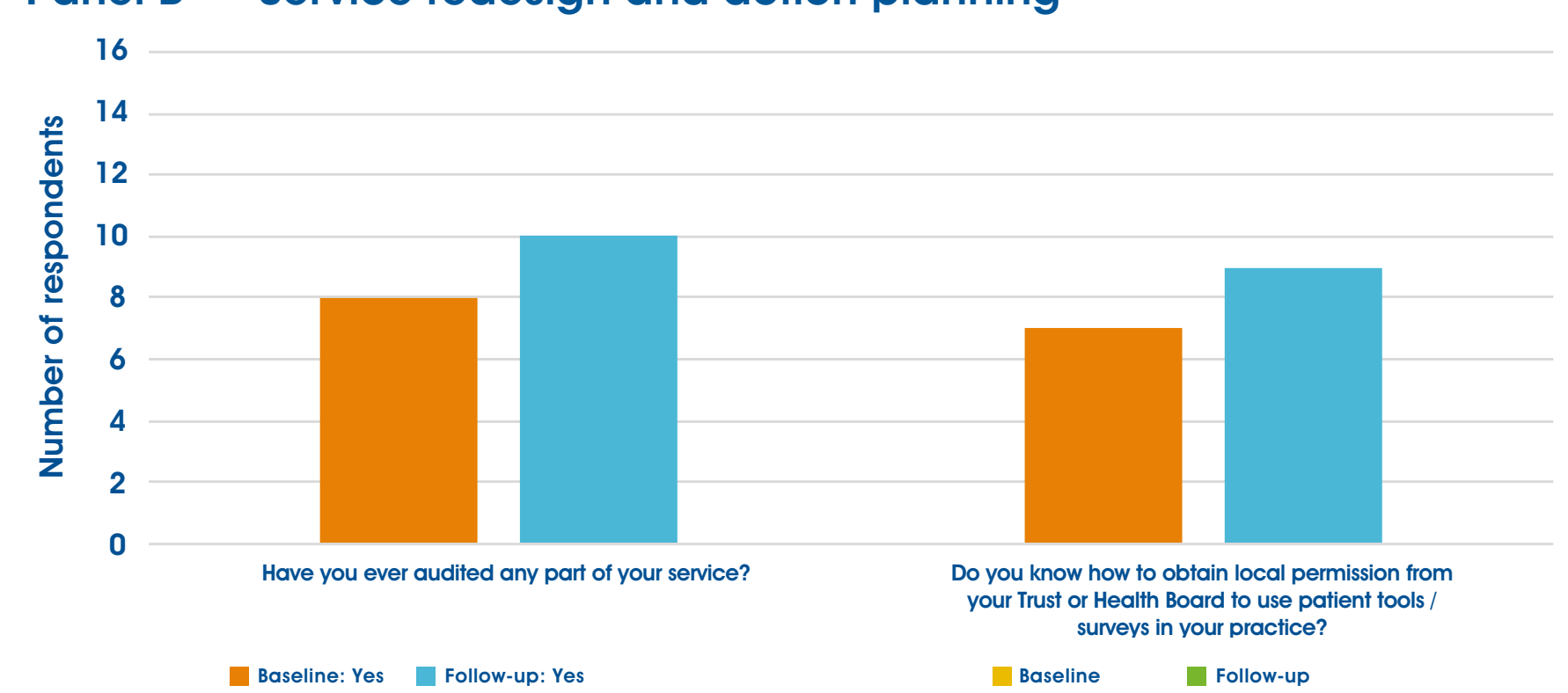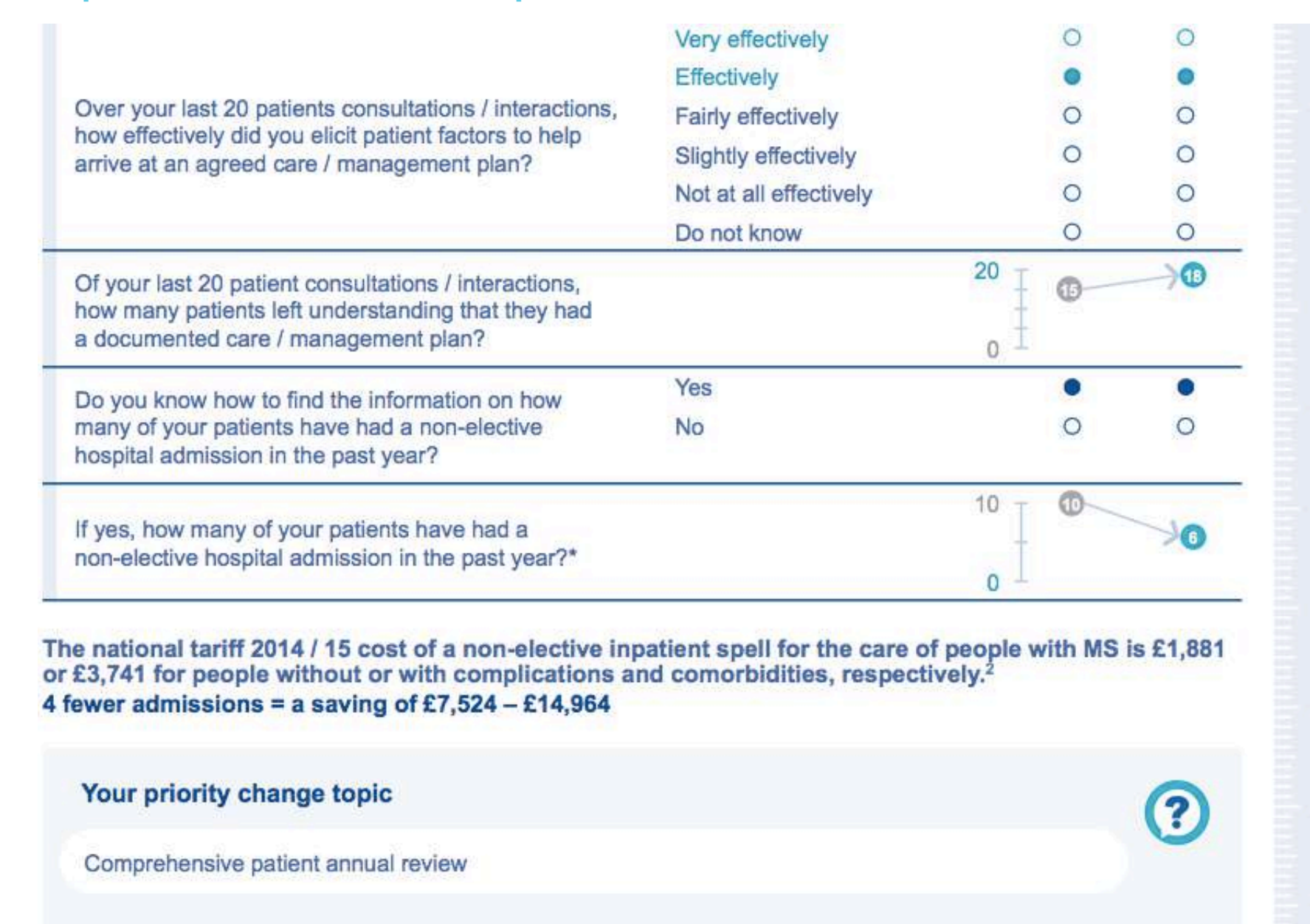

Panel C — Patient-centric consultations

Panel D — Non-elective hospital admissions

Box 2. Outcomes Audit personalised report excerpt showing the cost impact of non-elective hospital admissions

Over your last 20 patient consultations / interactions, how effectively did you elicit patient factors to help arrive at an agreed care / management plan?	Very effectively	○	○
	Effectively	○	●
	Fairly effectively	○	○
	Slightly effectively	○	○
	Not at all effectively	○	○
	Do not know	○	○
Of your last 20 patient consultations / interactions, how many patients left understanding that they had a documented care / management plan?			
Do you know how to find the information on how many of your patients had a non-elective hospital admission in the past year?	Yes	●	●
	No	○	○
If yes, how many of your patients have had a non-elective hospital admission in the past year?*			

The national tariff 2014 / 15 cost of a non-elective inpatient spell for the care of people with MS is £1,881 or £3,741 for people without or with complications and comorbidities, respectively.[2]
4 fewer admissions = a saving of £7,524 – £14,964

Your priority change topic
Comprehensive patient annual review

● Conclusion and next steps

This ground-breaking pilot demonstrates the feasibility of care delivery outcomes assessment in the OptiMiSe community, with indicators of positive change even in this small sample group. It also highlights a novel method to show cost-savings that could be attributable to changes made following OptiMiSe education (depending on the specific changes made), to justify future study leave.

In 2018–19, the Outcomes Audit will be linked to tailored support follow-ups, focussing on the individual nurse's priority change **(Figure 3)**.

As well as providing additional support for the nurses' planned changes to their practice and services, these tailored follow-ups are designed to maximise response rates and data collection completeness, and allow an integrated analysis of care delivery (i.e. what the nurse and their service is doing overall) and personal changes (i.e. what the nurse has specifically been empowered to change due to OptiMiSe). The resulting information will be used to inform the future development of the OptiMiSe programme and allow more comprehensive evaluation of the impact of the programme.

Figure 3. OptiMiSe programme components 2018 / 19

References
1. NICE. Multiple Sclerosis Quality Standard 108. Available at: https://www.nice.org.uk/guidance/qs108/chapter/quality-statement-6-comprehensive-review. Accessed: October 2018.
2. NICE. Costing statement: Multiple sclerosis: management of multiple sclerosis in primary and secondary care. Implementing the NICE guideline on multiple sclerosis (CG186). Available at: https://www.nice.org.uk/guidance/cg186/resources/costing-statement-193250413. Accessed: October 2018.