

Reducing unplanned hospital admissions for people with MS

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The MS Specialist Nurse in City and Hackney has been a community based post, as patients have attended other hospitals in London for DMTs. The role has particularly focused on more complex case management and symptom management, including to prevent hospital admissions and provide effective, timely and seamless care between the community and Homerton hospital. This has included, for instance, preventing infections and treating infections quickly at home.

The post was vacated in 2016, and could not be filled for 18 months. The role was opened up to allied health professionals, and an occupational therapist was recruited in 2018 into the new role of MS Specialist Practitioner. This therefore brought specific skills to the role in relation to keeping people out of hospital, such as falls prevention and active lifestyle management. The post holder was skilled up, including through joint work with nursing colleagues and the MS Trust development module, to continue advising on medical interventions that help to keep people well at home.

Data for when the post was vacant and then filled helps to demonstrate the value of this role in reducing the number and length of admissions, whilst indicating where future preventative work should be focused.

69 year old female with secondary progressive multiple sclerosis

PMH	HPC/SH:	Admissions history for 2017-19:	What happened?
1. Secondary progressive MS and COPD. Ataxic gait.	69 years old, living alone in flat with BDS care package for personal care.	1. 3 admissions for UTIs/sepsis 2. Recent admission for pneumonia 3. 1 admission for fall when she had UTI	- UTIs – identified early signs of UTIs, and educated client and carers to identify these and how to get quick treatment at home. - Bladder management: Benefits of suprapubic catheter (SPC) explained, and SPC insertion now planned - Falls: Referred back to physio/OT for walking aid/rails, and consideration of lycra garment, subsequently provided - Chest infections: to Now taking prophylactics. Referred to physiotherapy for consideration of cough assist machine, now used daily

Long term admission prevention

- Bladder management including to prevent UTIs
- Swallowing reviews and advice, including to prevent chest infections
- Identification of need for prophylaxis
- Mobility reviews, walking aids and equipment to prevent falls
- Promotion of exercise and other activity to improve mobility and health
- Education for clients and carers on self-management of MS
- Effective management of symptoms eg pain, spasticity, respiratory

Urgent admission prevention

- Timely identification of signs of infection and access to testing and treatment
- Liaison with rapid response services to clarify clients' baseline
- Co-ordination with district nursing

Reducing length of stay

- Co-ordinating between medical staff, specialist teams and social care
- Providing information on home environment and patients' history
- Supporting decision making and mental capacity assessments

Data for people with MS from City and Hackney attending Homerton Hospital	2017/18	2018/19	Reasons for admission	2017/18	2018/19
Number of unplanned admissions	55	41	UTI/urosepsis	11	8
Total number of days for unplanned admissions	597	274	Chest infection/pneumonia	6	6
Median length of stay	2 days	2 days	Fall/fracture	5	4
			Catheter problem	1	6
			Kidney injury/stone	0	3
			Gynaecological	0	3
			Other infection	2	2
			Seizure	1	2
			MS relapse	1	1
			MS progression	4	1
			Other	14	5

Key Learning Points

Importance of keyworker for preventing unplanned admissions and reducing length of stay for people with MS

Value of therapists in case management for MS

Benefits of developing key workers with skills from both therapies and nursing

Benefits of monitoring reasons for hospital admissions to focus time and resources on addressing these causes and to demonstrate value of MS services