![OptiMiSe logo] OptiMiSe
Patient-centric management in MS

OptiMiSe Outcomes Audit:
improvements in MS service delivery in the UK OptiMiSe community

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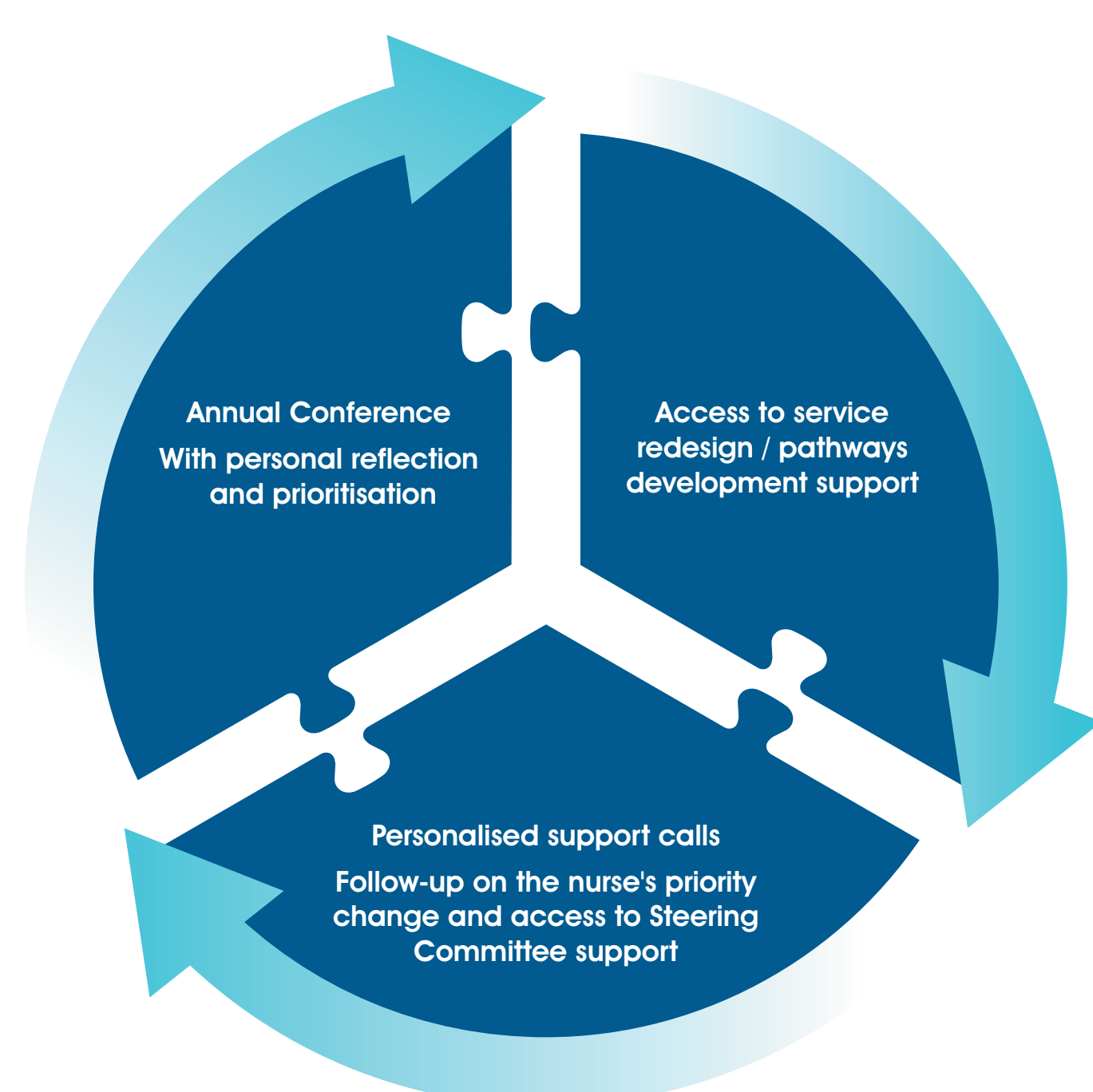
● Background and introduction

- 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 2018–19, the 'Outcomes Audit' was fully implemented after its successful pilot in 2017–18. The Outcomes Audit assesses quality of care outcomes in the OptiMiSe community, including adherence to programme-relevant NICE guidance[1]

● Methods

OptiMiSe education: reflective learning and action planning

- At the 2018 OptiMiSe Annual Conferences in London (April) and Glasgow (May), nurses attended sessions comprised of plenary presentations, interactive workshops and peer-to-peer exchange; covering the following topics:
  - Multidisciplinary patient assessments and annual review
  - Patient-centric consultation techniques
  - Recognising relapses (newer nurses) / leadership skills (more experienced nurses)
  - Self-care
- 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 meeting, each nurse received follow-up emails and calls (at 4 and 8 months), tailored to their individual priority change. Nurses were invited to support calls with Steering Committee members, and also put in touch with service optimisation support staff, where appropriate

Figure 1. OptiMiSe programme components 2018 / 19

Annual Conference
With personal reflection and prioritisation

Access to service redesign / pathways development support

Personalised support calls
Follow-up on the nurse's priority change and access to Steering Committee support

Outcomes Audit – care delivery outcomes

- The 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 2018 OptiMiSe Annual Conferences
- Nurses were given the opportunity to complete the Outcomes Audit for the follow-up online (December 2018) and at the 2019 Annual Conference in London (April)
  - Nurses were not given access to their baseline audits when completing their follow-up, to avoid creating any unconscious bias

● Results

- The baseline Outcomes Audit was completed by 61 nurses. Of these nurses, 42 completed the follow-up (69%)

Multidisciplinary patient assessments and annual reviews

- There was an 20% relative (15% absolute) increase in the number of nurses who reported having an MDT in place to advise on patient care (n=41) **(Figure 2, panel A)**
- A 133% relative (13% absolute) increase in the number of nurses who have 81%–100% of their patient caseload reviewed by an MDT was observed (n=30) **(Figure 2, panel A)**
  - Reported patient awareness of a single point of contact (PoC) for coordinating MDT care increased (5% relative and 5% absolute, n=39), with an increase in this PoC being the nurse (9% relative and 8% absolute, n=38) **(Figure 2, panel A)**
- There was a 23% relative (10% absolute) increase in the number of nurses whose services offered 81%–100% of their patient caseload an annual review (n=29), alongside a 3% relative (2% absolute) increase in the proportion of patients with an annual review scheduled (n=25) **(Figure 2, panel B)**
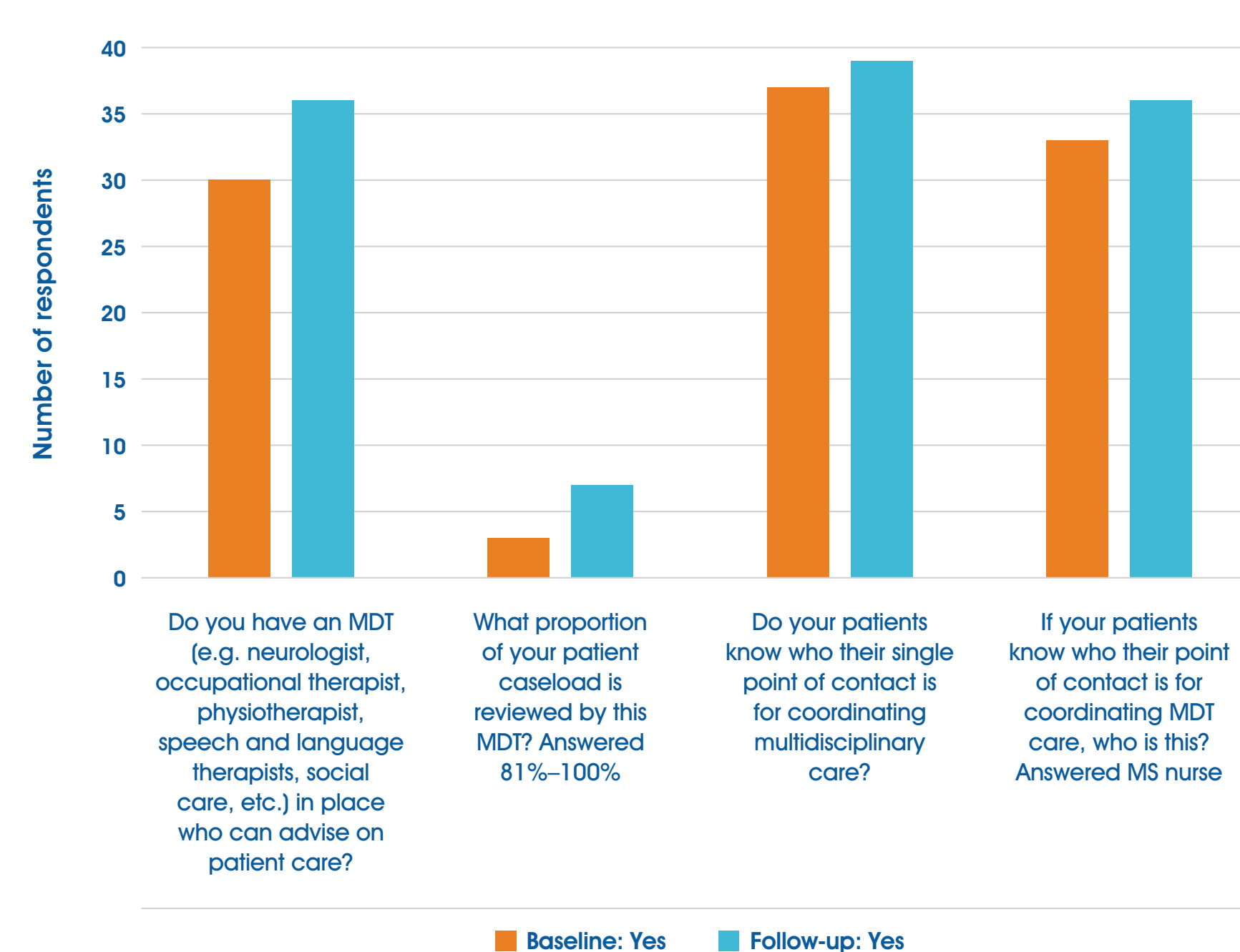
Service redesign and action planning

- There was a 4% relative (3% absolute) decrease in the number of nurses reporting that their services had been, at least in part, audited (n=31) **(Figure 2, panel C)**
- However, there was a 23% relative (15% 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=40), and an increase in nurses planning to use the MS Trust Patient Survey for MS Teams (9% relative and 7% absolute, n=30) **(Figure 2, panel C)**

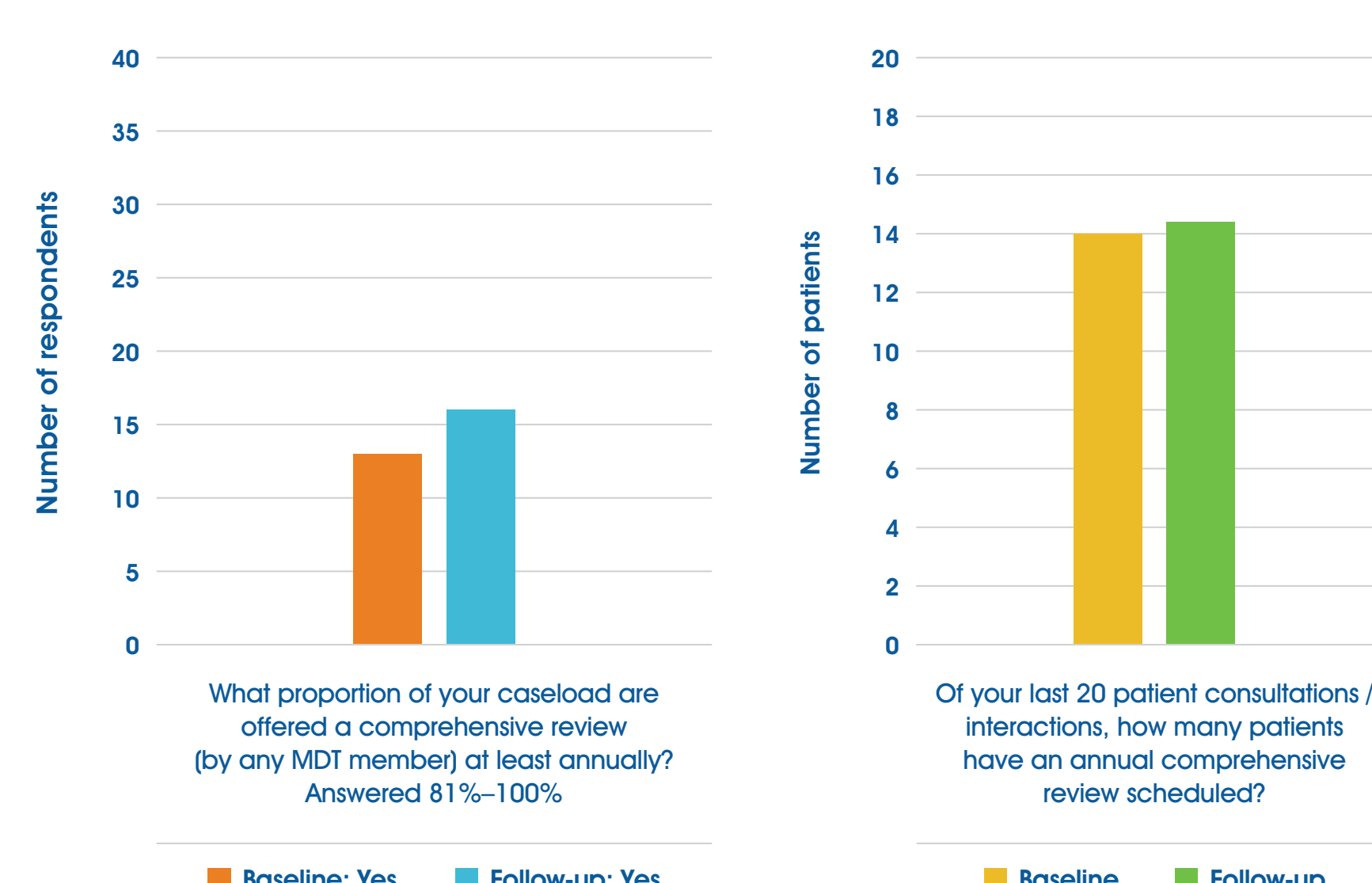**Patient-centric consultations**

- There was a 500% relative (27% absolute) increase in the number of nurses reporting being able to very effectively elicit patient factors to help them arrive at an agreed care or management plan (n=37) **(Figure 2, panel D)**
  - Accordingly, there was a 20% relative (14% absolute) increase in the reported proportion of patients who left consultations / interactions understanding that they had a documented care / management plan (n=25) **(Figure 2, panel D)**
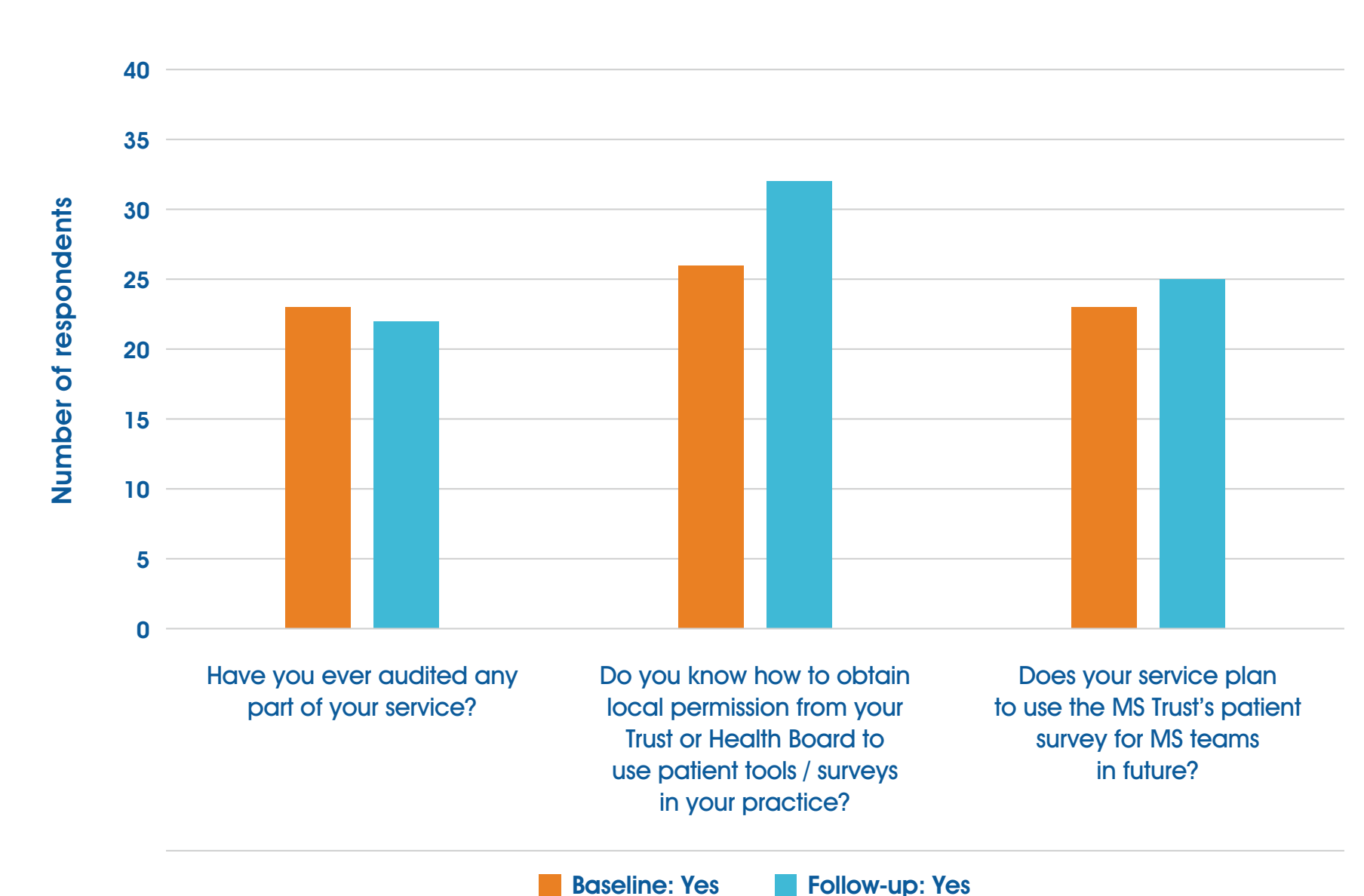
Figure 2. OptiMiSe Outcomes Audit results
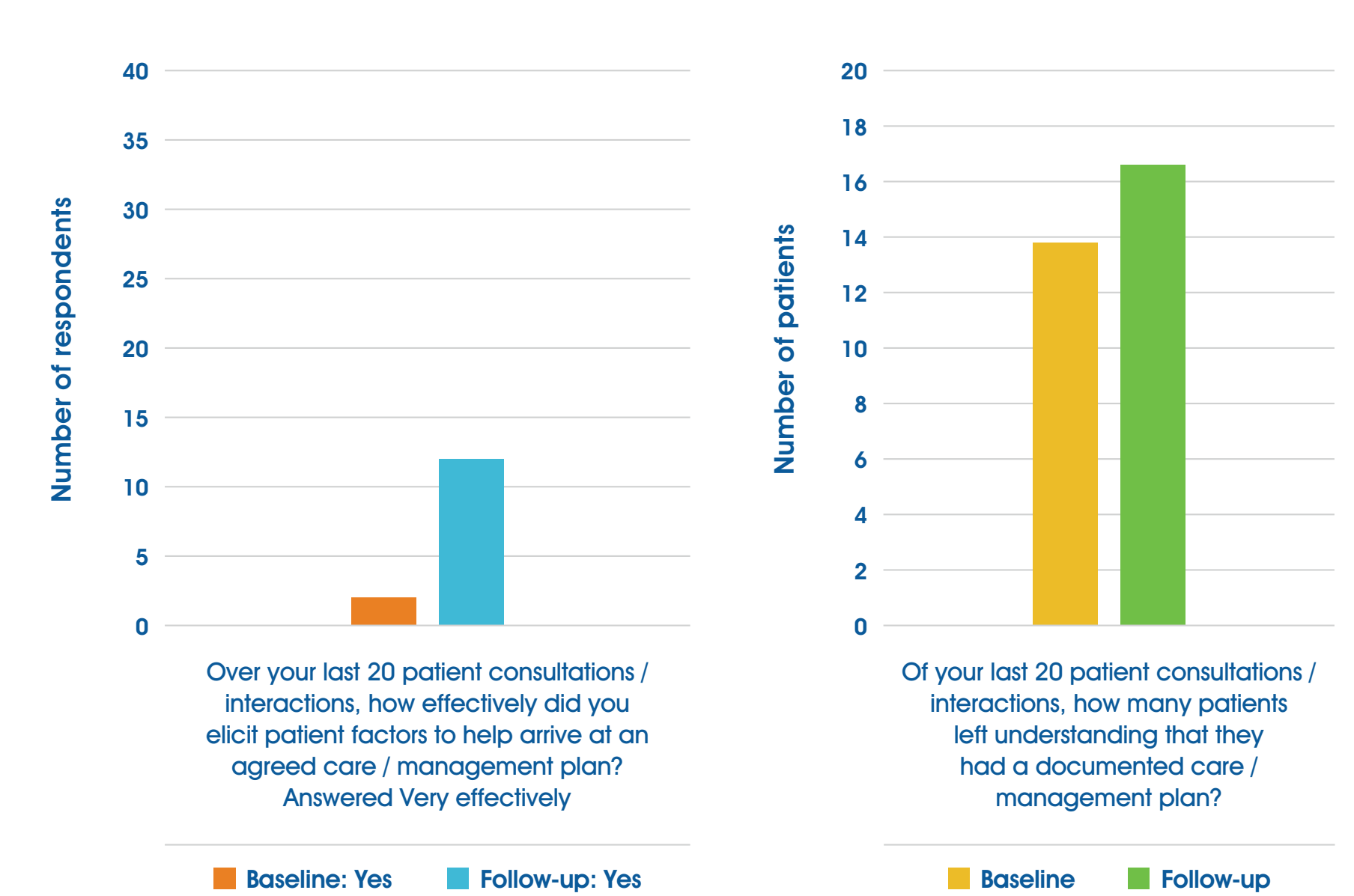
Panel A Multidisciplinary patient assessments

Number of respondents

Do you have an MDT (e.g. neurologist, occupational therapist, physiotherapist, speech and language therapists, social care, etc.) in place who can advise on patient care?

What proportion of your patient caseload is reviewed by this MDT? Answered 81%–100%

Do your patients know who their single point of contact is for coordinating multidisciplinary care?

If your patients know who their point of contact is for coordinating MDT care, who is this? Answered MS nurse

■ Baseline: Yes   ■ Follow-up: Yes

Panel B Annual reviews

Number of respondents

What proportion of your caseload are offered a comprehensive review (by any MDT member) at least annually? Answered 81%–100%

Number of patients

Of your last 20 patient consultations / interactions how many patients have an annual comprehensive review scheduled?

■ Baseline: Yes   ■ Follow-up: Yes   ■ Baseline   ■ Follow-up

Panel C Service redesign and action planning

Number of respondents

Have you ever audited any part of your service?

Do you know how to obtain local permission from your Trust or Health Board to use patient tools / surveys in your practice?

Does your service plan to use the MS Trust's patient survey for MS teams in future?

■ Baseline: Yes   ■ Follow-up: Yes

Panel D Patient-centric consultations

Number of respondents

Over your last 20 patient consultations / interactions, how effectively did you elicit patient factors to help arrive at an agreed care / management plan? Answered Very effectively

Number of patients

Of your last 20 patient consultations / interactions, how many patients left understanding that they had a documented care / management plan?

■ Baseline: Yes   ■ Follow-up: Yes   ■ Baseline   ■ Follow-up

Conclusion and next steps

Care delivery outcomes, including adherence to programme-relevant NICE guidance, were improved in the OptiMiSe community following the 2018 Annual Conference. Nurses working with people with MS practice in a challenging environment – with many teams experiencing an ongoing lack of resources.[2] The observed improvements are an impressive testament to the hard work of the participants to develop their practice and service.

Participation in the Outcomes Audit more than doubled since its pilot (42 vs 16 participants), following the addition of tailored-support follow-up to the programme, which is being further developed in 2019.

This engagement has allowed comprehensive evaluation of the impact of the programme. Alongside qualitative feedback from the community, the data will be used to inform the future development of the OptiMiSe programme, including further tailoring to nurses' specific situations and goals.

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 2019.

2. MS Trust. MS Specialist Nursing in the UK 2018: Results from the 2018 MS Trust Nurse Mapping Survey. Available at: https://www.mstrust.org.uk/sites/default/files/Nurse%20Mapping%202018%20WEB.pdf. Accessed: October 2019