



Background

Providing safe and effective care to people with Multiple Sclerosis (PwMS) patients has been a challenge during the Covid-19 pandemic. Across Northern Ireland, surge plans necessitated an abrupt change of facility for MS infusional services from the Royal Victoria Hospital (RVH) to Musgrave Park Hospital (MPH). This meant that the service moved from a busy, regional centre to a dedicated neurology unit on a non-acute site. The MS specialist nursing team moved to support the service in an unfamiliar setting.

Objective

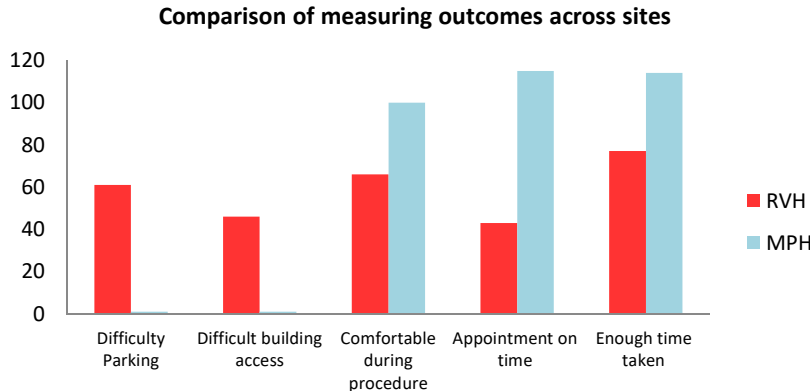
To assess patient satisfaction with delivery of MS infusional therapies at the new location, supervised by specialist MS nurses, compared to the previous delivery of treatments at the Regional Centre, where treatments were led by infusional nurses with limited MS nurse input.

Design/Methods

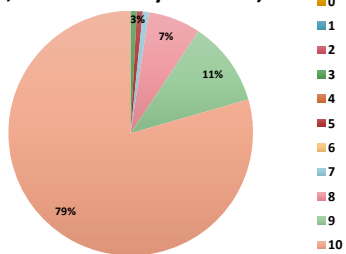
A questionnaire was developed to survey patient experience of the revamped service, which patients were invited to complete upon attendance for infusion. Patient consent was implied by completion of the questionnaire. Data collected included demographics and levels of service satisfaction across various headings. Thematic analysis was carried out on free text answers to evaluate important considerations for patients attending an infusional service.

Results

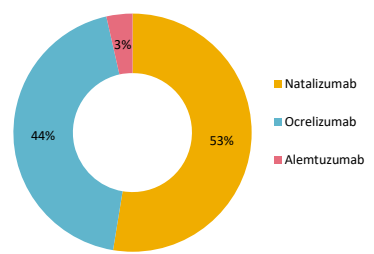
In total, 120 responses were received (100% return). 108 (90%) of patients were attending for the infusion of a Disease Modifying therapy (DMT), whilst 12 (10%) attended for blood work only. Of all patients, 50% were attending for treatment with Natalizumab, 42% with Ocrelizumab, and 3% with Alemtuzumab. A further 5% were not on a DMT and attended simply for venepuncture.



Satisfaction with service on non-acute site (0-10, 10= extremely satisfied)



DMT being received



Results

Results indicated a strong satisfaction for the new service arrangement in MPH. Overall, 97% recorded a satisfaction score of ≥8/10 (0-10, 10 = extremely satisfied). Only 1.6% recorded a score <7/10.

Patients were surveyed across a range of outcomes deemed to be important in measuring the patient experience with an infusional service, comparing the old RVH site, and the new MPH site. Key areas of improvement at MPH were:

- A reduction in difficulty parking (0.8% vs. 50% in RVH).
- A reduction in difficulty with access to the unit/infusion room (0.8% vs. 38% in RVH)
- Improved appointment punctuality (95% on time vs. 35% in RVH)
- Reported comfort during infusion (83% vs. 55% in RVH).

Thematic analysis revealed positive free-text feedback in 3 most frequently occurring areas: improved access to MS nursing knowledge, improved cannulation skills, and time-keeping.

Conclusions

- This study demonstrates very strong satisfaction with the relocated infusional service to a non acute site.
- Better unit access and specialist nursing input were associated with clear improvements in patient experience.
- This study illustrates the unique opportunity for service improvement during a time of unprecedented pressure on healthcare systems.

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