

key steps
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to delivery of a person
centred relapse service

Multiple
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MS



3. Clinical governance

IV STEROIDS FOR MS RELAPSE: CLINICAL GOVERNANCE IMPLICATIONS

The concepts of patient choice and preference, coupled with bringing care closer to home necessitate strong clinical governance in the design and delivery of services for people with MS. Patients are being empowered to decide where and when they wish to receive treatments and a trial carried out by the NHHN has demonstrated that people with MS prefer to receive the administration of IV steroids within the home setting.

Any trial requires careful consideration of the clinical governance implications and a robust need to work collaboratively with other organisations. Shared goals, strong communication channels and support mechanisms that overcome artificial barriers will facilitate success.

Ongoing audit that feeds into critical review, redesign and incorporates patient involvement will guarantee a quality service for those patients who require IV steroids for their relapse.

The NHHN study has shown that a quality service that is also cost effective can be delivered to people with MS within the structure of sound clinical governance.

Source

Harrison E, Porter B.

IV steroids fro MS relapse: clinical governance implications.

British Journal of Nursing 2006;15(11):604-609.

Bernadette Porter, Fiona Matheson, Jeremy Chataway and others.
Key steps to delivery of a person centred relapse service.
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