

# Service Priorities and Programmes Electronic Presentations

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#### Nurse-led Biologic Infusion- A Safe Service that Saves

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#### Introduction

Biologic therapy is a significant advance in the treatment of inflammatory arthritis. With increasing use of biologic therapy and the availability of new biologic agents, patients requiring day admission for intravenous biologic infusion has been steadily increasing in recent years. In the conventional setting, patients have to be seen by rheumatologist for every visit to get the prescription followed by drug purchase and administration. To streamline the workflow and to reduce doctor's workload on routine visits, a pilot project of nurse-led biologic infusion (NLBI) clinic has been launched since April of 2012 to provide efficient and quality care for rheumatology patients receiving biologic therapy.

#### **Objectives**

(1) To evaluate the effectiveness and safety of the NLBI service; (2) to assess the reduction in patient waiting time from admission to discharge in day ward and (3) to quantify the reduction in workload of rheumatologists.

#### Methodology

A new NLBI clinic was set up. Patients receiving biologic therapy for more than one year with stable conditions were recruited by rheumatologists. Alternating follow-up sessions by NLBI clinic and rheumatologist was arranged. Rheumatologists would assess the patient and prescribe the appropriate drug regime for the next NLBI clinic. During NLBI clinic visit, patient's clinical conditions, including their disease activity, laboratory results and vital signs were assessed according to standardized protocol to ensure treatment safety. After the infusion therapy, rheumatology nurse will make proper discharge record to ensure continuity of care. For patients with unstable conditions or infusion reactions, rheumatologists are readily available for timely management.

## **Result**

11 patients were recruited with a total of 20 attendances from April to December of 2012. Seven patients were using infliximab, three were treated with abatacept, and the remaining one was receiving tocilizumab. All cases were given biologic infusion

safely and successfully without any adverse effects. Patient saved 45 minutes in each visit since there is no need to wait for drug prescription and collection. The alternating follow-up arrangement also reduced doctor's workload by 50%. Nurse-lead biologic infusion is smooth and safe. It saves patient's time in terms of the total duration of the treatment session. Furthermore, it spares the time of rheumatologists spent on routine patient visits and enables them to concentrate on the management of more complex cases.