

A comparison of training of patients for replacement SCIg home therapy between two UK Immunology centres

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Purpose

To compare and contrast Home Therapy training for replacement SCIg in two immunology centres in the UK.

Rationale

Home therapy training has been offered routinely to patients in the UK for over 15 years. During that time local factors have led to variations in practice with regards to training and monitoring strategies between immunology centres. This study was designed to compare practice between two immunology centres in different parts of the UK in order to share best practice.

Questions			Centre 1			Cent	re 2														
1.Which syringe driver and giving set do you use?			Freedom 60			Crono	Crono PID pump 20 or 50ml														
			Amdel ancils				Neria giving sets: single or double lumen														
			Up to quad-lumen			Rapid push															
			Rapid Push																		
Are patients given the choice between pump and push from the outset?			Yes			Yes	Yes														
2. How many sessions does training take?			2 – 3 sessions			Minim	Minimum 6 sessions														
			$1\frac{1}{2}$ – 2 hours depending on length of infusion			1 1/2 -	$1\frac{1}{2}$ – 2 hours depending on length of infusion														
Minimum time to set up HomeCare			2 weeks			<2 we	<2 weeks (Alcura)														
Service level agreement (SLA) in place?			Yes			Yes	Yes														
3. What age range is your patient cohort?			Range of adult patients			Range of adult patients aged 16+.															
						Oldest 79.															
						Historically parents of children/adolescents too.															
4. Are your patients followed up at home in the immediate weeks after			We ask them to do their first infusion during working hours and contact				Patients do first infusion at home with CNS present: then asked to do subsequer														
training by your team or homecare nurses?			us if they have a problem			ones in office hours until confident.															
						CNS is with the patient for their first home treatment to check their confidence															
						and make sure all ancils have arrived and product is stored according to spc.															
5. How do you ensure patients are competent?			They complete a written test on understanding their infusions and an independent infusion			They complete a written test on understanding their infusions and a completely independent infusion															
						independent infusion. Patients sign that they feel confident.															
										If patients are not assessed as competent / do not want to self-infuse, what options are available? A) relative B) homecare nurse C) in-patient daycase			A) relative B) homecare nurse			A)relative B) in patient daycase					
6. Do you carry out satisfaction audits on the training received?			A feedback form is included in the training paperwork				A feedback form is included in the training paperwork														
o. Do you carry out satisfaction addits on the training received:			A reeuback form is included in the training paper work			A recapack form is included in the training paper work															
7. Do you have a training pack? Is it Centre specific or product specific from			We have devised our own			We have devised our own training pack															
the pharma company involved?																					
8. Who undertakes training?			Band 7 and 2 x band 6 CNS.			Band 6 CNS with oversight from Band 8 and support from B5 staff nurse															
			All can teach patients and all have mentor qualifications All have received training from other trainers.			B8 has PGCE and B5 has mentoring qualification; B6 has many years experience in teaching patients															
											9. What is your policy for technique review?			Technique is reviewed every 2 years outside of OP clinic review.			Technique is reviewed every 12 – 18 months ideally at OP clinic review; a small number of patients have technique review at home.				
														Home review for housebound patients.							
Centre 1					Centre 2																
Diagnosis	Age	Advice given likely	Actual training	Dates of	Diagnosis		Age	Advice given likely	/ Actual training	Dates of											
		training time	sessions	training				training time	sessions	training											
CVID	26	2/52	2	6/19	Secondary antibody deficiency		65	Min 6 average 8	5/6	11/19 ongoing											
Common Variable Immune	72	2/52	3	5/19	Hypogamma ?secondary to lamo	otrigine	46	3	3	11/19											
Deficiency/Agammaglobulinaemia					Secondary antibody deficiency		72	Min 6 average 8	5	11/19											
?Secondary Antibody Deficiency	F.0	Dyoviously	1	1/10	SPAD		53	Min 6 average 8	4	10/19											
Secondary antibody deficiency Secondary Antibody Deficiency	59 64	Previously been trained Previously been trained		1/19 8/18	CVID		30	Min 6 average 8	4	10/19											
CVID	19	2-4/52	4	6/18	SPAD				5	The state of the s											
CVID	63	2-4/52	2	5/18			31	Min 6 average 8	7	08/19											
Secondary Antibody Deficiency	52	6-8/52	5	5/17	Hypogamma		53	Min 6 average 8		04-05/19											
CVID	64	2-4/52	3	11/17	Hypogamma		81	Min 6 average 8	12	02/19											
CVID Good's Syndrome	42	6-8/52	0	10/15 - 11/15	CVID CVID		75 31	Min 6 average 8 Min 6 average 8	12 6	9 -10/18 08/18											
Good's Syndrome CVID	65 40	6-8/52 6-8/52	8 10	10/15 - 12/15 10/15 - 12/15	CVID		60	Min 6 average 8	10 (product switch)												
Socondary antibody deficiency	54		$\frac{10}{(n/a)}$ 2 witnessed	10/13 12/13	CVID		7.0	Min 6 average 8	10 (product switch)	05.06/19											

CVID

(n/a) 2 witnessed

Result

Secondary antibody deficiency

Both centres offer nurse led home therapy training for patients with antibody deficiency. The most striking difference between the two centres was the initial estimation offered to patients with regard to the likely number of training sessions required for them to become competent. One of the centres informed patients that they would need a minimum of 2 training sessions; the other suggesting that it was likely that patients may need up to 6 or 8 weekly sessions. The centre that suggests training will take 2 sessions uses the Freedom60 syringe driver whilst the centre that suggests 6 – 8 training sessions uses the PID Crono set of drivers. Training can be expedited if patient choose the Rapid Push of self injection. The mean age of trainee at centre 1 was 51.42 and the mean number of training sessions was 4. At centre 2 the mean age was 56.01 and the mean number of training sessions was 6.63.

(home nursed)

Patient feedback suggests that patients at both centres are happy with the training they receive. They are competent and feel confident to perform SCIg independently.





Min 6 average 8

10

05-06/18

Conclusion

Different training strategies have been shown to achieve independent, competent and confident patients able to self-infuse immunoglobulin at home safely. By sharing best practice across centres immunology teams can develop training packages to improve the training experience for patients while making best use of valuable nursing time.