

Abstract Submission Form

TITLE	Biologics Multidisciplinary Team meeting: Improves Patient Safety and Governance. RCP QI Collaborative
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ABSTRACT DETAILS:	
Background:	<p>Biologics therapy is key in the management of patients with complex inflammatory bowel disease (IBD). Their use, however, potentially is associated with significant side effects that need careful monitoring. With increasing number of patients on biologics and pressures on the service, timely review of these patients remains a challenge. We wanted to establish safety and governance around use of biologics.</p> <p>The project was run in partnership with RCP London IBD Quality Improvement collaborative.</p> <p>We aimed to:</p> <ol style="list-style-type: none"> 1. establish the biologics MDT 2. virtually review patients on biologics (target was 50% by June 2019). 3. establish patient safety and governance around use of biologics.
Method:	<p>Gastroenterology and management teams agreed on the need for establishment of a biologics MDT. The MDT was run twice a month. Following criteria were used to include patients in MDT:</p> <ol style="list-style-type: none"> 1. Patients waiting the longest for review in outpatient clinics, 2. Patients with active clinical concerns or 3. complex biosimilar switch. <p>The MDT structure and process ran through PDSA cycles. The data from MDT was populated onto a database and analysed. Random selection of patients was contacted for feedback.</p> <p>Our measures:</p> <ol style="list-style-type: none"> 1. Length of time that patients are waiting beyond their due review date 2. Number of patients discussed at MDT 3. Impact on patient management 4. Patient satisfaction <p>How we are involving patients:</p> <p>Survey of patients who were discussed at the MDT to assess patient satisfaction.</p>
Results:	<ol style="list-style-type: none"> 1. Seventy two out of 284 (25.4%) patients currently on biologics reviewed virtually in Biologics MDT at the time of analysis. 2. MDT review led to: <ol style="list-style-type: none"> a. Reduced waiting time for review from 88 weeks to 32 weeks. b. Impact on management in 63 (87.5%) patients. The review led to some form of change in management of patients, such as further investigations or outpatient review or indeed further optimisation or cessation of therapy. c. Treatment optimisation or cessation in 43 (60%) patients. 4. At the time of last review, MDT led to a net cost savings of £85,906 5. Improved patient satisfaction 6. This has led to establishment of safety and governance around biologics use in IBD patients in Forth Valley.
Conclusions:	Establishment of the Biologics MDT has helped ensure safe therapy monitoring, treatment optimisation and timely review. It has secondarily helped to gain efficiency savings and improve patient satisfaction.
References:	