

# Regionalising Home-Based Chemotherapy for Multiple Myeloma

## Enhancing service provision through strategic collaboration

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### Background

Traditional chemotherapy delivery often requires frequent hospital visits, which can be burdensome for patients and health services, particularly in regional settings. To address these challenges, GRICS established collaborative partnerships to develop a robust process for home-based chemotherapy administration for multiple myeloma patients. This project represents a transformative approach in cancer care delivery and promotes patient quality of life.

### Aim

This project aims to improve patient care and accessibility by enabling eligible multiple myeloma patients to self-administer bortezomib subcutaneously in the home or receive it in the community via general practitioner (GP) or general practice nurse (GPN), where applicable. A secondary aim is to improve appointment availability of other chemotherapy treatments within health services across Gippsland.

### Methods

Project development involved several critical steps:

**Policy development:** The development of a robust policy and patient education guideline in collaboration with health service stakeholders, with clearly defined responsibilities.

**Cross-department collaboration:** Effective partnerships established between GRICS, haematologists, haematology nursing staff, Chemotherapy Day Unit, and oncology pharmacy at the Gippsland Cancer Care Centre. Strong partnerships and implementation responsibilities ensure procedures are duplicable and sustainable, regardless of workforce variation.

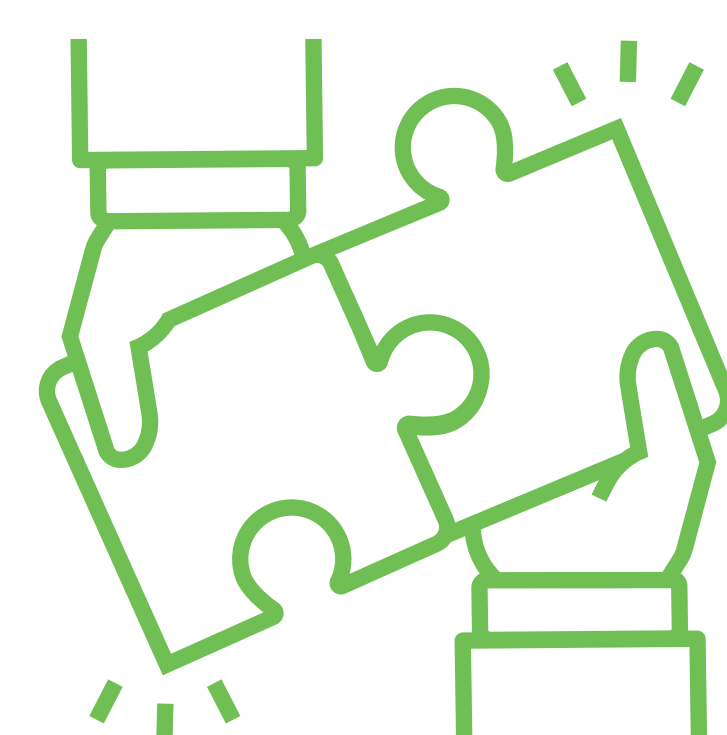
**Patient recruitment and education:** Recruitment will be integrated into the haematology appointment processes, with education materials included in pre-education practices within the local Chemotherapy Day Unit to equip patients for a smoother transition to home-based care.

## Implementation

### Policy Development



- Administration of Bortezomib in the Community Protocol was developed to guide Chemotherapy Day Unit staff and Haematologists working with self-administration patients with Multiple Myeloma.
- An information booklet was designed for patients and their supports to guide them through the process of self-administration



### Cross-Department Collaboration

Partnerships formed between stakeholders and roles and responsibilities outlined:

- **Haematologists:** patient recruitment and monitoring
- **Oncology nursing staff:** patient education, monitoring and assessing patient capacity for self-administration
- **Oncology pharmacy:** prepare and dispense medication and key resources (spill kit, esky, thermometer, etc.)
- **GRICS:** coordination of project and development of policy



### Patient Recruitment and Education

- Patient recruitment embedded into haematology appointment process to identify eligible patients. New and existing patients receiving Bortezomib will be consulted;
- Patients receive tailored education with a chemotherapy/haematology nurse providing them with the skills to self-administer Bortezomib in the home;
- Patient is monitored during the first cycle of self-administration in the Chemotherapy Day Unit;
- Patient presents for day one of each cycle for review by chemotherapy nurse and receives injection. Patient is given medication for the remaining days of the cycle; and
- Patient has access to the Symptom Urgent Review Service (SURS) for any complications. Patient is reviewed at each presentation to the Chemotherapy Day Unit and at any change to condition/treatment regime

### Conclusion

This project demonstrates the processes required to offer alternate treatment delivery, improving accessibility to treatment for eligible patients. With intentions to expand this service within the region and across different subcutaneous treatments, we aim to further enhance service delivery and support patients in managing their treatment close to home. This approach optimises healthcare resources and aligns with patients' lifestyles, ultimately leading to a more patient-centred model of care.

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