

Evaluating Nursing Guidelines for Bispecific Antibody Safe Step-Up Dosing in an Ambulatory Setting: A Continuous Quality Improvement Approach

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BACKGROUND

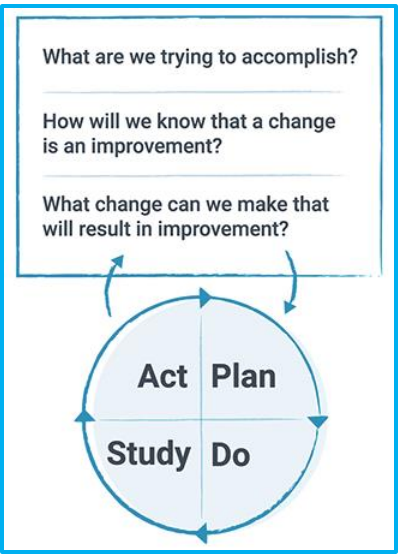
- BsAbs have revolutionized multiple myeloma treatment
- By engaging the immune system to target cancer cells
- Cytokines are released causing myeloma cell apoptosis

PROBLEM

- 3 major practice challenges initiating BsAbs for RRMM
- Managing treatment-toxicities (CRS and neurotoxicity)
- Inpatient resource utilization
- Impact on patient experience
- A model for sustainable treatment delivery is needed
- Step-up dosing in an ambulatory setting will be evaluated

METHODS AND PROJECT DESIGN

- Evaluate implementation of the nursing guidelines
- For outpatient safe step-up dosing
- Iterative process (IHI CQI Framework)
- Leverage nurse-led telephone follow-up calls
- Toxicity assessment and triage

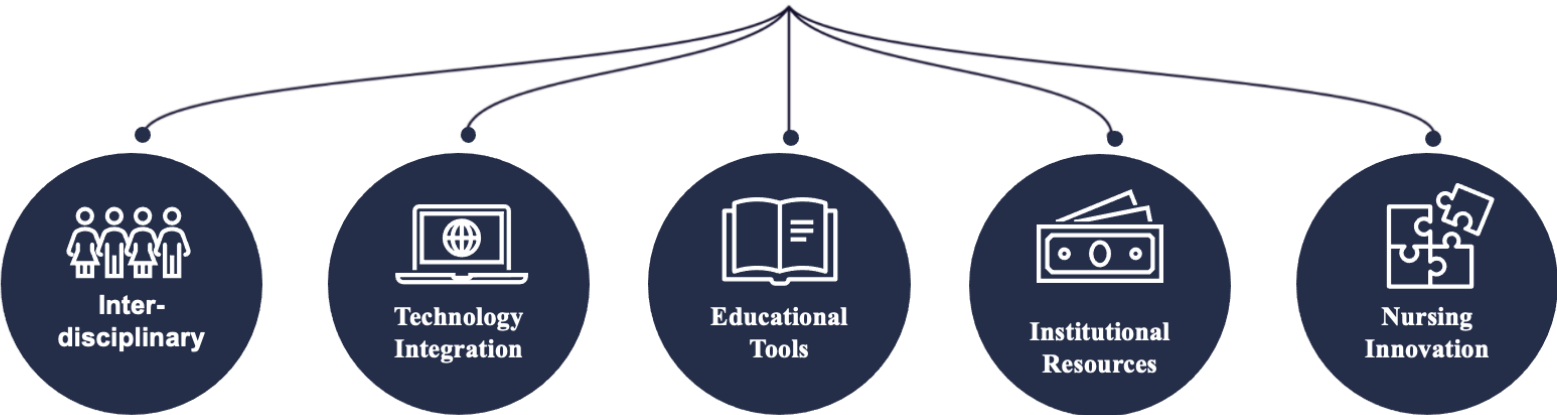


NURSE GUIDELINE

CORE COMPONENTS



RESOURCES AND INFRASTRUCTURE



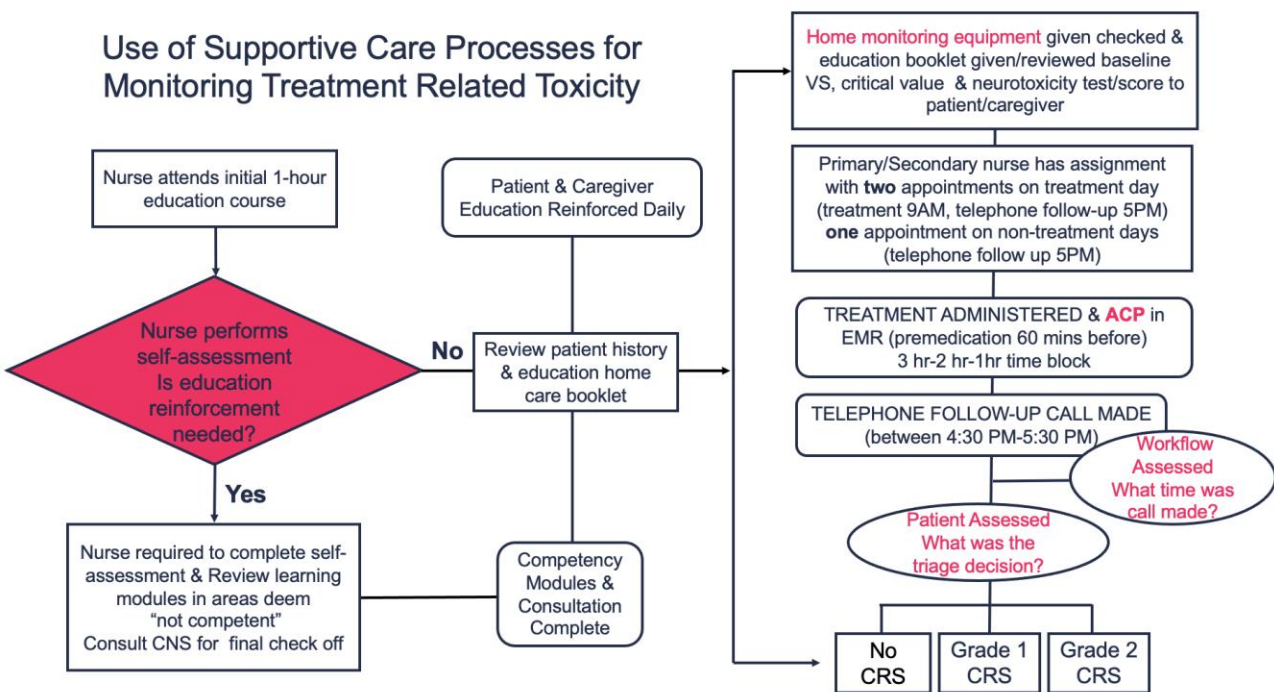
Nurse/Patient Education

Nursing Education	Patient Education
<ul style="list-style-type: none">▪ 1-hour course▪ Drug SE monitoring▪ ASTCT grading criteria▪ Threshold limits▪ Telehealth▪ Simulation assessments & triage scenarios▪ Supportive and Urgent workflow▪ Interdisciplinary communication	<ul style="list-style-type: none">▪ Treatment and follow-up schedules▪ Treatment Urgent and Non-urgent signs and symptoms▪ How to perform and document VS and neurological assessments▪ Communication with care team

Treatment Administration Home monitoring

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

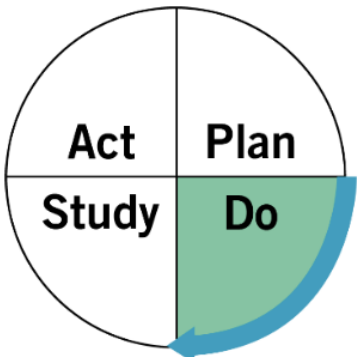
Supportive & Urgent care Technology/EMR documentation



IMPLEMENTATION –4 PDSA CYCLES



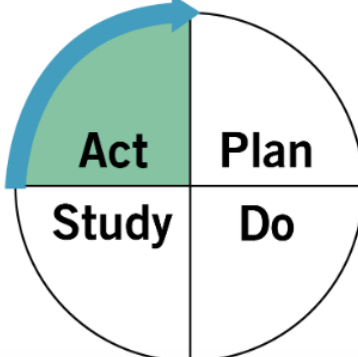
1. Reduce travel burden & maintain safety
2. Sustain nurse preparation for safe practice
3. Facilitate provider awareness
4. Educate research team to promote integration



1. Flexible scheduling
2. Coaching & support
3. Targeted education
4. Guideline reinforcement



1. Guideline adherence
2. Accuracy of grading
3. Patient Information
4. Adherence reinforcement



1. Patient center scheduling
2. Self-assessment tool
3. Closed-loop communication
4. Research integration



PRACTICE IMPLICATIONS & CONCLUSION

- Translate scientific evidence into practice
- Influence care outcomes, inform organizational standards, support nurse training and evaluation, and empower patients to participate in their healthcare decisions
- Nurse-led telephone follow-up call expand access with support
- Demonstrated feasibility, and safety with iterative refinement
- Sustainability requires institutional commitment, including dedicated resources for nurse staffing, protected time for education, and continuous feedback mechanisms to support practice excellence

Key: Bispecific Antibodies (BsAbs), Cytokine Release Syndrome (CRS), Institute for Healthcare Improvement Continuous Quality Improvement (IHI CQI)