

## Managing an IBD Infusion Unit During the COVID-19 Pandemic: Service Modifications and the Patient Perspective

To the Editors,

The COVID-19 pandemic has posed significant challenges to the provision of inflammatory bowel disease (IBD) unit infusion services in terms of the redeployment of specialist staff and reduced capacity because of social distancing. Given the recommendation for patients to remain on their usual biologic medication wherever possible,<sup>1</sup> we modified our service to ensure that our patients were adequately protected on the unit and surveyed attenders regarding their views and concerns.

One hundred seven (55.7%) of 192 patients who attended for an infusion between May 4 and 27, 2020, responded to our survey. During this period, 20 patients cancelled or did not attend their infusion. Patients were telephoned 24 hours before their infusion to screen for COVID-19 symptoms and were advised to attend the unit unaccompanied. The number of chairs in the unit was reduced to permit social distancing, and staff wore personal protective equipment for all interactions.

Results showed that 84.9% of patients found it “quite easy” or “very easy” to access information about their IBD care during the pandemic, with 44.9% accessing information available from Crohn’s and Colitis UK,

12.1% using the IBD registry self-evaluation tool (<https://ibdregistry.org.uk/>), and 56.1% contacting our e-mail IBD helpline for advice. In addition, 25.2% of patients felt “very” or “somewhat uncomfortable” at the prospect of attending hospital for their usual infusion, but 80.2% felt on attending that the measures taken to reduce the risk of contact with COVID-19 were “completely adequate.”

We agreed upon changes to our standard protocols to reduce the nurse contact time with each patient, including removing the requirement to wait 30 minutes after the infusion and performing observations only at the start of the infusion unless the patient felt unwell or was having an induction infusion. According to the survey, 93.6% and 87.3% of patients, respectively, felt that they would want these changes to remain in place postpandemic. No adverse events were observed as a consequence of these changes.

Overall, only 20.6% of patients reported being “quite” or “very concerned” about access to IBD services over the next 3-6 months, but levels of anxiety were significantly higher about the impact of the pandemic in general (Fig. 1). Of the 32 patients who had had a telephone appointment, 78.1% found it completely acceptable as a method of follow-up.

Although these responses represent a self-selecting group of patients, we are encouraged that the majority felt prepared to attend for their usual infusion with appropriate infection prevention precautions. Changes made to

infusion procedure did not result in an increased risk of adverse reaction.

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### REFERENCE

1. Kennedy NA, Jones G-R, Lamb CA, et al. British Society of Gastroenterology guidance for management of inflammatory bowel disease during the COVID-19 pandemic. *Gut*. 2020;69:984–990.

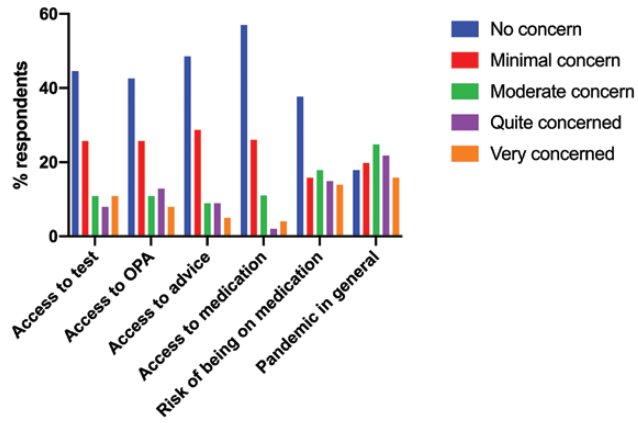


FIGURE 1. Levels of concern about IBD treatment during COVID-19. OPA, outpatient appointment.