

Bunuru Newsletter



Bunuru is the hottest Noongar season in the South West of Western Australia, marked by long, dry days, little rain and cooling coastal breezes.

As a service founded in Perth on Whadjuk Noongar Country, we acknowledge Bunuru as a time traditionally spent living close to the coast, rivers and estuaries, where fishing and freshwater foods were abundant. Bunuru reflects strength, growth, and a deep connection to water and Country.

Message from the Directors

What truly sets View Health – chemo@home apart is our people. We are immensely proud of our clinical and operational leadership, and of the broader team who bring skill, compassion and professionalism to every patient interaction. Together, they have delivered exceptional care while building the largest and most meaningful repository of real-world data on home-based infusions in Australia, drawn from more than a decade of practice.

This depth of insight, spanning safety, clinical outcomes, patient experience and emerging trends, allows us to continually learn, improve and lead with confidence, ensuring innovation is grounded in evidence and driven by a team deeply committed to better care for patients.

*Julie Adams &
Lorna Cook*

In this newsletter you can expect:

Introducing the Patient Care Navigator

Streamling documentation - MHR

Clear Contact Pathways

Expanding therapies

Clinical Governance Updates

Improving patient outcomes



Introducing our Patient Care Navigator

We're pleased to introduce our Patient Care Navigator, Edessa Gosling. As part of the Patient Care Navigator team, she will be a central point of contact designed to make it easier for both referrers and patients to get timely, coordinated support. This role supports complex enquiries, helps triage non-clinical questions (e.g., service locations, billing, eligibility checks), and works closely with our clinical and operational teams to ensure smooth admissions and continuity of care.

You can reach the Patient Care Navigator team for general (non-clinical) enquiries at navigator@chemoathome.com.au. Edessa is an Occupational Therapist by background and brings a wealth of experience in patient advocacy and coordination. Outside of work, she leads a very full life, playing and coaching touch rugby, cheering on her two boys, supporting her school P&C, and travelling with her family. Her energy and commitment are hard to miss!

Streamlining documentation: Treatment info now available in My Health Record (MHR)

We've continued to improve how treatment information is shared with referrers. As part of this, treatment summaries are being uploaded to each patient's MHR, after the treatment cycle is completed. This supports consistent documentation, improves accessibility for clinicians and patients, and helps reduce the volume of emails sent to rooms.

If you'd like to streamline your clinical practice, we can arrange read-only or prescriber access to Episoft, our electronic health record system, so you can view bookings and clinical notes (read-only) and sign-off treatment charts (prescriber). Please contact the Patient Care Navigator to organise access.

Clearer contact pathways: State-based inboxes for clinical/referral items

To support clearer communication and faster triage, we are now using state-based mailboxes for referrals and ongoing clinical information (treatment charts, clinical queries, and treatment confirmations).

Key points for referrers:

- General (non-clinical) enquiries → navigator@chemoathome.com.au
- Referral paperwork and clinical information → your relevant state-based inbox (e.g., infoWA@chemoathome.com.au)

Don't worry though, if you email info@chemoathome.com.au, our team will forward to the appropriate state mailbox.



Clinical Governance you can trust

Recent activity across our Safety and Quality Committee and Expert Reference Groups has continued to reinforce strong clinical governance and patient safety. Key areas of focus included clinical incident review, accreditation readiness, and the endorsement of updated protocols to support the safe introduction of new and evolving therapies, informed by specialist input from our Expert Reference Groups.

As the Committee Chair noted, "These forums are critical to ensuring our services continue to grow safely and responsibly; the depth of clinical review and specialist engagement gives us confidence that quality and patient safety remain at the centre of everything we do."



Infliximab Brand Update: Inflectra to Ixifi

We are supporting a planned transition from Inflectra to the infliximab biosimilar Ixifi following the discontinuation of Inflectra, by Pfizer. The changeover is being managed like for like, with no change to clinical protocols, compassionate access arrangements, or the existing company portal used for ordering and supply.

Pharmacy and nursing teams are coordinating the transition to ensure continuity of care and clear brand documentation, with safeguards in place during the changeover period to minimise any disruption for patients or prescribers.

Want the best outcome for your patients on immune check point inhibitors?

A 2025 spot audit of immune checkpoint inhibitor administration at View Health – chemo@home found that 82% of all doses were delivered before 2 pm. This is reassuring given emerging evidence showing significantly better outcomes, including improved progression free and overall survival, with infusions earlier in the day, likely driven by circadian influences on immune function. We continue to review and refine our practice to ensure it remains contemporary and focused on delivering the best possible outcomes for patients.

Conference Presentations

We were honoured to present our pioneering work on developing and delivering at-home edaravone infusion services at two leading neurology forums: the prestigious Australian and New Zealand Association of Neurologists (ANZAN) Annual Scientific Meeting (June 2025, Brisbane) and the Australasian Neurological Conference and Expo (May 2025, Perth). These presentations showcased our commitment to expanding access to innovative therapies for patients with neurodegenerative conditions, while highlighting the clinical, logistical, and patient-centred considerations involved in safely administering complex treatments in the home setting.

[Australasian-Neurological-Conference-Expo-2025-Poster](#)
[ANZAN-2025-Poster](#)

ADMINISTRATION OF INTRAVENOUS EDARAVONE FOR AMYOTROPHIC LATERAL SCLEROSIS (ALS), AT HOME.

Authors Julie Adams Leader - Governance, Nicole Branch Leader - Clinical Delivery, Dan Corrigan Pharmacy Lead and Stacy McGreal WA/SA Nurse Lead



BACKGROUND

ALS is a neurodegenerative condition that causes progressive muscle weakness. Edaravone is a free radical scavenger which reduces oxidative stress, however, its mechanism of action in ALS is unknown. Two 6-month, randomised, placebo-controlled, double-blind studies showed edaravone slowed functional decline in people with ALS. Edaravone was approved by the Therapeutic Goods Administration (TGA) in January 2023 and in December 2024 received agreement for listing on the Pharmaceutical Benefits Scheme (PBS). It was added to the PBS on the 1st May 2025.

RESULTS

Three patients received 225 infusions of intravenous edaravone at home, at a dose of 60 mg once daily over 60 minutes for 10 days out of 14-day period, followed by a 14-day drug-free period. Patient AC, 57yo F received 31 doses, via a PICC line, with mild flushing post infusion. Patient DW, 38 yo M received 184 doses, via a port with no iRRs. Patient DH, 57 yo M received 10 doses, via an IV cannula with no iRRs. No patient required use of HASO or was transferred to hospital.

AIM

To evaluate the safety of intravenous edaravone administered to patients with ALS referred to a national home infusion service.



METHOD

Electronic health records of patients referred to a national home infusion service were reviewed. Data was collated on demographics, infusion-related reactions (iRRs), use of hypersensitivity-anaphylaxis standard orders (HASO), and transfer to hospital.

CONCLUSION

Although the PBS indication is for patients who are independent in activities of daily living and where treatment is initiated within 2-years of disease onset, treatment at home alleviates the stress of travelling to hospital for treatment. This is particularly important given the intensive treatment schedule required. Edaravone infusions at home are safe.

REFERENCES

Radicava Product Information, Teva
<https://www.tga.gov.au/sites/default/files/2024-08/auspar-radicava-240812-pi.pdf>, Accessed March 2025





Do you care about the environment? We do!

View Health – chemo@home has recently launched a new initiative to support team members to transition into electric vehicles, reflecting our commitment to more sustainable models of care delivery. Building on this, an abstract has been submitted to a national conference examining the carbon reduction impact of EV-enabled, home-based infusion care. The abstract demonstrates that delivering equivalent care in the home using EVs can achieve an estimated 95–96% reduction in carbon emissions compared with hospital-based care, positioning EV-enabled home care as a scalable, clinically sound pathway to decarbonising healthcare while maintaining safety, quality and workforce sustainability.

We value your time and ongoing collaboration

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