

NURSING STANDARDS AND OUTCOMES DEVELOPED BY THE LEG ULCER FORUM

Quality standards are being developed by the National Institute for Health and Clinical Excellence (NICE) to support the NHS outcomes framework which the Department of Health has put into place to improve healthcare outcomes for all patients. These standards will drive quality throughout the NHS services. As yet there are no plans for quality standards to be developed for leg ulcer services, therefore, the national Leg Ulcer Forum has developed its own nursing standards outlined below.

Specialist nurses are being asked to justify services against quality regulations, such as the Care Quality Commission (CQC), demonstrating good performance data and cost effectiveness, while ensuring quality care.

The white paper *Equity and Excellence: Liberating the NHS* (Department of Health [DH] 2010) highlights the importance of quality care and sets patient safety, clinical effectiveness and patient experience as the three domains of quality.

Having a clear view of how these domains can be measured so services can be justified means that time and resources are not wasted collecting the wrong data.

This paper aims to provide a solution to the issue of how to justify leg ulcer services by highlighting a set of nursing standards and outcomes that can form the measures for leg ulcer services.

The nursing standards proposed by the national Leg Ulcer Forum can be used to demonstrate the quality of leg ulcer services. They set standards for services, are a means to measure services and refer to CQC requirements (CQC, 2010).

QUALITY CARE

The primary purpose of the NHS is to

improve quality and healthcare outcomes for all patients based on the three domains of quality mentioned previously. Clinically credible and evidenced-based measures are being promoted by the government to demonstrate improvements. Therefore, an NHS outcomes framework (DH, 2010) has been developed that is focused on setting national goals that span the three domains of quality: patients' safety, clinical effectiveness and patients' experience.

These national goals are supported by quality standards that the government has requested the National Institute for Health and Clinical Excellence (NICE) to develop for certain health conditions. Some quality standards have already been published, for example on strokes, dementia and venous thromboembolism prevention, while others are in the pipeline. The NICE standards will act as markers of high quality, cost-effective patient care and are derived from best available evidence. It is these standards that clinicians need to base their services on to be able to measure and prove the quality of care and healthcare outcomes for patients.

At present there are no plans for quality standards to be developed for leg ulcer care by NICE, an issue that was brought to the attention of the national Leg Ulcer Forum. It was agreed that the Forum would develop a set of nursing standards

KEY WORDS

Standards
Quality
Leg ulcers.

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‘The primary purpose of the NHS is to improve quality and healthcare outcomes for all patients based on the three domains of quality’

1. All patients with a non-healing lower leg wound of six weeks' duration should have a full holistic leg ulcer assessment including a Doppler.
 2. Patients should receive verbal and written information regarding their leg ulcer at the first assessment and ongoing as part of the care delivery so that they can be involved in the planning of care and encourage concordance in the implementation of care.
 3. Patients consent and receive appropriate treatment that reflects their assessment and ulcer aetiology, which is endorsed by national guidelines and supported by best and safe practice.
 4. Leg ulcer assessment and treatment to be carried out by professional staff trained and competent in leg ulcer management and the equipment that directly relates to the assessment, using the appropriate local documentation.
 5. Organisations are required to have the appropriate standards/clinical guidelines, training programmes and competency frameworks in place.
 6. Patients undergoing compression therapy are reviewed formally three to six monthly with assessment and Doppler, which is recorded in the patient's clinical notes.
 7. Patients with active ulcers have their care formally reviewed monthly (or sooner if there is evidence of deterioration) using the appropriate local documentation.
 8. Demonstrate that ulcer recurrence is monitored for prevention of recurrence endorsed by national guidelines.
 9. Measure, monitor and record venous leg ulcer healing rates quarterly.
- For the full document go to www.legulcerforum.org*

Figure 1: Nursing standards/outcomes statements for Leg ulcer services.

and outcomes for leg ulcer services based on the national quality standards developed by NICE.

NURSING STANDARDS FOR LEG ULCER CARE

The quality standards developed by NICE for other conditions were reviewed by the author and these formed the basis of the nursing standards for leg ulcer care. The standards were, therefore, written in a similar format and style which were to be concise and measurable (DH, 2010). The standards and outcomes were based on the national leg ulcer guidelines (RCN, 2006; SIGN, 2010), best practice statements and evidence-based care, thus, ensuring they are clinically credible. The standards developed by the Leg Ulcer Forum address the three domains of quality mentioned above. The standards were kept specific while providing the information needed to make them measurable and auditable.

Each standard was developed to show how it applied to all those involved in the care of leg ulcers, whether it be the patient, healthcare professional, service

provider or commissioner. This highlights the important role and accountability all healthcare professionals have in delivering high-quality care. Guidance for measuring each standard is given, which will provide a clear indication of how the standard is being met within the service. Definitions have been included to give extra information on some standards where it was felt necessary, for example, in the first standard, holistic assessment is broken down into its component parts. The standards, as well as being based on the documents mentioned above, have been scrutinised by an expert group comprised of leg ulcer specialists, consultant nurses, specialist educators, one industry manager and one quality manager to ensure they are fit for purpose and complete.

MEASURING LEG ULCER SERVICES

Each standard contains a statement (*Figure 1*) that can be measured by reviewing the total number of patients that fall within that standard (denominator) against those that meet the standard (numerator). For example, standard 1 states:

'All patients with a non-healing lower leg wound of six weeks' duration should have a full holistic leg ulcer assessment including a Doppler ultrasound' (Figure 1).

To measure this it is necessary to compare the number of patients with a non-healing lower leg wound of six weeks' duration (denominator) with the number of patients with a non-healing lower leg wounds of six weeks' duration that have undergone a full holistic leg ulcer assessment (numerator). This then shows the percentage to which the standard is met, thereby giving a measure as to how the service is meeting that standard. This makes standards both measurable and auditable.

There are several different collection tools which can be used to measure the standards. These include:

- ▶ Audits
- ▶ Performance data
- ▶ Patient satisfaction questionnaires
- ▶ PROMs (patient reported outcome measures)
- ▶ Patient progress notes
- ▶ Care plans
- ▶ Staff training and appraisal, which if used anonymously can all be used as evidence. For example, this could be used against standard 4 (Figure 1) to show that staff are properly trained.

The tool for collecting the information for each standard has been listed under the standard within the full document available on the Leg Ulcer Forum website, along with examples and ideas of how this can be achieved. One tool can be used to collect data for a number of the standards, i.e. service audit, thereby reducing the workload.

CARE QUALITY COMMISSION

The CQC requires organisations to provide evidence that their services are delivering quality care to patients. As healthcare professionals it is vital to have the right standards for services to enable them to prove they are delivering quality care. It is also vital to collect the right information to justify their services against these standards and to meet the requests of CQC. This set of nursing standards/outcomes that have been developed fulfil these demands.


The standards developed by the Leg Ulcer Forum give examples of how to collect the right information and each is linked to the appropriate CQC outcome to show how the data collected meets the commission's requirements. These make the standards useful within the workplace as time is not wasted collecting irrelevant data and quality care can be shown to have been delivered.

CONCLUSION

The leg ulcer forum standards were implemented in the workplace in 2011. Through Leg Ulcer Forum conferences the standards are discussed and specialist nurses throughout the UK are encouraged to use them. They have formed the basis for the leg ulcer service specification, which outlines the aims and objects of the service and detail what it will provide. They have also been included within the audit calendar, thereby proving that the service meets the service specification. The standards are designed to ensure that data is collected, reviewed, measured and reported by the service lead in a clear and purposeful manner so that time and resources are not wasted.

Because the standards are based on the national guidelines, best practice statements and evidence-based care, the service is measured against these. The standards are also built on the domains of quality, ensuring safe and effective care and treatment and consideration of the patient's experience. This will show whether the service meets the domains of quality.

The standards have been communicated in meetings and newsletters throughout the whole service, covering the leg ulcer clinic, district nurses and the adult governance group, which will promote quality care across the organisation. These standards will be considered at the next Clinical Quality Review meeting with the commissioners, thereby establishing a clear aim of the service to all involved.

The full nursing standards/outcomes document for leg ulcer patients can be found on the Leg Ulcer Forum website www.legulcerforum.org or can be requested by emailing the leg ulcer forum legulcerforum@btinternet.com 

KEY POINTS

- ▶ There are no plans for quality standards to be developed for leg ulcer care by NICE, an issue that was brought to the attention of the National Leg Ulcer Forum.
- ▶ The standards developed by the Leg Ulcer Forum give examples of how to collect the right information and each is linked to the appropriate CQC outcome.

References

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