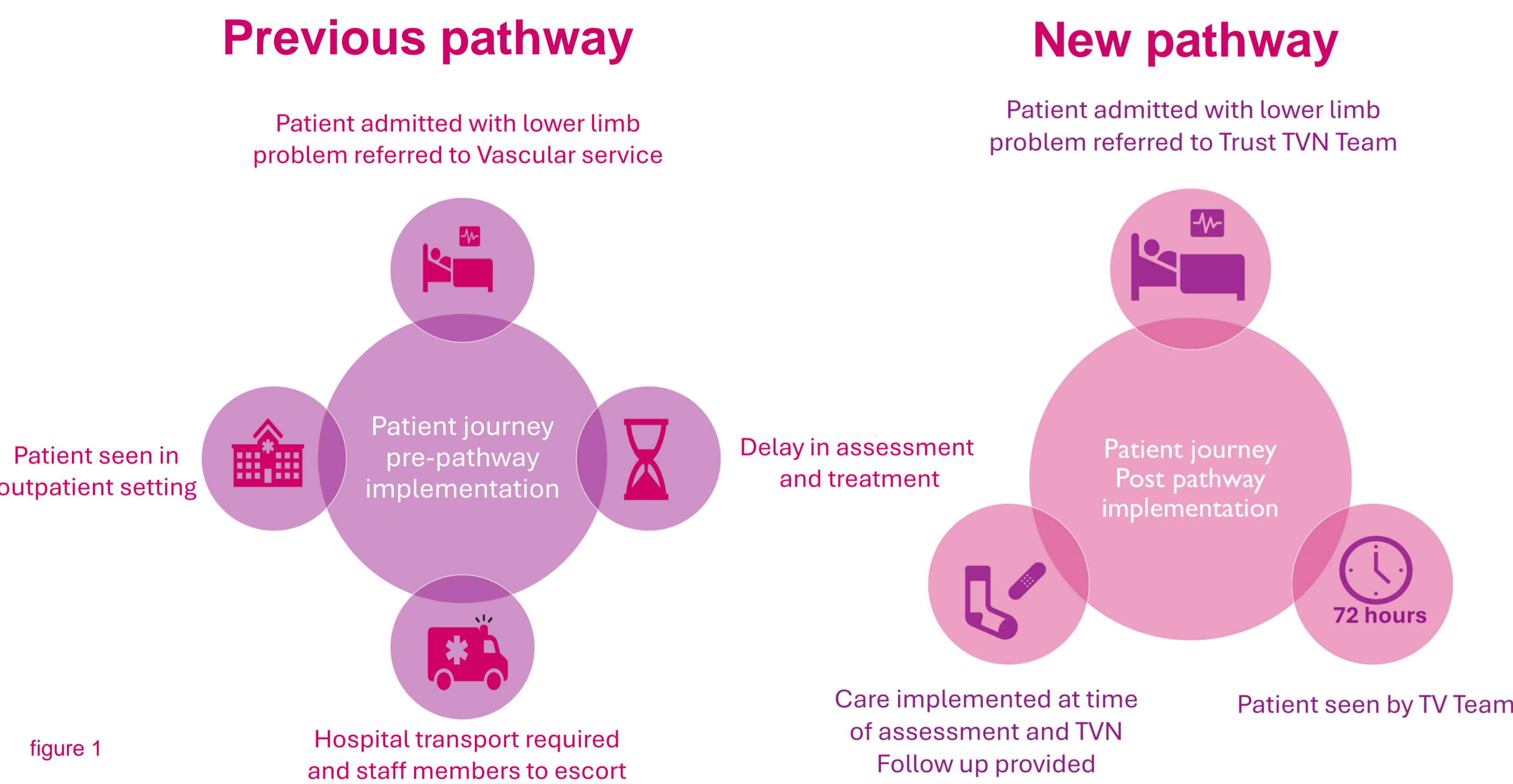


How implementation of a lower limb pathway has improved patient quality of life across a mental health trust.

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Introduction

Living with a leg or foot condition is recognised to have a significant impact on an individual's mental health and overall wellbeing (Legs Matter 2024). Historically mental health nursing has been focused to meet the varying psychological need of the patient population rather than physical health (Forster 2015). It is acknowledged that those with mental health problems are at an increased risk of physical health problems with Robson and Gray (2007) identifying higher rates of chronic diseases and mortality rates in comparison to the general population. It is fundamental that mental health staff can screen those in their care for physical health conditions and there is evidence to suggest identification of pressure related injuries, acute traumatic wounds such as skin tears are managed well and policies are implemented to address their importance, when it comes to lower limb health conditions such as leg ulceration or chronic oedema, recognition is generally limited and intervention lacking.



The Tees, Esk and Wear Valley NHS Foundation Trust recognise good physical health is one of the core building blocks to good mental health. In relation to wound care and lower limb health, the Trust has its own small dedicated Tissue Viability (TV) Team. The TV Team identified there was scope for improvement of care provision in relation to the lower limb health of their service users. Current practice saw all lower limb wounds and associated issues referred externally to the local vascular services for assessment, causing a delay in treatment for patients and an increase in staffing and transportation cost for the trust see (figure1).

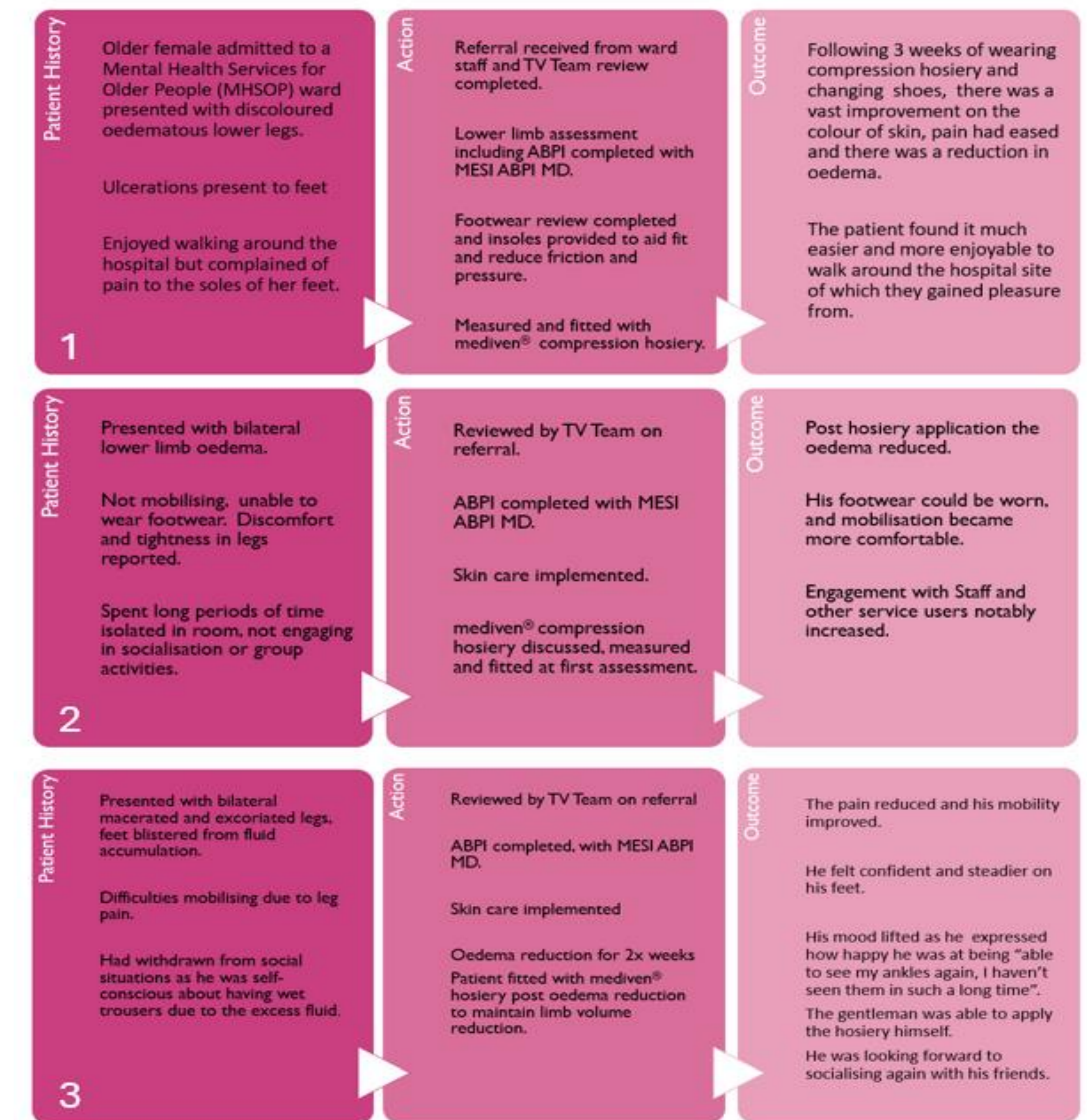
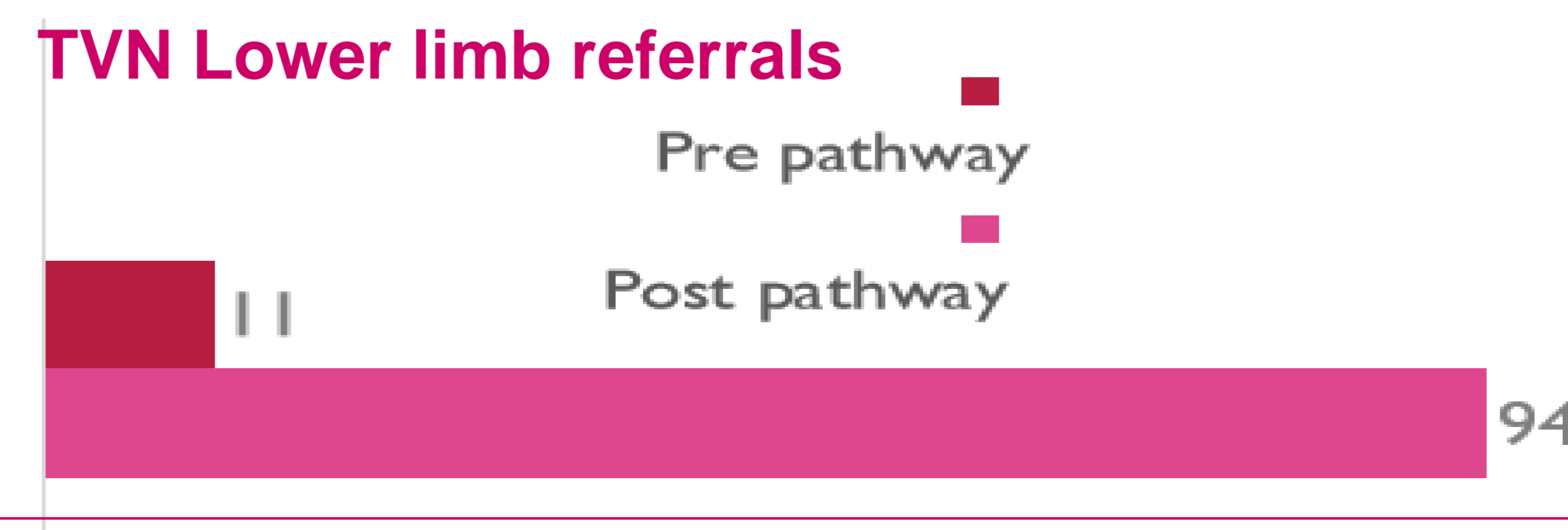
Method

It was recognised that with the introduction of a simple lower limb pathway and the provision of some additional in-house training across the Trust, improvements to current care could be obtained. This would address the needs of patients without additional disruption to their current inpatient treatment. The pathway allowed for the TV Team to intercept the leg ulcer referrals and commence a simple leg ulcer assessment and treatment algorithm, reserving external referral to vascular services for those in need of specialist input. As part of the project, stock boxes of compression treatment were introduced to enable access to compression at the point of care without delay. Once the pathway was ready to implement, the TV team publicised the introduction of the pathway with the Trust wide Physical Health Group and Modern Matron and Service Managers alongside training and education at ward level on how to implement the pathway.



Results

Following the launch of the new pathway and training a steep increase in lower limb referrals was seen by the service. Whilst at first glance the number of referrals for active leg ulcers, oedema and wounds to lower limbs which had not healed saw a huge increase. This increase can be attributed to an increase in awareness of both lower limb conditions and the pathway implementation. As the assessment and treatment of those requiring lower limb care had been managed in house, follow up support was provided by the team during the time of admission. During this time patient improvement in mood and quality of life was also noticed and described in patient case stories (see figure2).



Conclusion

The ability to provide lower limb assessments at the time of referral, in the patients' current care setting, when additionally combined with access to products has enabled the right care to be provided at the right time. The introduction of an easy-to-follow pathway and treatment process alongside education and awareness of lower limb health issues across the trust inpatient units has led to increased recognition and referral of patients requiring TV input. Leg ulcerations and associated lower limb conditions are an important physical health need, requiring intervention in a mental health care setting. The implementation of a simple lower limb pathway has shown to improve not only access to treatment and better health outcomes for patients but more importantly patient quality of life.