

Implementation of National Recommendation for Care of Patients with Leg Ulcers within a District Nurse Team

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Introduction

A quality improvement project was commenced within a district nurse (DN) base to promote effective use of staff time, implement use of compression hosiery and to improve clinical outcomes. As part of this project the Trust's leg ulcer policy was updated to ensure integration of immediate and necessary care, as recommended by the National Wound Care Strategy Programme (NWCSP)¹. Within wound care, there is a high level of variation in practice and poor adoption of clinical evidence² resulting in potential patient harm, delayed healing times and increasing associated costs to the National Health Service (NHS).

Method:

A case review was undertaken, where patients with leg ulcers were placed into 3 categories:

1. Patients being treated with compression hosiery
2. Patients being treated with compression bandages
3. Patients awaiting an assessment of Ankle Brachial Pressure Index (ABPI) or who were not suitable for compression

The review demonstrated that the longest a patient had to wait for an ABPI was 21 months, the shortest was 4 weeks, the mean was 7.5 months and the median 7 months. Prior to the launch of the new leg ulcer pathway, ABPI assessments were not deemed sufficiently important to be a priority, combined with a high level of staff shortages.

The existing leg ulcer policy and pathways were updated to include National Wound Care Strategy Programme recommendations (NWCSP) for immediate and necessary care of up to 20mmHg of compression, in the absence of red flags which included:

- Acute infection (e.g., increasing unilateral erythema, swelling, pain, pus, heat)
- Symptoms of sepsis
- Acute or suspected chronic limb threatening ischaemia
- Suspected acute deep vein thrombosis (DVT)
- Suspected skin cancer
- Bleeding varicose veins

Attaining a full vascular assessment, including an ABPI reading, within a prompt manner, as part of this quality improvement project, was essential. Yet, safely initiating ≤ 20 mmHg of graduated compression for up to 14 days prior to obtaining the ABPI reading was a notable change in practice which required educational support.

Results

One month prior to implementation of the NWCSP's immediate and necessary care 27 patients had received a full holistic assessment, including ABPI and 27 were being treated in compression (13 compression hosiery and 14 in compression bandages). Twenty-one patients were waiting for assessment, including their ABPI, or were unsuitable for compression. (Figure 1)

Following the launch of the updated leg ulcer pathway and policy the DN team are now able to place the leg ulcer patient groups into an extended selection of categories:

1. Patients being treated with compression hosiery
2. Patients being treated with compression bandages
3. Awaiting an ABPI assessment with ≤ 20 mmHg compression applied
 - i. as red flags present, but escalated to specialist clinician or service within a timely manner
 - ii. not suitable for compression

The percentage difference of patients waiting for an ABPI assessment pre and post the new pathway implementation was impressive. The pre-pathway equalled 44% of the case load with no intervention and waiting, versus post-implementation equating to 0% of patients waiting, with 5% in ≤ 20 mmHg compression and 20% with red flags present. Overall, one month post implementation 67% of patients were in compression versus only 56% being in compression prior to effective initiation of immediate and necessary care (Figure 2).

This continued 3 months post implementation with 62% in compression or healed prior to ABPI, although there was an increase from 20% to 32% of patients recorded as having 'red flags' present.(Figure 3)

Additionally, holistic assessments, including ABPI, were placed as a priority 4 for all patients and escalated to a priority 1 once the patient was commenced on 20mmHg of compression, to ensure timely confirmation of appropriate compression levels.

Case studies:

Examples of healing following full assessment are:

Patient 1:

97-year-old female referred with active ulceration Day 0
ABPI assessment Day 446
Healed and last DN visit Day 672
226 days from compression to healing

Patient 2:

89-year-old male referred with varicose eczema and multiple skin breaks Day 0
ABPI assessment Day 457
Healed and last DN visit Day 474
17 days from compression to healing

Discussion & Conclusion

As the DN team notice the positive impact on their healing rates and demands on their caseloads, it is hoped that this evolving change in practice will result in immediate treatment for all patients. With support and education, general practice and care homes have the ability to implement immediate and necessary care, which would facilitate a further reduction in time to healing.

By focusing on appropriate treatment as first line care for all patients with leg ulcers, complications can be prevented and anecdotally it seems some patients with new leg ulcers are healing within the 2-week period of ≤ 20 mmHg compression. The compression selection included Altiform compression hosiery, for all patients deemed suitable or **UrgoKTwo** compression bandage system in-line with the Trust's Leg Ulcer Pathway (Figure 4).

References:

1. National Wound Care Strategy Programme: (2024) Recommendations for Leg Ulcers. Reviewed: July 2024.
2. Guest, J, F, Fuller, G, W and P, Vowden. Cohort study evaluating the burden of wounds to the UK's National Health Service in 2017/2018: update from 2012/2013. BMJ Open. 2020

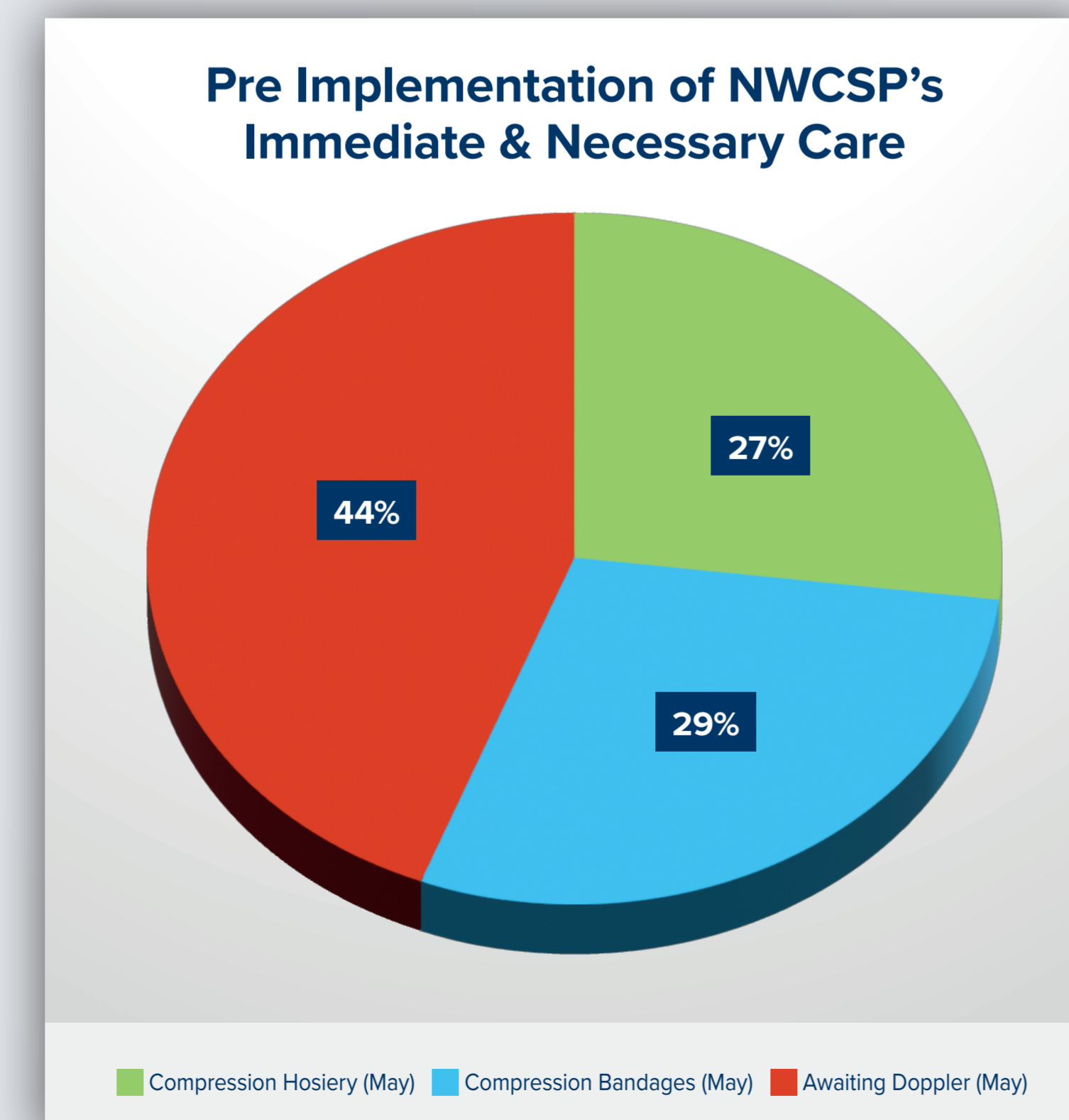


Fig 1

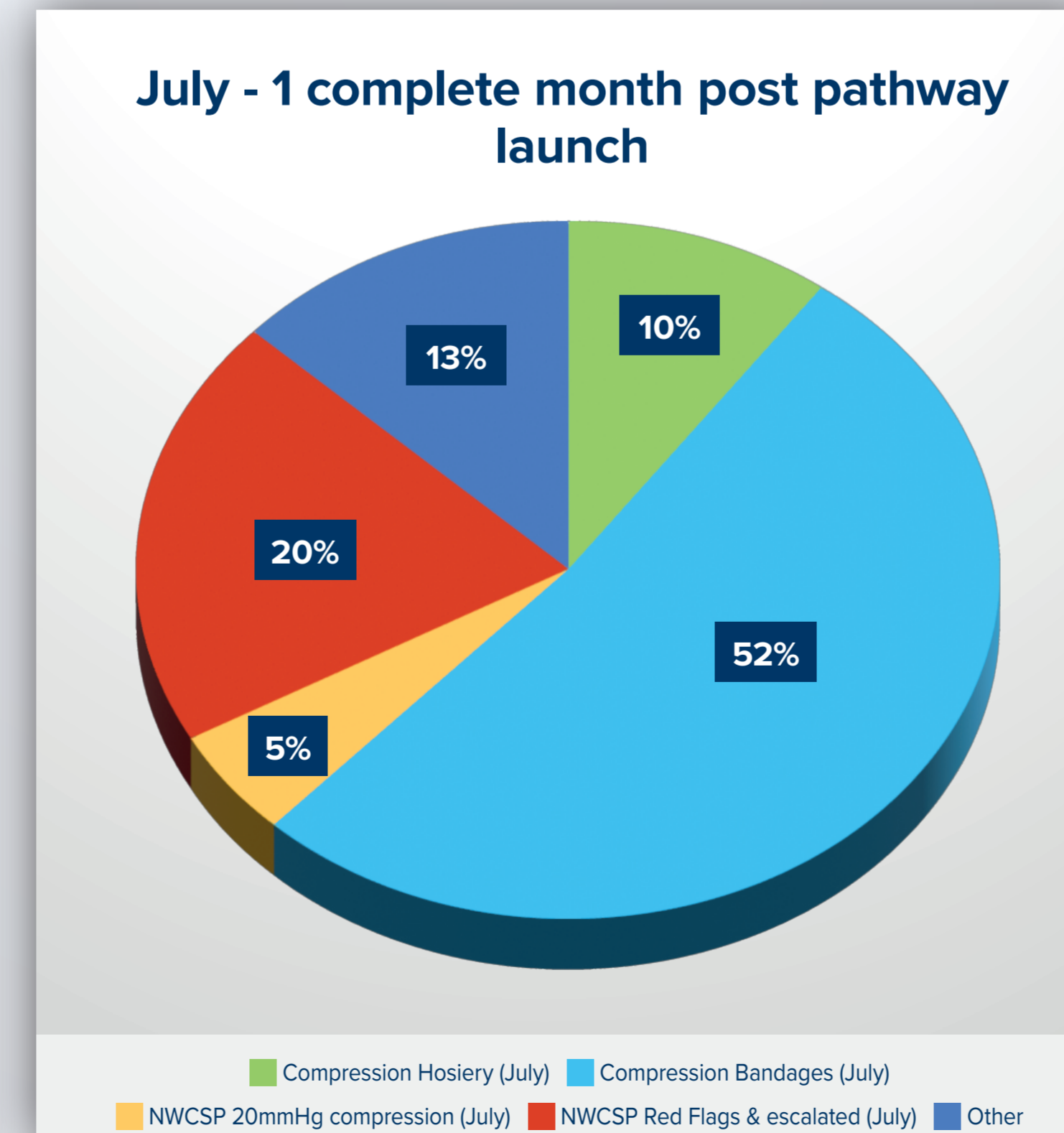


Fig 2

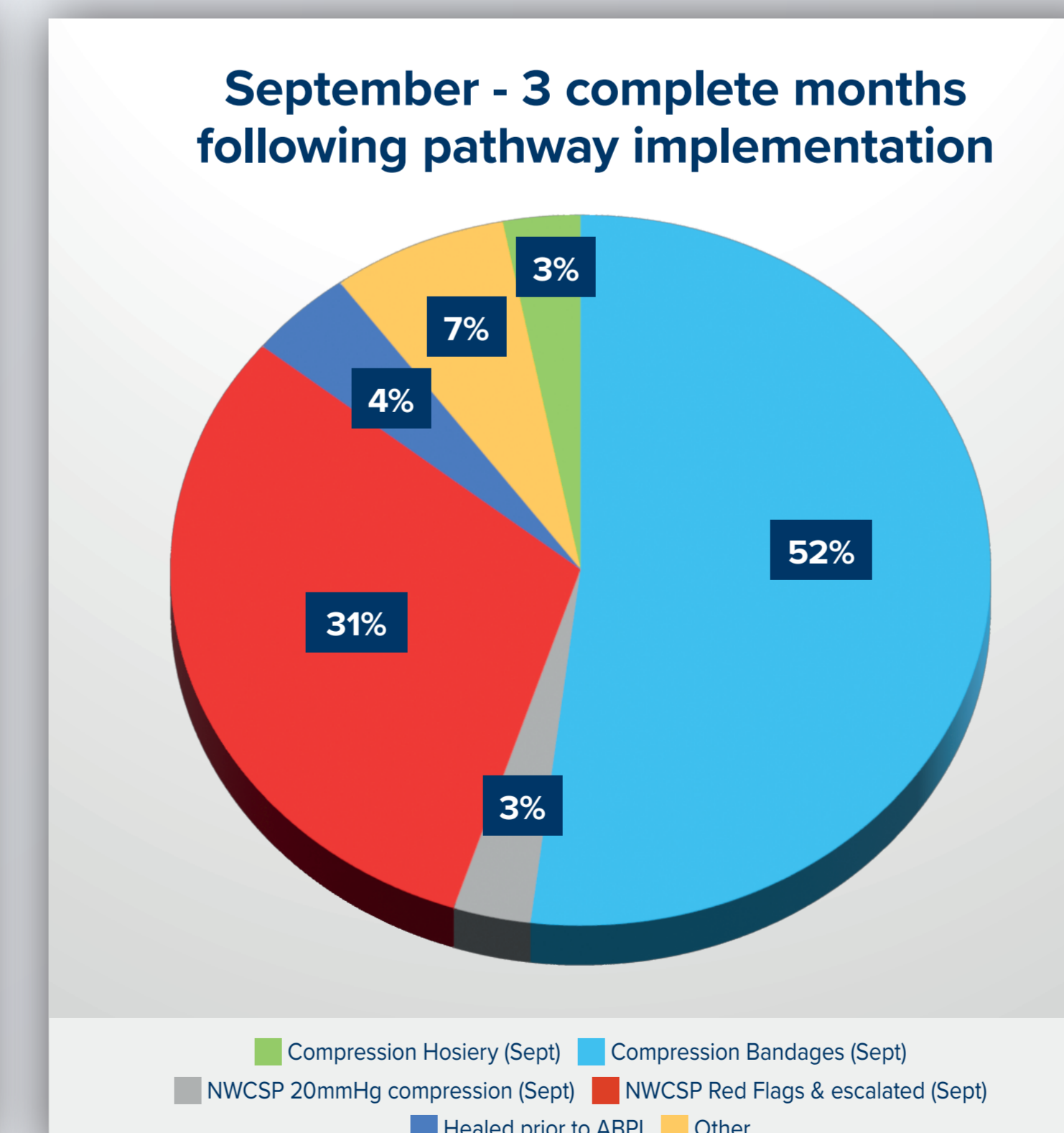


Fig 3

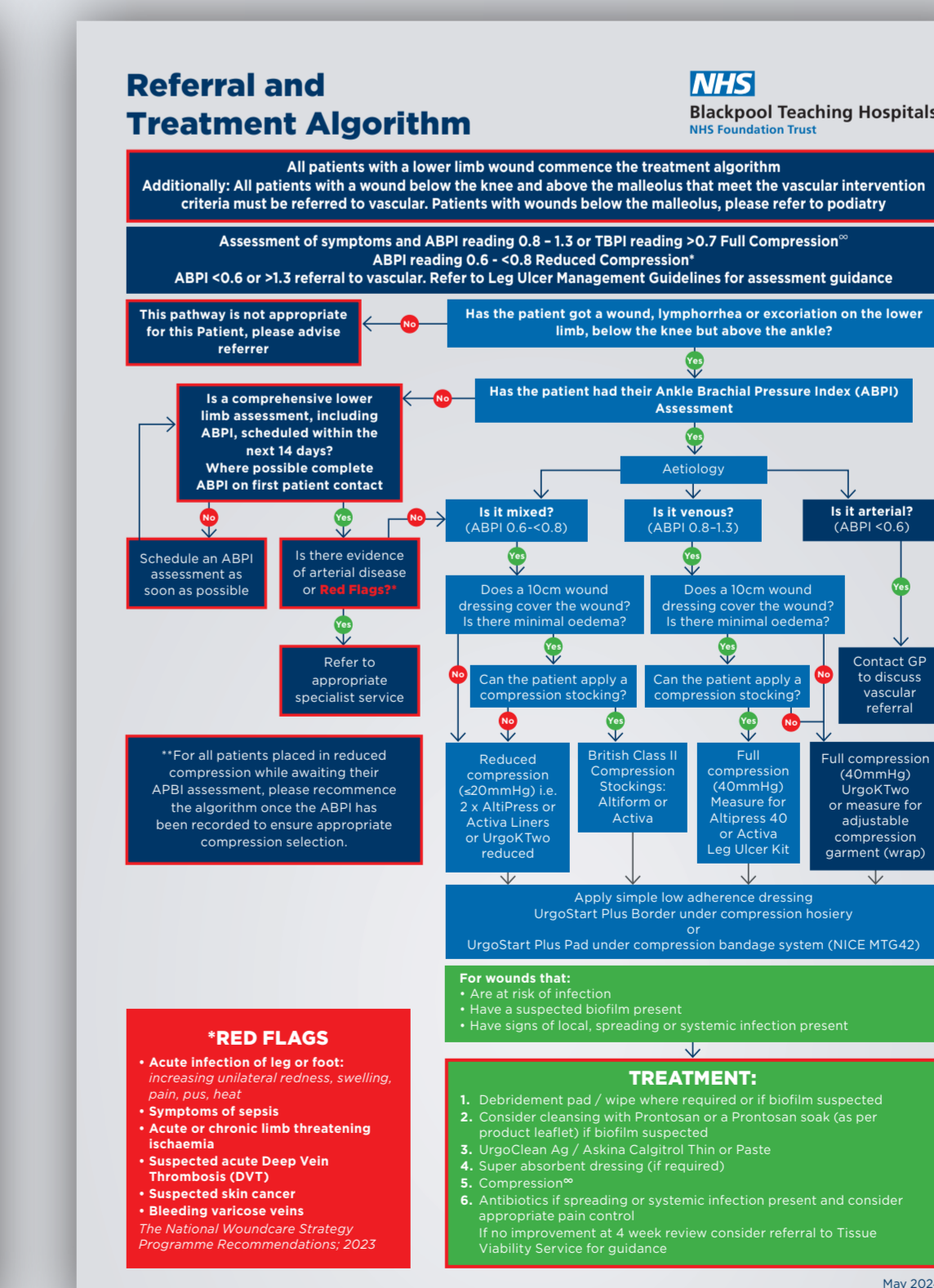


Fig 4