



Name of project: Improving Lower Limb Management Outcomes

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Kent Community Health
NHS Foundation Trust

What was our aim?

To enhance the knowledge, skill and competency within a community nursing service to improve the assessment and management of house bound patients with lower limb wounds; with the support of the wound medicine centres and a specialist tissue viability nurse (TVN) over a 12-week period.
To promote and enhance best practice

Why is it important to service users and carers?

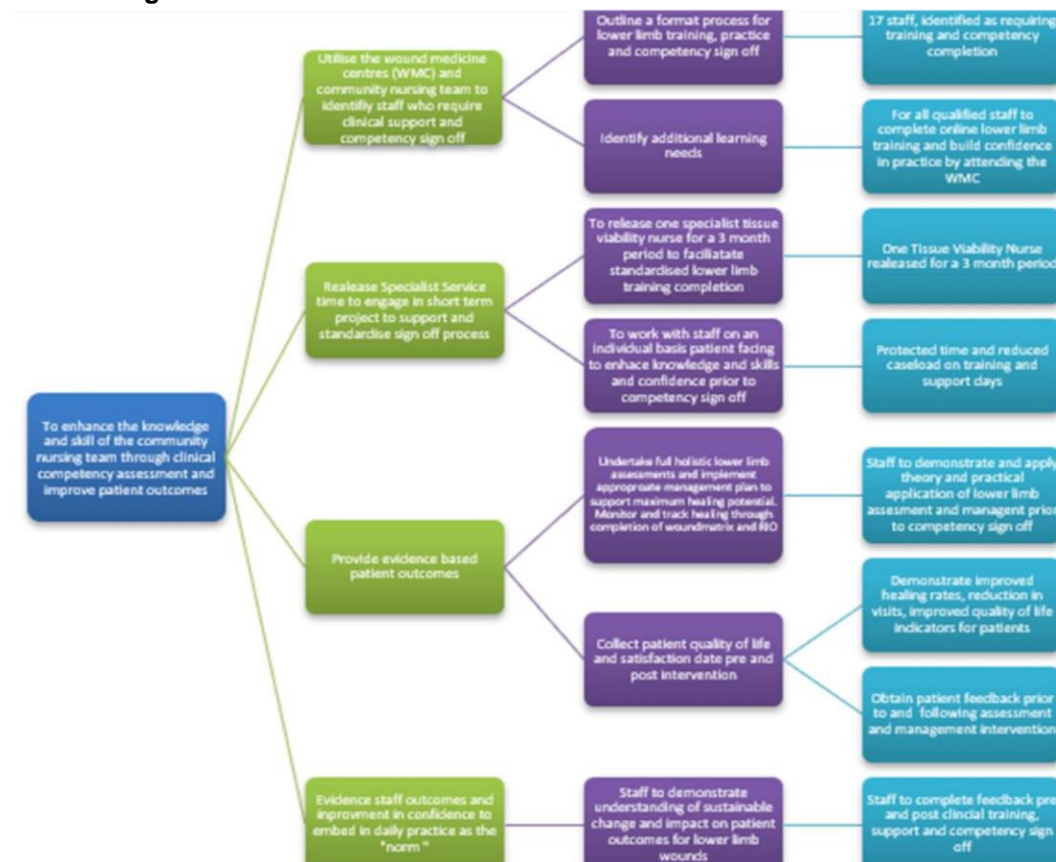
It has been suggested that patients with leg ulcers do not always receive the required assessments. Guest et al (2015) in the Burden of Wounds study found that 30 per cent of patients with wounds lacked a differential diagnosis and with only 16 per cent of those with leg or foot ulceration having had a Doppler ankle-brachial pressure index (ABPI) recorded. Guest et al (2020) outlined that 50 per cent of the community nursing workload consisted of wound care related tasks and that there is an increase in the prevalence of wounds.
Venous Leg Ulcers (VLU) have a significant impact on a patients' quality of life (QOL) and affect them personally, socially and psychologically. There are also financial and economic implications for healthcare providers on resources; the annual cost of treating each VLU is estimated at £7,600 (Guest 2017).
There is a real urgency now to improve healing times and patient outcomes to start impacting on the burden to the healthcare system. Other considerations and outcome measures are providing standardised assessment and interventions that will in turn reduce nursing case load, release time and associated cost savings, QOL, enhancing staff knowledge, competency and confidence and to enable equitable care.

Ideas and tests of change

- To make sure all staff have a fundamental understanding of the lower limb pathway and have the confidence in their knowledge and practical skills to complete a full lower limb assessment, including Doppler and the ability to generate a management plan in line with the best practice guidance, within a two-week period of a patient being accepted onto the caseload as recommended by the National Wound Care Strategy Programme (NWCSP) 2019.
- Utilise the wound medicine centre to facilitate exposure to lower limb (LL) wounds and experience expert clinical care and enable development of practical skills in LL assessment and management
- To embed into daily practice by maintaining sustainable competent skills through regular rotation of staff within the wound management clinics.
- To encourage access to continual professional development, by attending a variety of training opportunities for example wacky wounds.
- Utilising the tissue viability service in a different way to support clinical change.
- Patient/staff feedback to identify positive qualitative outcomes and changes required to develop services.

The tools we used

Driver diagram



Results/How did we do/Anticipated outcome

17 members of staff were identified who need further knowledge/training/competency completion. During the project all 17 staff completed training and competency sign off.

A total of 39 days were spent working alongside team members on a one to one basis.

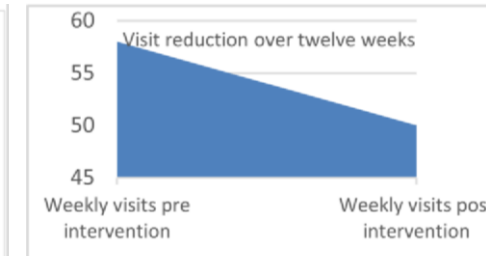
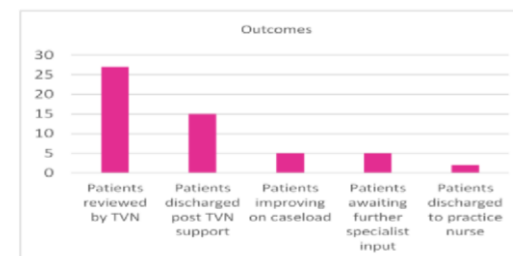
27 patients reviewed in total, (see graph below)

55 per cent discharged and 18 per cent improving (total of 73 per cent)

18 per cent remain on caseload and are awaiting further specialist input

7 per cent discharged to practice nurse

Weekly visits reduced over a 12-week period from 696 to 600.



Improved staff confidence with lower limb management, by enhancing knowledge and skills

Improvement in patient healing rates/ enhancing QOL by introduction of best practice guidance, as recommended by the NWCSP 2019.

Consolidating feedback from patients and staff throughout the 12 weeks, showed staff felt supported/encourage/confidence improved/understanding enhanced.

Patients reported feeling supported/confident in treatment/ listened too/improved QOL

"I am able to walk comfortably, wear shoes and perform all my own care functions."

"The nurses acted early enough to prevent a leg ulcer breaking out."

What we learned and what's next

By providing concentrated specialist input, we were able to achieve, confident, competent, knowledgeable staff.

Promotes communication and team working with specialist services, wound medicine centres and community nursing.

Improve patient outcomes/healing times/QOL
Reduced visits.

Enabling team to implement best practice outcome-based intervention for patients with LL wounds.

Improved staff confidence.

Enabling clinical staff to understand the impact of earlier interventions and associated service and patients' outcomes.

Cost savings from the interventions.