Surrey Community Health
better care for better lives

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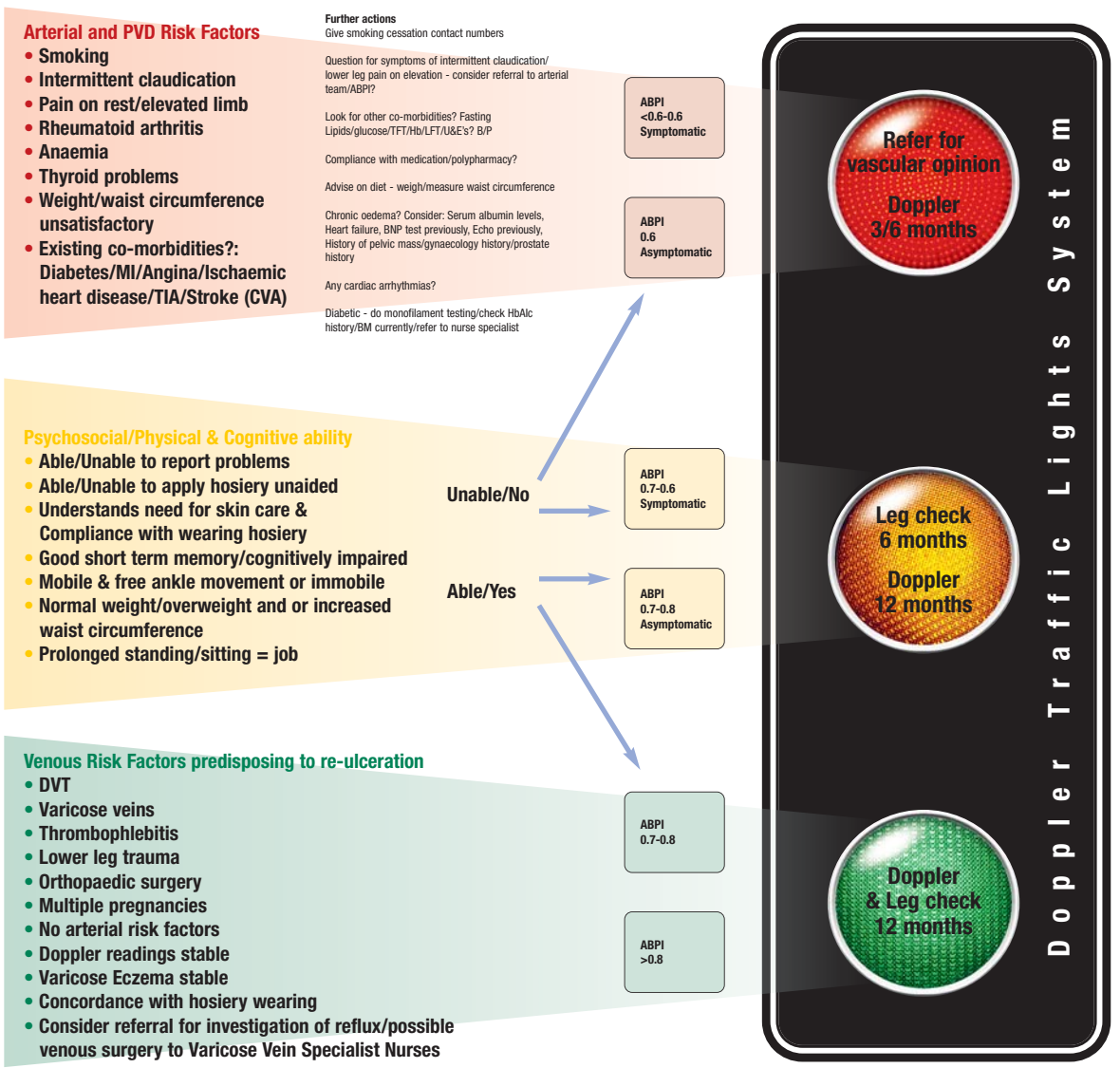
Introduction

There is a consensus of expert opinion that the wearing of compression hosiery post healing is valuable in preventing Venous Leg Ulcer (VLU) recurrence. How is this put into practice in a safe and realistic way, in terms of re-assessment?

Practice in reality; Re-assessment was ad-hoc and ritualistic, without individual risk factors taken into consideration. Many patients, once healed, were not followed up and never received further advice until they re-ulcerated.

The main issue was lack of trained staff time to follow up these patients.



Do healed venous leg ulcer patients receive follow up post healing?

Do patients remain healed?

Staff time Issues?

How to achieve Safe Practice for repeat prescribing of hosiery?

Does the hosiery still fit effectively?

Does the Patient wear the hosiery?

Do Community Nursing Teams have all the necessary skills to risk assess when follow up should happen?

Skill mix right?

Newly qualified staff? Worried about accurate clinical decision making skills?

Proposal

Simplify and interpret the evidence and guidelines for practitioners - utilising documentation that can be used in well leg clinics (Traffic lights system & well leg documentation). This will disseminate best practice across the whole locality, improving quality of care. Traffic lights system will enable inexperienced staff to plan and rationalise follow up, dependent upon individual's needs and disease manifestations – ensuring that they are not lost within the health care system and equity of care.

Clear guidelines; when to re-assess. RCN states "Regular follow-up to monitor ABPI is necessary, dependent upon the needs of the patient."

SIGN 2010; "The concepts, practice, and hazards of graduated compression should be fully understood by those prescribing and fitting compression stockings."
Taking all the evidence into account the Traffic lights system provides clear guidance for this important and necessary assessment.

The Problem

Community Setting; Patients have ownership of their long term condition. They need to be empowered to manage this by being informed of their condition and working in partnership with their Health Care Professional. However, from a Health Care Professional's perspective, to ensure safe practice, risk assessment needs to have a systematic approach to assess the individual's condition, psychosocial, physical and cognitive abilities to cope with their condition. The Traffic lights system acts as a tool to aid this process and guide the clinician's decision making.

What factors are taken into consideration when clinical decisions are made about when to re-assess arterial status?

Calculate ABPI, How often? 3,6 or 12 months?

Conclusion

Ritualistically, recalling healed venous leg ulcer patients for Doppler assessment every three months is a poor use of already stretched resources. The introduction of a structured approach based on the patient's current arterial status and potential risk factors has ensured that the timing of the reassessments is realistic and meeting the needs of the individual.

Treatment of Venous Leg Ulceration is expensive in terms of;
- unnecessary pain and suffering.
- nursing time
- dressing and bandage costs.

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- reduced pain and suffering.
- empowering individuals with knowledge and basic skills to look after their skin and wear hosiery that suits their lifestyle and needs.
- proactive follow up on a 3/6/12 monthly basis rather than daily/weekly reactive care.
- SMARTER WORKING!

References

Royal College of Nursing. (2006) Clinical Practice Guidelines The Nursing Management of patients with Venous Leg ulcers. RCN. London.

Scottish Intercollegiate Guidelines Network (1998) The care of patients with Chronic Leg Ulcer. A National Clinical Guideline. SIGN, Edinburgh.

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