An audit of leg ulcer care and adoption of an alternative pathway using hosiery kits.

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Introduction

The VenUS IV trial (Ashby et al. 2014) has delivered evidence to support the firstline use of hosiery kits for venous leg ulceration (VLU), challenging ritualistic practice with compression bandaging. A recently published study indicates that the largest percentage of costs related to leg ulcer care was attributed to nursing time (Guest et al. 2015). A large proportion of this may be linked to the application of compression bandages.

Last winter, Shropshire the acute and community trusts were faced with winter pressures:

- Patients required earlier discharge into the community with no increase in resources
- Many staff were recruited in from agencies and bank staff, resulting in a wide variation in knowledge levels, skills and competencies
- Staff from all care settings reporting unmanageable case loads.

Method

Forced by increased winter pressures on service provision, an audit of VLU care delivered by a new Tissue Viability clinic was undertaken.

Through audit, 15 patients were identified in 1 GP practice with VLU, who were suitable for compression.

Following the audit, treatment with a leg ulcer hosiery kit* was selected if the following criteria was met:

- · Low-moderate wound exudate
- · Minimal limb distortion.

Patients and clinicians alike were educated as regards to the safe application, removal and care of hosiery kits.

Discussion

The findings of the VenUS IV trial gave a compelling reason to review practice for VLU management.

The outcomes achieved following the audit provided local evidence to support the ongoing use of leg ulcer hosiery kits.

- For those unable to receive treatment with a hosiery kit in the initial stages, a step-down
 approach from bandaging to a hosiery kit ensures that the clinical, cost and quality of life
 benefits can be applied to more patients.
- The use of hosiery kits encourages self-care. Those that are less able to self-care can
 still receive treatment with a hosiery kit

Changes in the delivery of leg ulcer training have occurred in response to the findings. Staff are now encouraged to use hosiery kits whenever possible, utilising compression bandages when limb volume or exudate reduction is a priority.

Before the audit

- 10 patients in compression bandaging via PN 3x week = 30 appointments
- 3 patients in compression via community nurses 3x week = 9 appointments
- 2 patients receiving no compression, visiting PN 2x week = 4 appointments

Total 43 appointments per week Cost: £656 (12.5 hours) per patient / 12 weeks

Following the audit

- · Eight of the 15 initial patients were suitable for the use of a compression hosiery kit
- Seven of eight self-caring with support of family/carers 2x week visit/appointment 1x week
 = 7 appointments
- One patient appointment 2x week = 2 appointments
- Two patients not receiving any form of compression therapy. PN twice per week = 4 appointments
- Three patients community nurses 3x week = 9 appointments
- Two patients community nurses 2x week = 4 appointments

Total 26 appointments per week

Cost: £150 (5 hours) per patient / 12 weeks

Reported patient benefits attributed to hosiery kits included:

- increased comfort compared to bandaging
- more cosmetically appealing than bandages
- a greater ability to self-care

Clinical benefits included:

- reduced numbers of clinic appointments/ visits required
- application of the leg ulcer hosiery kits was
 easier than application of bandages

Conclusion

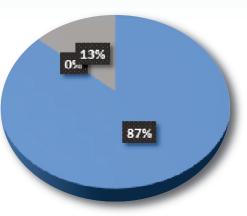
The use of leg ulcer hosiery kits within the organisation has yielded clinical, cost and quality of life benefits for those receiving treatment for venous leg ulceration.

References

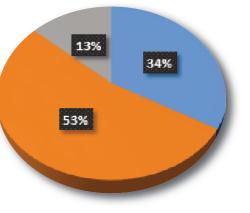
Ashby RL, Gabe R, Ali S, et al (2014) Clinical and cost-effectiveness of compression hosiery versus compression bandages in treatment of venous leg ulcers (Venous leg Ulcer Study IV , VenUS IV): a randomised controlled trial. The Lancet, 383(9920), pp871–9.

Guest J, Gerrish A, Ayoub N, Vowden K, Vowden P, (2015) Clinical outcomes and cost-effectiveness of three alternative compression systems used in the management of venous leg ulcers. Journal of Woundcare 24(7); 300-10

Before the audit



Following the audit



- Compression Bandaging
- Leg Ulcer Hosiery Kits
 - No Compression