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 first-line 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.

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.

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.

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

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.

Before the audit

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<thead>
<tr>
<th>Number of Patients</th>
<th>Number of Clinic Appointments</th>
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<td>3</td>
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Total 43 appointments per week

Cost: £656 (12.5 hours) per patient / 12 weeks

Following the audit

<table>
<thead>
<tr>
<th>Number of Patients</th>
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Total 26 appointments per week

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

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


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