Compression therapy — and compression hosiery in particular — are well-documented therapies for people with lower limb disorders. However, choosing the correct product for patients can be difficult. Here, Rebecca Elwell, Macmillan lymphoedema clinical nurse specialist, Royal Stoke University Hospital, examines the growth of technology in the choice of compression products and asks whether digital selection can contribute to best practice.

Comparesion hosiery is essential for the management of leg ulceration and the prevention of recurring chronic lower limb disorders. High-level systematic review and randomised controlled trial evidence exists to support the efficacy of compression hosiery (Ashby et al, 2014; Nelson and Bell-Syer, 2014).

However, the therapeutic benefit of compression can only be achieved if the right product is selected for the right patient (Wounds UK, 2015). A growing choice of compression hosiery offers clinicians providing lower limb care a greater opportunity to get it right for their patients. Occasionally, however choice can add to confusion with selection, particularly when caring for people with complex presentations.

We are living in an electronic age and rely on digital resources to support every aspect of our lives, from shopping to chatting with friends on social media. Embracing technology in care delivery may feel like a new concept, however reports of telemedicine go back as far as the 1950s, when Cecil Wittson pioneered video-based consulting (Pope, 2013). More recently, the Five Year Forward View (NHS England, 2014) highlighted the importance of harnessing technology to prevent the widening gap between care standards and quality, while Farrelly (2014) reflected on how nurses can embrace digital working in the 21st century.

The question is, can community nurses use digital resources to help choose the appropriate compression therapy for patients?

**DIGITAL AGE**

Digital resources do not and cannot replace the need for a full holistic assessment — this is where nurses need to apply their traditional nursing skills to ensure that they make the right clinical decisions from the outset.

It is also essential that local and national guidance is consulted when carrying out assessments and planning care. However, is there any reason why — following a full holistic assessment to identify the aetiology of the patient’s presenting condition and suitability for compression therapy — that digital resources should not be used to select the appropriate hosiery from the wide selection available?

In recent years, manufacturers have worked with clinicians to produce a variety of resources to help clinical decision-making. One of these resources is the hosiery selector app (Activa Healthcare), which not only helps nurses to make the most appropriate hosiery choice, but also to identify the ideal size and style for the patient. The app provides a visual reference to help the nurse identify common conditions and recommends appropriate hosiery types and styles for each patient, taking into account the presence of oedema and the severity of any symptoms.

The app also allows the nurse to input the patient’s measurements so that the most appropriate hosiery size can be identified.

It is also important to acknowledge that there will be patients who do not fit into stock sizes or who require a
more specialist fabric selection to meet their needs.

If a patient’s lower-limb measurements fall outside the stock hosiery sizes, the app identifies this and recommends the use of made-to-measure compression hosiery. This is where the made-to-measure e-form (Activa Healthcare) has proven of particular clinical value in the author’s local service.

Traditionally, measuring patients for made-to-measure hosiery can be a daunting task, particularly if a nurse is not having to perform this on a regular basis. Made-to-measure hosiery requires more measurements than off-the-shelf hosiery and traditional paper forms do not have the capacity to reduce the number of measurements presented to the nurse based on the hosiery selection — this can be confusing.

The made-to-measure e-form has the ability to cut-down the number of measurements displayed, meaning that, once the nurse has chosen a garment, only the required measurements appear on the screen. The app also simplifies the ordering process, reducing the impact of lost forms and missing measurements when ordering the patient’s hosiery.

Receiving the wrong or ill-fitting hosiery can be detrimental to the patient and is a significant waste of financial resources (Elwell 2015), which, in the current climate, is inexcusable. The made-to-measure e-form reduces the incidence of poorly fitting garments as well as the associated costs.

Using this kind of digital resource to inform nurses’ clinical decision-making has simplified the process of hosiery selection and measurement in the author’s organisation, reinforcing the case for community nurses to embrace digital technology and improve the patient experience.

E-LEARNING

With the NMC’s revalidation requirements now finalised (NMC, 2015), community nurses also need to reflect on whether digital resources have a place in meeting their continuing professional development (CPD) requirements.

In order to complete their revalidation, the NMC requires nurses to complete 35 hours of CPD over a three-year period and accredited e-learning modules focusing on lower-limb disease are now available to help with this (www.activahealthcare.co.uk/e-learning-zone). Engaging with e-learning is one way for community nurses to help fulfil their professional learning needs, particularly when the time given to attend study days and training sessions is increasingly limited.

As a profession, nursing must not turn its back on the traditional skills that underpin care — this is particularly true for full holistic assessment. However, there is a place for digital resources to support learning and improve patient outcomes in the 21st century.

Further information on the hosiery selector app, made-to-measure e-form and e-learning can be found on www.activahealthcare.co.uk. This piece was sponsored by an educational grant from Activa Healthcare.

REFERENCES


