JCN LIVE 2020

Journal of Community Nursing JCN

SESSION TWO:
THE REALITY OF SHARED & SUPPORTED SELF-CARE FOR PATIENTS IN COMPRESSION BANDAGING

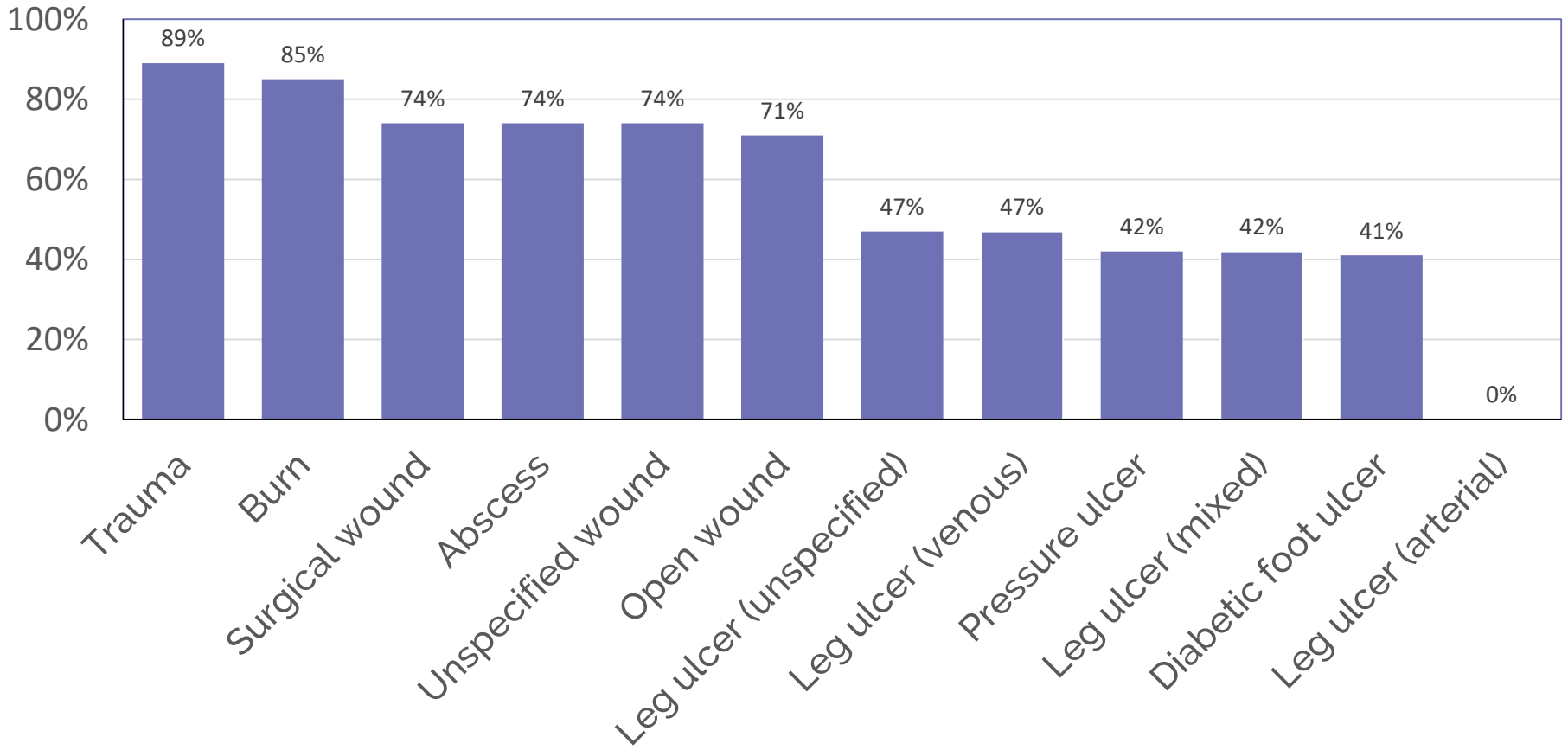
PRESENTED BY: Dr Leanne Atkin & Joy Tickle

This session is brought to you by: URGO MEDICAL Healing people®

Wound care in crisis

- In 2012/13: 2.2 million wounds were managed by the NHS
  - 18.6 million practice nurse visits
  - 10.9 million community nurse visits
  - Estimated cost of £5.3 billion (Guest et al, 2015)
- 25–50% of UK hospital beds occupied by patients with wounds (Posnett et al, 2009)
- Republic of Ireland 66% of community nurses devoted to wound care (Clarke-Moloney et al, 2006; 2008)
- 16.4 % of all antibiotic prescriptions attributed to wounds care (Dolk et al, 2018).

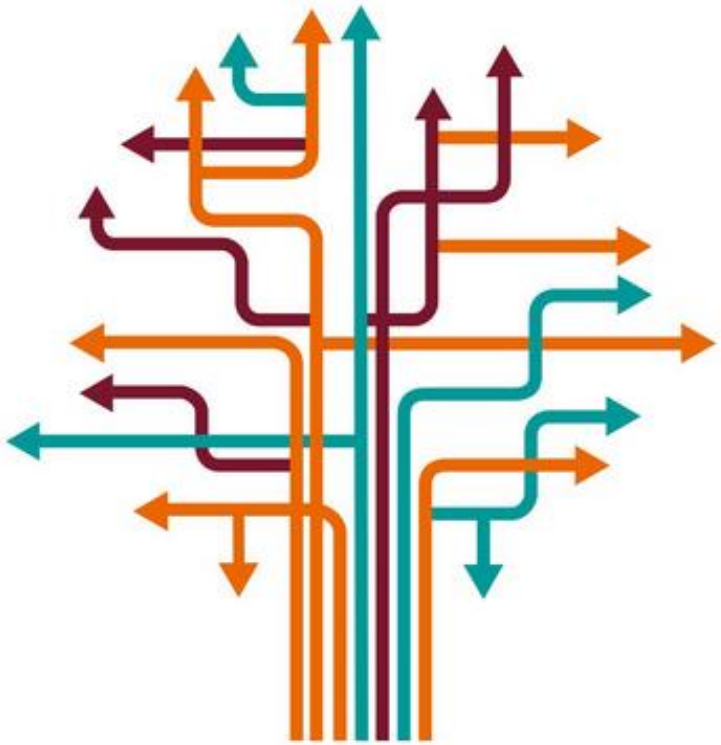
Healing rates at one year



(Guest et al, 2015)

Lower limb care: unwarranted variation

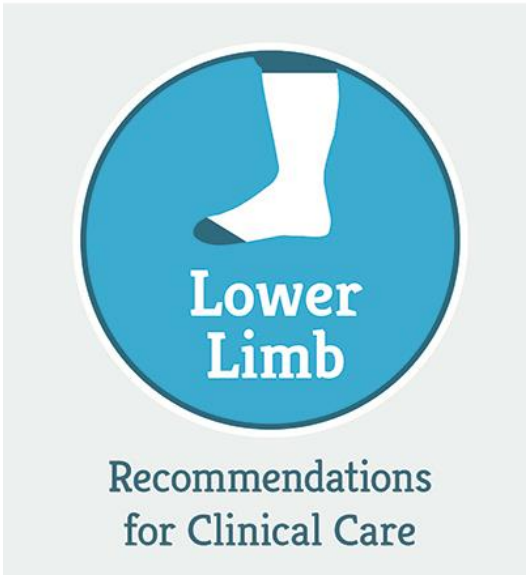
- Poor assessment and diagnosis
- Underuse of evidence-based practice
  - Offloading
  - Compression therapy
  - Venous intervention
- Overuse of ineffective interventions
- Compression less than 40mmHg
- Variations in commissioning of services.



Reality of leg care

JOURNAL OF COMMUNITY NURSING
JCN

National Wound Care Strategy Programme (NWCSP)



- The unwarranted variation in UK wound care services offers major opportunities to improve healing rates and thus reduce patient suffering, spend on inappropriate and ineffective treatments and the amount of clinical time spent on wound care.

CCG11: Assessment, diagnosis and treatment of lower leg wounds

Scope
Services: Community Nursing

Period: Q1 Q2 Q3 Q4

Payment basis
Minimum: 25%
Maximum: 50%
Calculation: Quarterly average %

Accessing support
Policy lead
Una Adderley
National Wound Care Strategy Programme
una.adderley@yhahsn.com

Supporting documents
NICE Clinical Guideline CG147

NICE Clinical Guideline CG168

SIGN Guideline 120

Additional supporting documents will be available via the Future Collaboration Network for Wound Care. For access please email the contact above.

Data reporting & performance
Quarterly submission via National CQUIN collection – see section 4 for details about auditing as well as data collection and reporting. Data will be made available approximately 6 weeks after each quarter.

Performance basis: Quarterly. See section 3 for details about the basis for performance and payment.

Description
Achieving 50% of patients with lower leg wounds receiving appropriate assessment diagnosis and treatment in line with NICE Guidelines.

Numerator
Of the denominator, the number where the following audit criteria for diagnosis and treatment are met within 28 days of referral to service or, for a patient already receiving care from that service, within 28 days of a non-healing leg wound being identified and recorded:

1. Documentation of a full leg wound assessment that meets the minimum requirements described in *Lower Limb Assessment Essential Criteria*.
2. Patients with a leg wound with an adequate arterial supply (ABPI ≥ 0.8-1.3) and where no other condition that contra-indicates compression therapy is suspected, treated with a minimum of 40mmHg compression therapy.
3. Patients diagnosed with a leg ulcer documented as having been referred (or a request being made for referral) to vascular services for assessment for surgical interventions.

Denominator
Total number of patients treated in the community nursing service with a wound on their lower leg (originating between the knee and the malleolus).

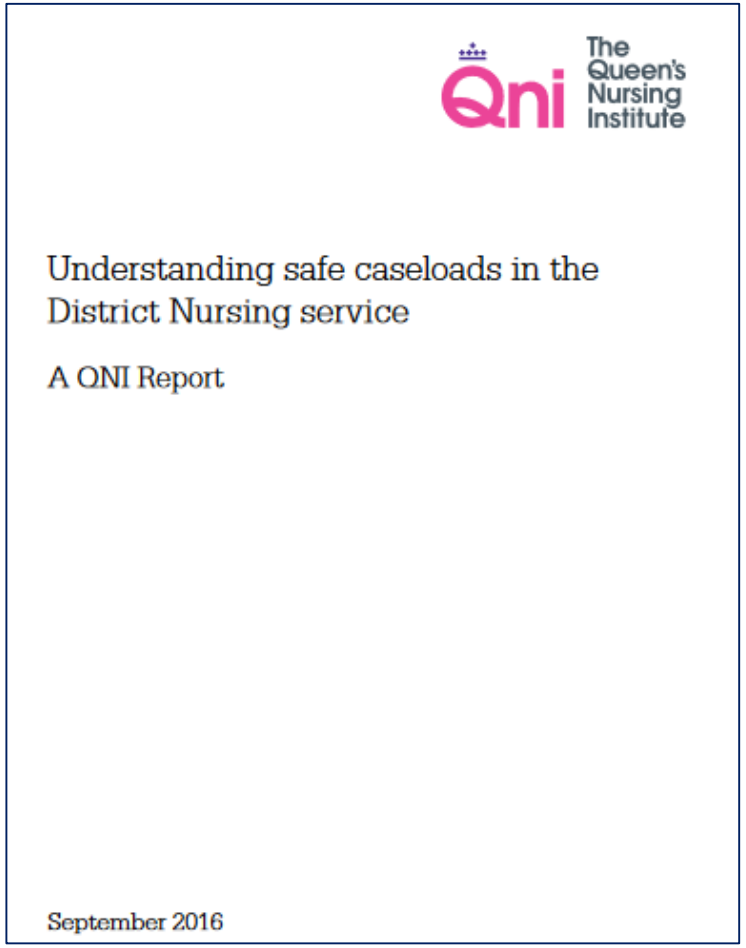
(NHS England, 2020)

Reality of my service

- Legs Ulcer clinic 3½ hour session
  - 2 RGN
  - 1 HCA
- 2016 — 18 patients
- 2017 — 22 patients
- 2018 — 26 patients
- 2019 — 36 patients — it was killing us!

Community services

- Busier than ever
- Complexity and severity of patient increasing
- District nurse numbers falling (Queen's Nursing Institute, 2016).



JOURNAL OF COMMUNITY NURSING JCN

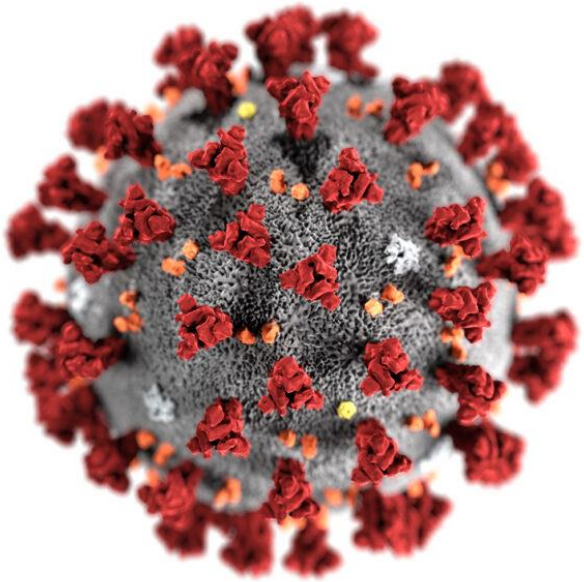
URGO MEDICAL Healing people®

Community services

Strategic drivers of shift towards community care

- Transforming your care (Department of Health, Social Services and Public Safety (DHSSPS), 2011a)
- Quality 2020 (DHSSPS, 2011b)
- Care in Local communities (Department of Health and Social Care (DHSC,2013)
- System not structures (DHSSPS, 2016)
- District nursing framework 2018-2026 (DHSSPS, 2018)
- NICE (2015) guidelines

Covid-19 was coming



- Preparing for Armageddon
- Safety net thrown around the most vulnerable
- Running on adrenaline
- Routine out-patient appointment clinics stopped, changed to telephone/video consultations
- Workforce/capacity changes
- Getting the personal protective equipment right
- Nurse clinic appointments stopped
- Home visits increased
- Shielding patients — reducing their risk.

Covid-19 impact

- Tissue viability specialist service redeployed
- Number of NHS staff sick/shielding (April 2020: 1.2 million whole time equivalent staff) (NHS Digital, 2020)
- Reactive — how did we continue to provide routine care?
- Commissioning for Quality and Innovation (CQUIN) paused (NHS England, 2020)
- Patients scared — unwilling to attend
- The abandonment of 'problematic' patients.

Talks about how we re-start service:

- Social distancing
- Second wave approaching
- Continued staff sickness
- Clinics in health centre settings
- Needs of acute organisation.

Effect of Covid-19 on compression therapy

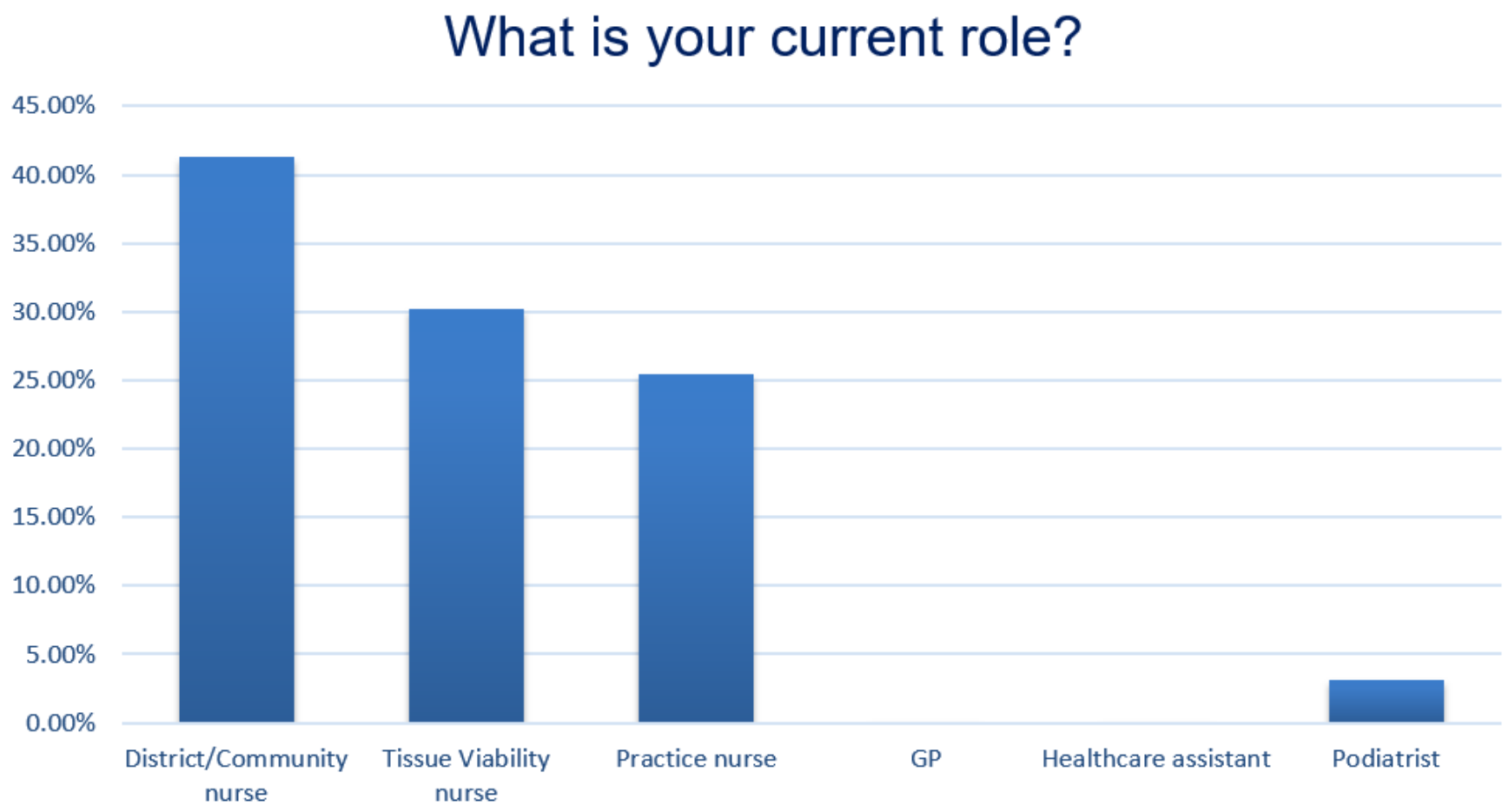
Survey from March to August 2020 — Urgo Medical UK

- Survey sent via Wounds UK on behalf of Urgo Medical UK on the 10th August 2020
- Data collected via Survey Monkey®
- 18 questions
- 63 responses
- Tissue viability nurses, district/community/practice nurses, leg ulcer specialists and podiatrists.

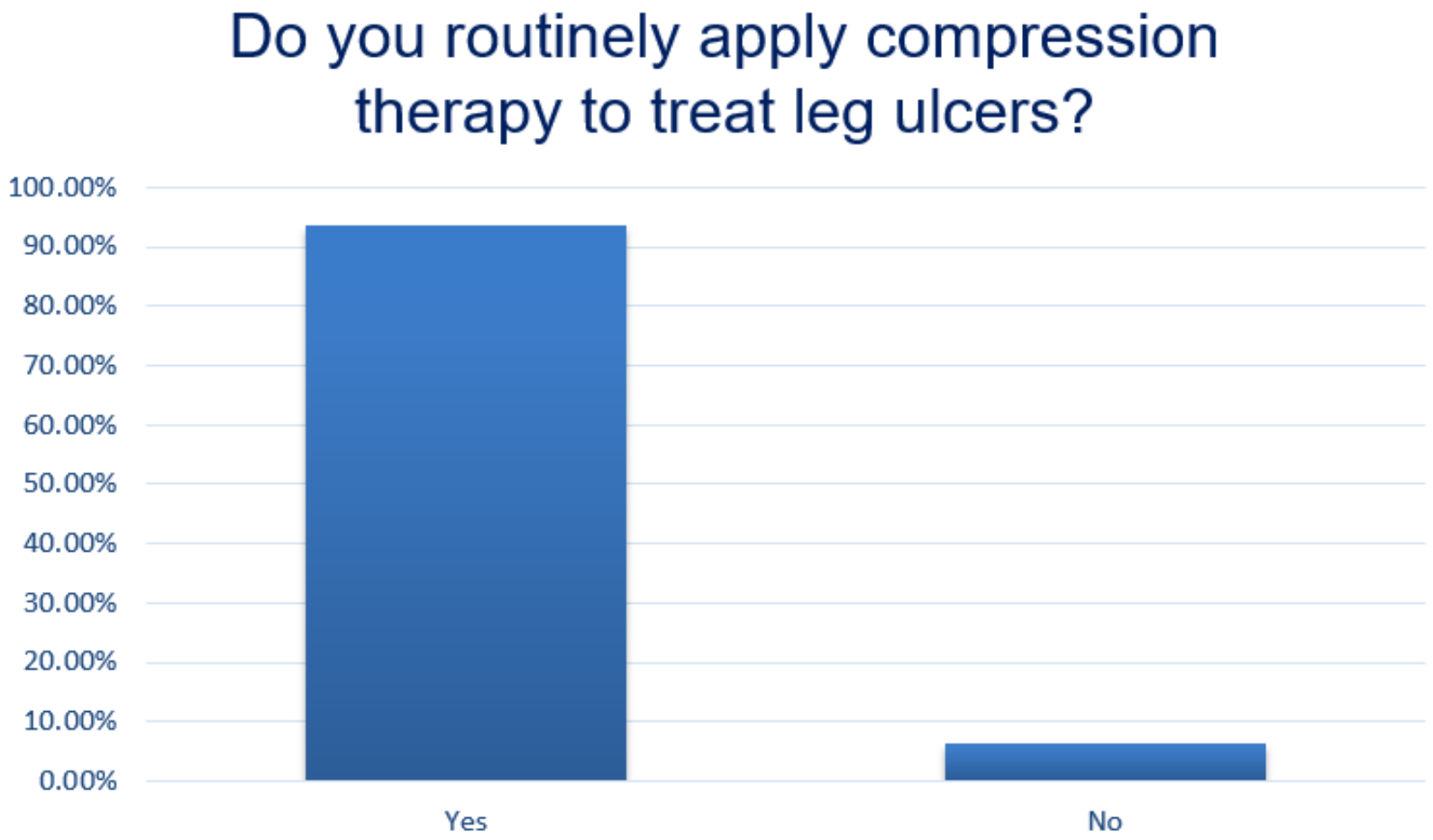
JOURNAL OF COMMUNITY NURSING JCN

URGO MEDICAL Healing people®

Survey results



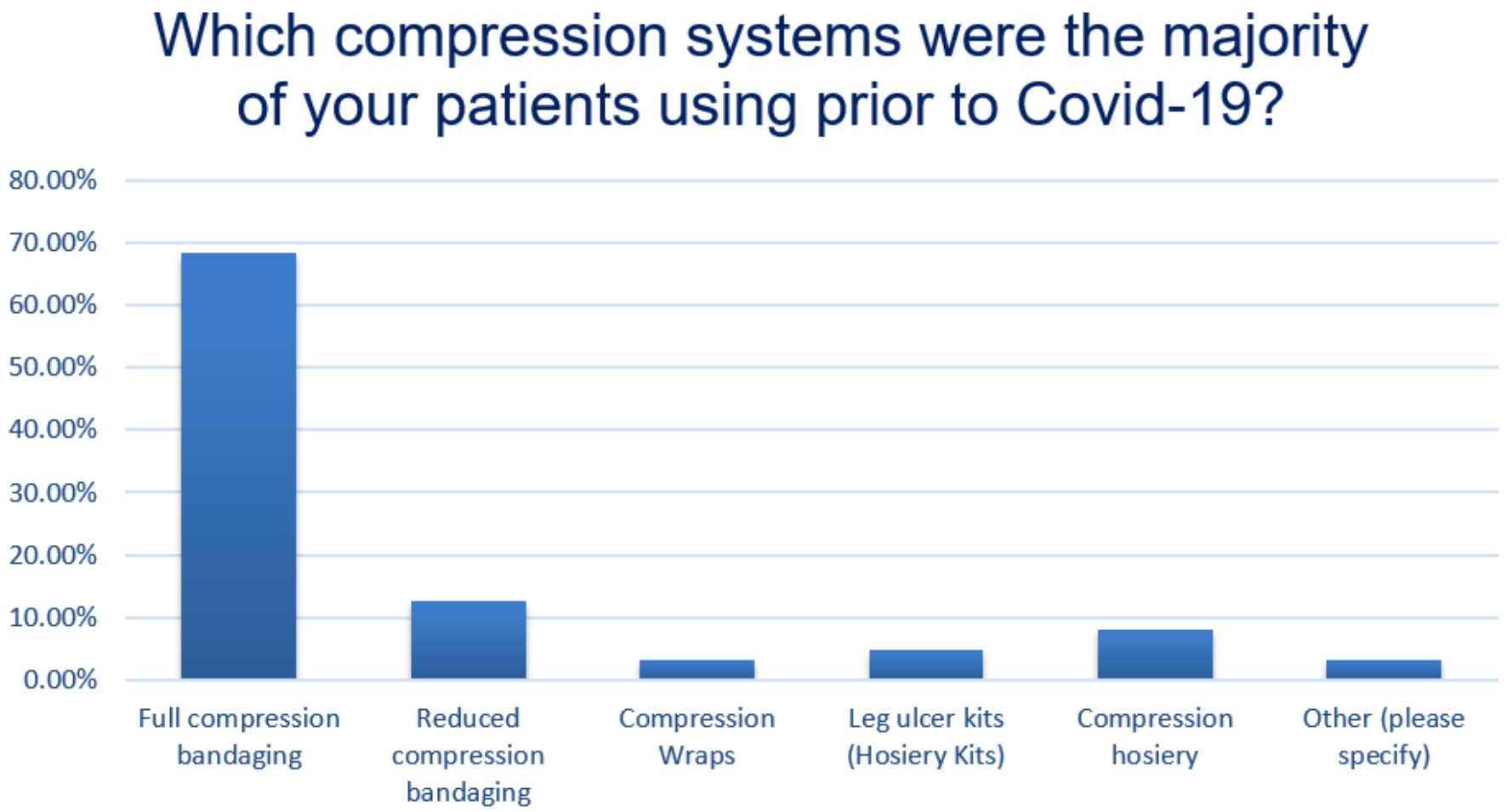
Survey results



JOURNAL OF COMMUNITY NURSING JCN

URGO MEDICAL Healing people®

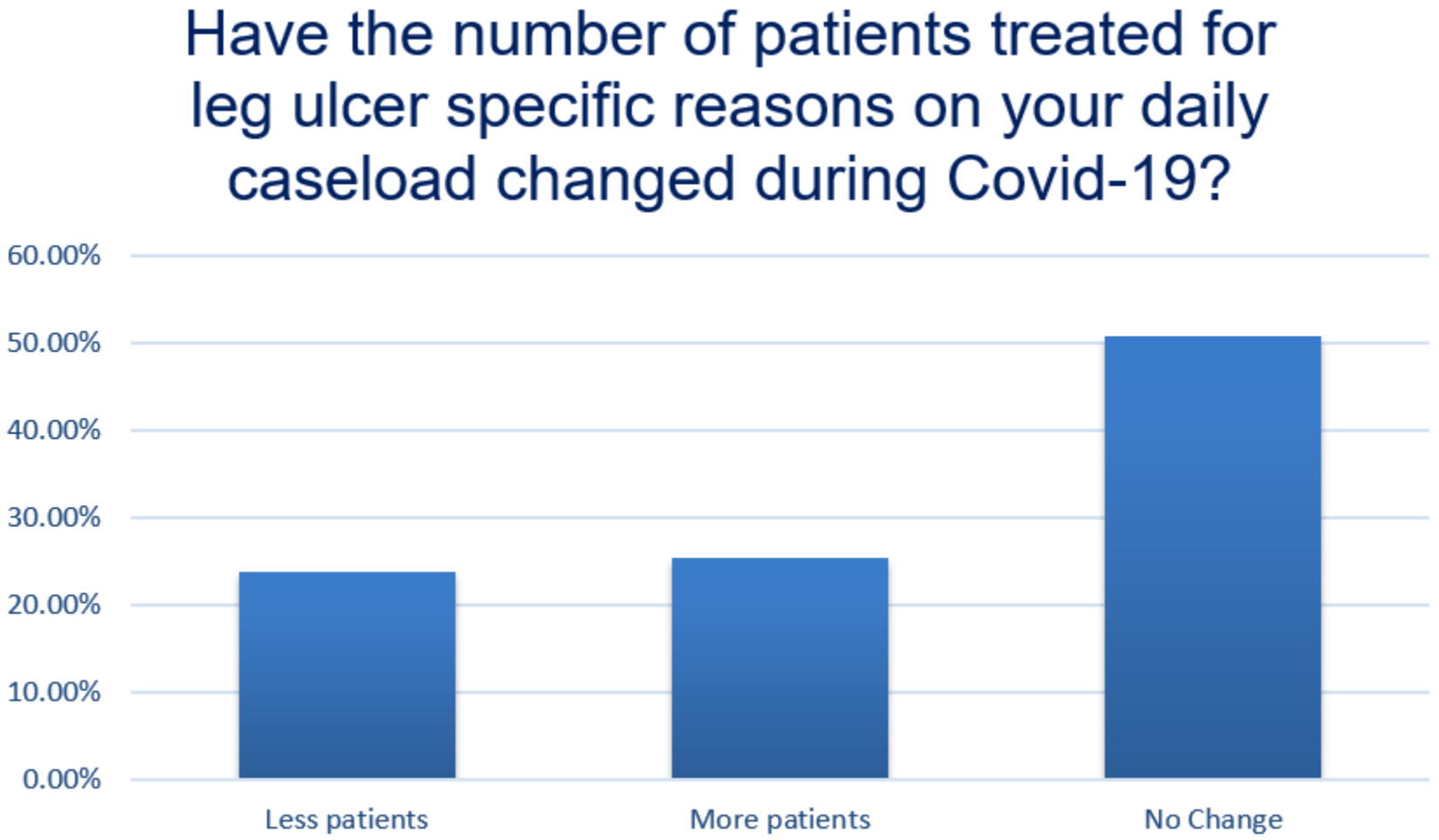
Survey results



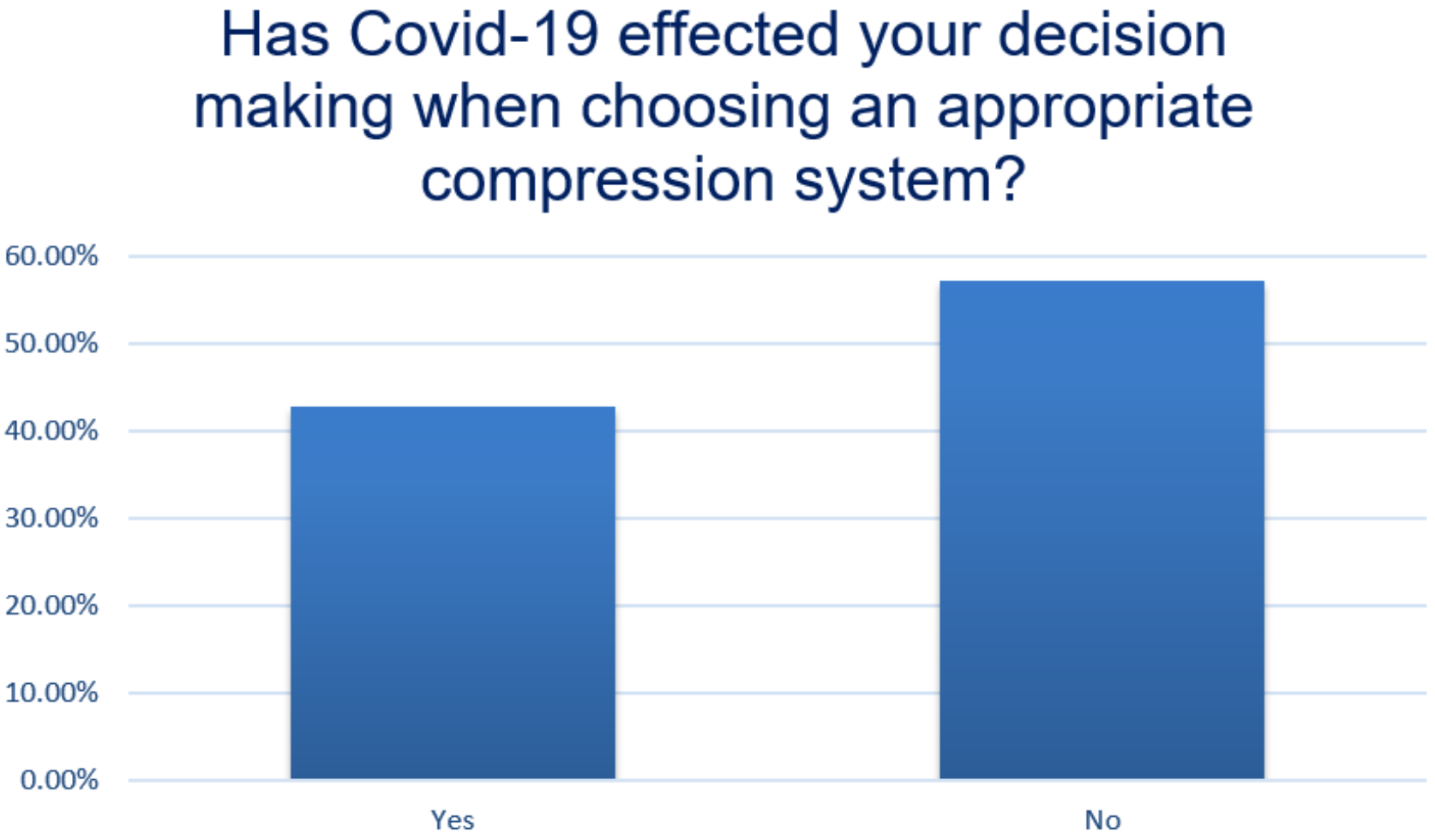
JOURNAL OF COMMUNITY NURSING JCN

URGO MEDICAL Healing people®

Survey results



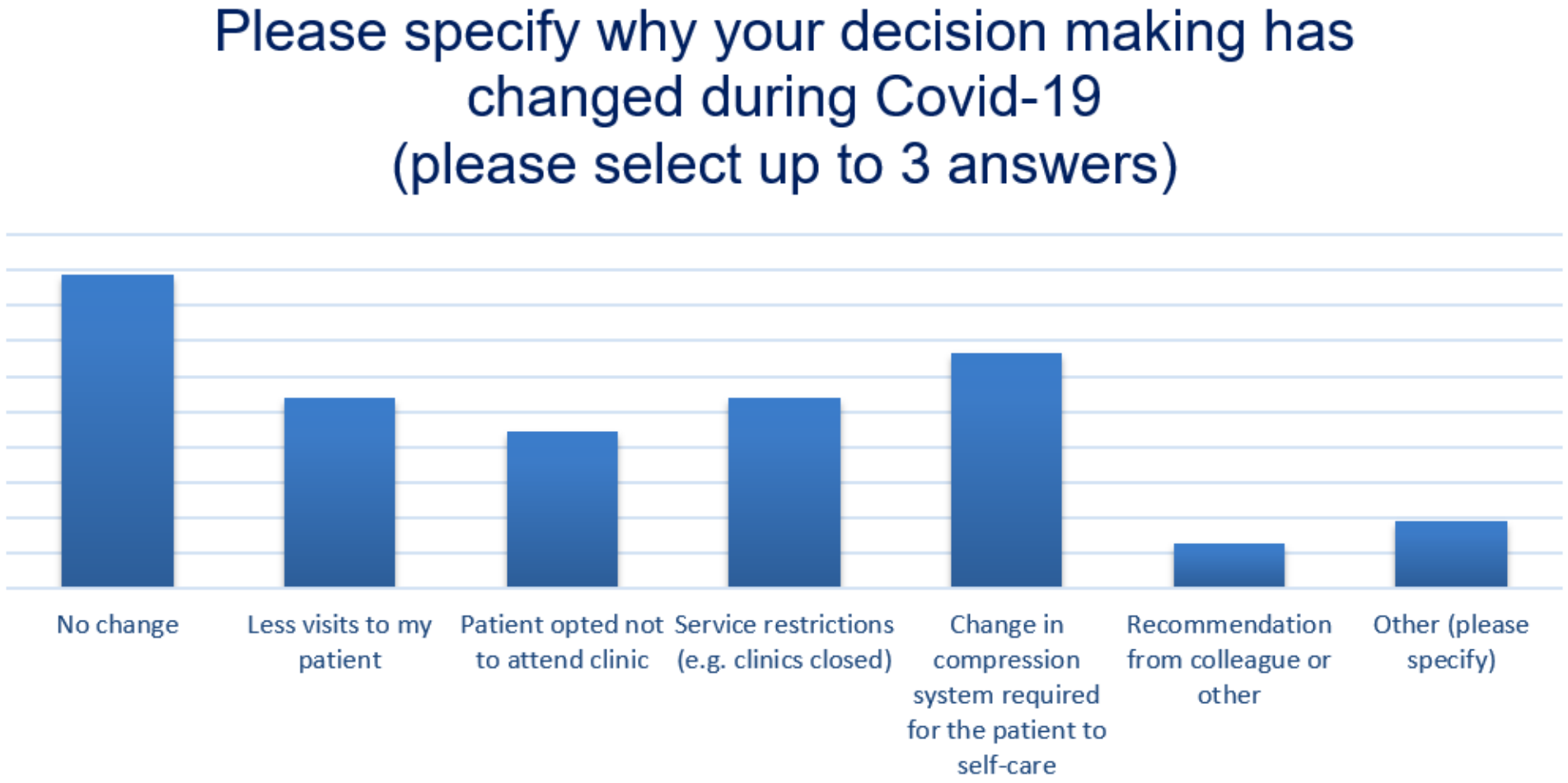
Survey results



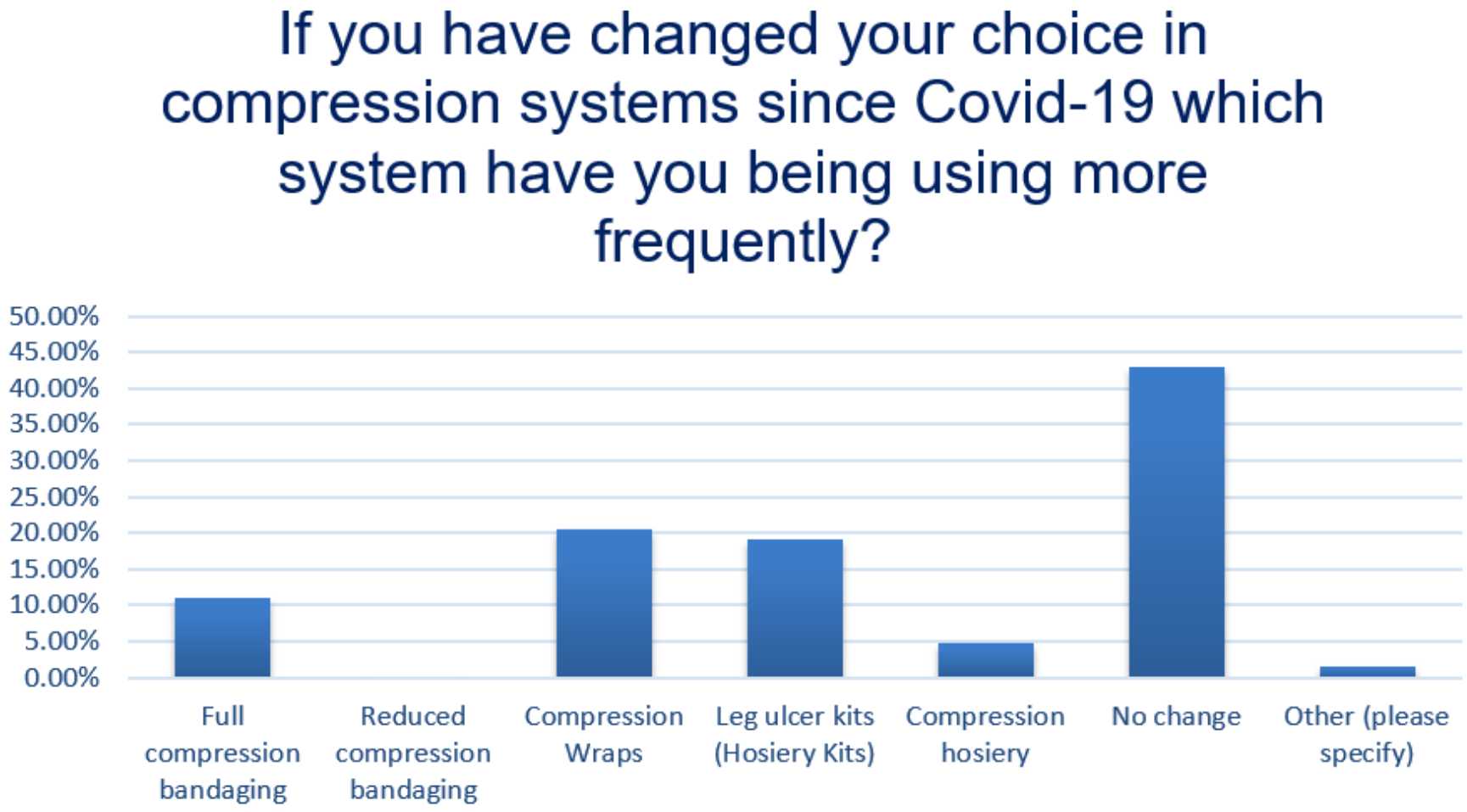
JOURNAL OF COMMUNITY NURSING JCN

URGO MEDICAL Healing people®

Survey results



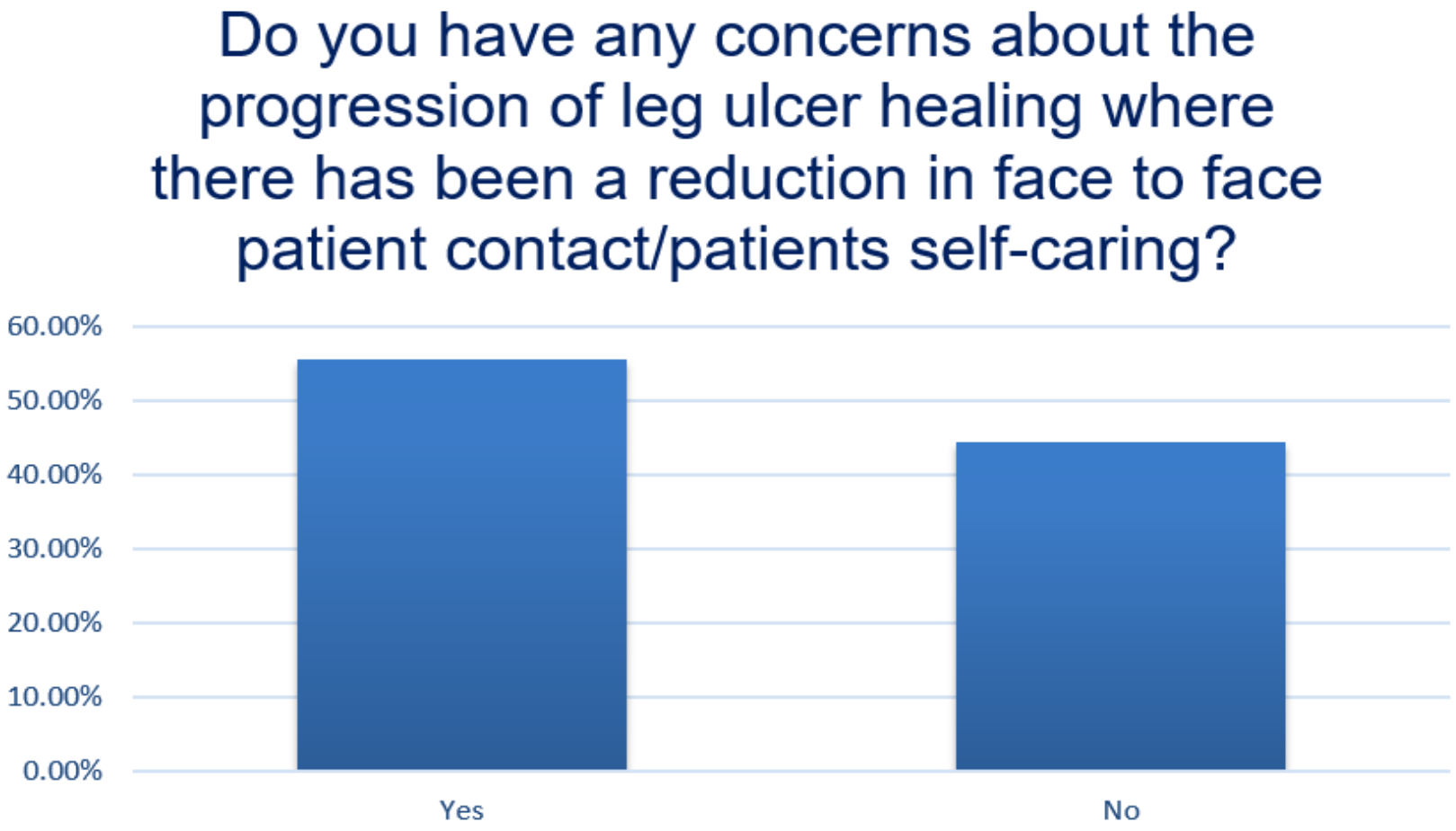
Survey results



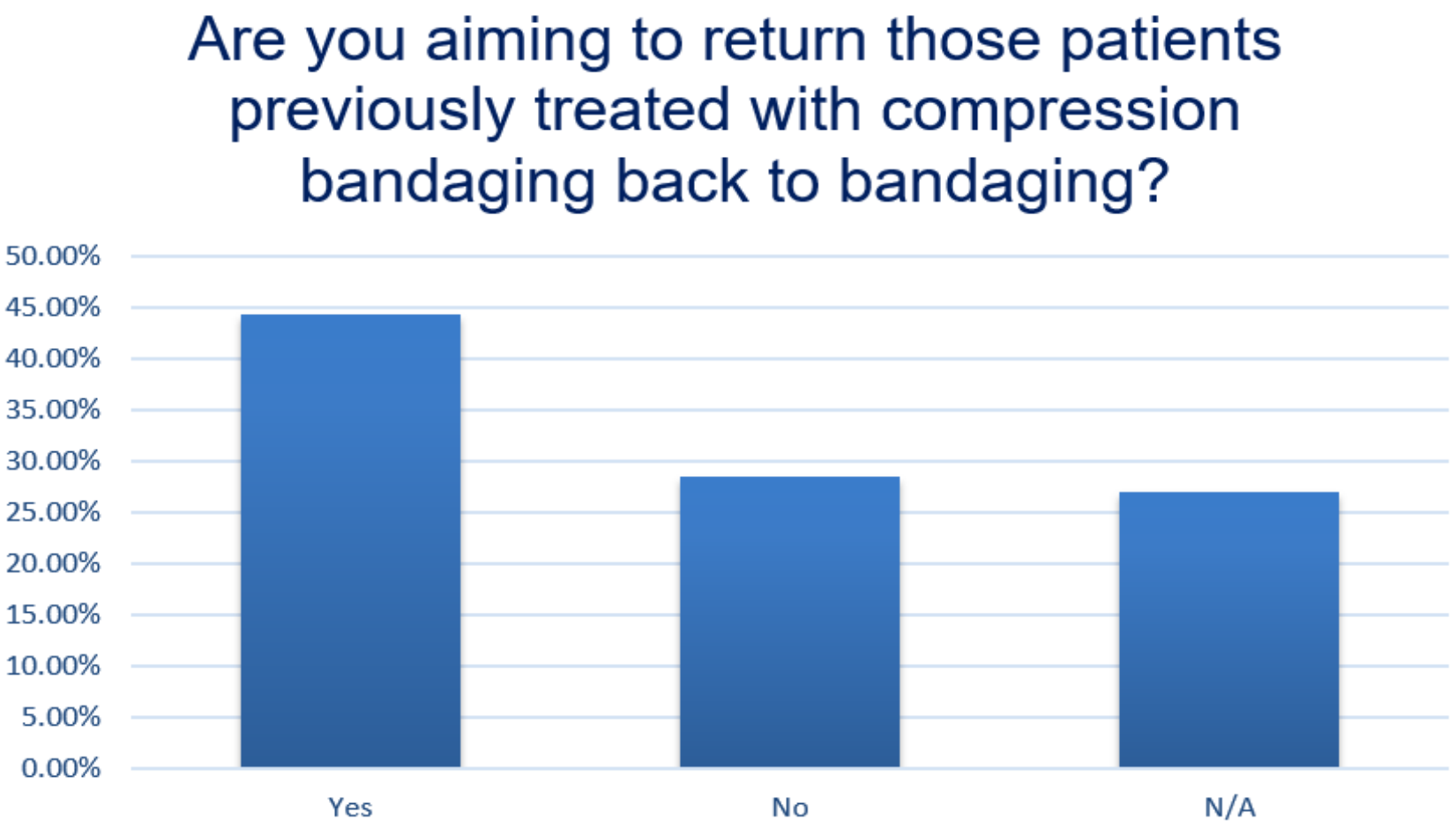
JOURNAL OF COMMUNITY NURSING JCN

URGO MEDICAL Healing people®

Survey results



Survey results



JOURNAL OF COMMUNITY NURSING JCN

URGO MEDICAL Healing people®

Supported self-care

- Hosiery kits evidence-based (VenUS IV) (Ashby et al, 2014)
- In line with the NWCSP
- Empowerment of patient
- Reduction in nursing visits
- Reduction in costs
- Safe and effective for the correct patient and the appropriate limb/wound.

JOURNAL OF COMMUNITY NURSING JCN

Enablers for supported self-care

- Patient information leaflets/web sites/videos
- Guides to washing hands/changing dressing
- Dressing logs
- Exercise logs
- Patients asking for urgent help — 'SOS' facilities
- Provision of equipment.

Self-care not for all

- Vulnerable/capacity issues
- Safeguarding concerns
- Where hygiene of self/home is questioned
- Issues with dexterity/sight
- Patient issues with adherence to treatment
- Complex wounds
- Patients understanding
- Fragile skin
- Significant oedema/misshaped limbs.

Safety checks

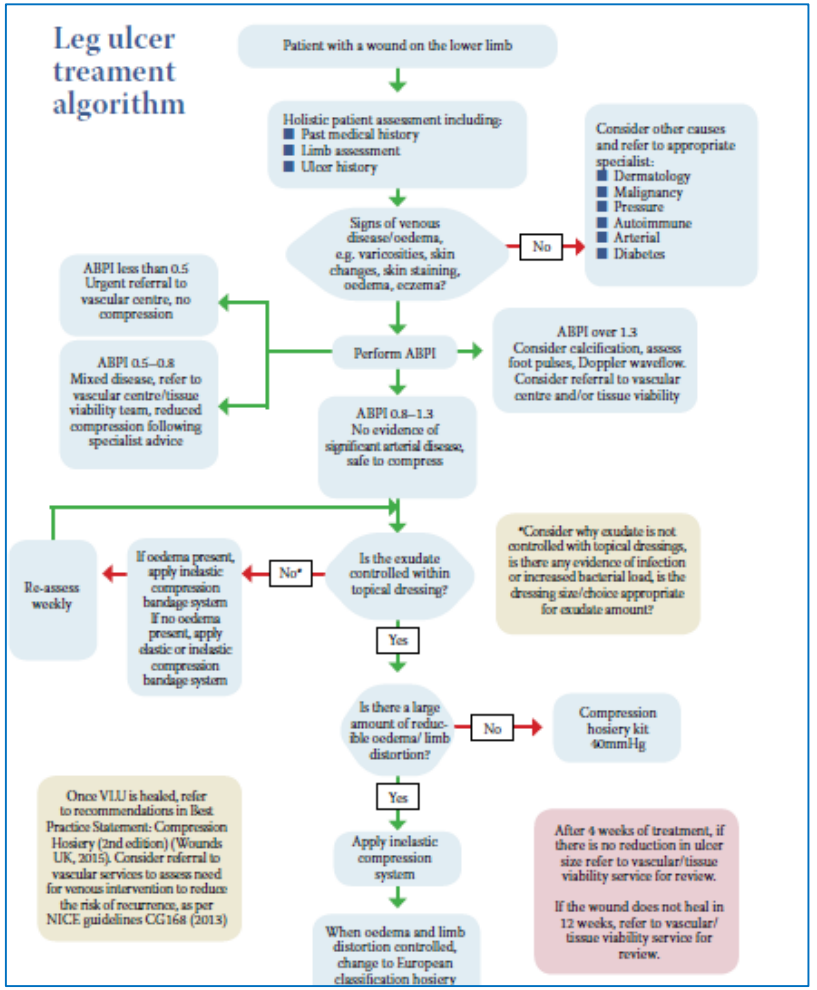
- Leg suitable?
- Wound suitable?
- Patient suitable?

  - Risk assessment
  - Importance of correct dialogue
  - Risk of no care/ineffective care
  - Patient capacity for decision-making.

3D: A framework to improving care for patients with leg ulcers (Bianci et al, 2020).

Patient-centred care

- Evidence-based pathways (Wounds UK, 2016)
  - Based on evidence not service!
- Pathway about holistic patient assessment
  - Bandaging has always been an important aspect of the pathway
- Pathway equally balances hosiery/bandaging
- Pathway not a 'service solution'
  - Has service benefits, but only if right patients
  - If pathway is abused, the burden to NHS will increase.



Individualised person-centred care

Getting it right first time: means individual patient care.

Treating hard-to-heal wounds

Joy Tickle

Independent Nurse Consultant,
Tissue Viability

So what does this mean in practice?

- Healthcare staff and services continue to be under pressure
- Effective leg ulcer care is essential, now more than ever
- Patient with leg ulcers should have choice and be supported with self/shared care where possible.

Evidence-based care should continue to be a priority to ensure positive patient outcomes.

JOURNAL OF COMMUNITY NURSING JCN

So what does this mean in practice?

Before treatment selection is discussed with the patient regarding possible self-care, it is important to consider:

- Assessment of the patient
  - Is the patient suitable?
- Assessment of the limb
  - Is the leg suitable?
- Assessment of the ulcer and surrounding skin
  - Is the wound suitable?

Self-care not for all

Assessment of patient

- Patient understanding and mental capacity for decision-making
- Vulnerable, at risk patients
- Safeguarding concerns
- Patient issues with adherence to treatment
- Patient/family resistance
- Where hygiene of self and home is questioned
- Capability, e.g. issues with dexterity or sight
- Patient choice, e.g. confidence, fearful.

It is important not to make assumptions.

Self-care not for all

Assessment of limb

- Disproportionate limb
- Significant oedema
- Fragile skin
- Highly volume of exudate
- Patient mobility and flexion
- Ankle brachial pressure index (ABPI)
- Foot pulses — present or absent?

Self-care not for all

Assessment of the wound

- Location
- Duration
- Size
- Tissue type
- Signs of infection
- Exudate volume and type
- Non-progressing wound.

Factors contributing to non-implementation of compression bandaging

- Perceived time limitations/reduced staff numbers
- Lack of use of evidence-based treatment
- Poor level of education/clinical skills regarding treatment options for compression
- Concerns about patient safety (lacking confidence in decision-making)
- Pressure to implement an increased amount of self-care when it may not be appropriate.

JOURNAL OF COMMUNITY NURSING JCN

Incorrect choice: consequences for the patient

- Increased oedema
- Poor concordance
- Increased risk/delayed wound healing/infection/bioburden
- Pain/discomfort
- Poor patient experience/reduced confidence in compression therapy
- Devastating for patient and their families.

Results from VenUS IV- Table 21 'Changes from allocated treatment'

Characteristic	HH (n=230)	4LB (n=224)	Overall (n=454)
Treatment change	88 (38.8%)	62 (27.8%)	150 (33.0%)
Reason for change			
Increase in ulcer area	2 (2.2%)	1 (1.6%)	3 (2.0%)
Ulcer deterioration	15 (16.7%)	4 (6.5%)	19 (12.5%)
Compression uncomfortable	37 (41.4%)	15 (24.2%)	52 (34.2%)
Participant not concordant	10 (11.1%)	8 (12.9%)	18 (11.8%)
other	24 (27.3%)	34 (54.8%)	58 (38.7%)

VenUS IV study results (Ashby et al, 2014):

38.8% patient changed from hosiery to bandaging

- **41%** found hosiery uncomfortable
- **11%** patients not concordant
- **16%** of ulcers deteriorated

Incorrect choice: consequences for the clinician

- Protracted healing times
- Increased appointments/workload
- Unplanned visits and calls in crisis
- Planned visits often get cancelled or moved to accommodate unplanned (knock-on effect)
- Reduced staff morale
- Individual frustration.

Incorrect choice: consequences for healthcare provider

- Increased treatment costs
- Increased risk of complications/risk of patient harm
- Increased use of antibiotic therapy
- Inequitable care
- Inability to meet key performance indicators, or future CQUIN
- Business risk (e.g. loss of leg ulcer service to alternative providers).

JOURNAL OF COMMUNITY NURSING JCN

Solutions: patient-centred care

- Person-centred **diagnosis**
  - Accurate and timely
- Evidence-based treatment **decisions**
  - Evidence-based safe and effective treatment
- Inclusive **dialogue**
  - With patient and other healthcare practitioners, promoting concordance and adherence with treatment and empowering patients to explore possibility of self/shared care.

(Bianci et al, 2020)

Recommended compression therapy systems

3D: A Framework to improving care for patients with Leg Ulcers (Bianci et al, 2020).

Table 6. Recommended compression therapy systems, based on leg, wound and patient characteristics

	Multicomponent bandages*	Inelastic (short-stretch) bandages	Hosiery kits/ hosiery	Wraps
Normal leg shape	✓	✓	✓	✓
Distorted limb shape	✓ Reshape the leg before application	✓ Reshape the leg before application	✓ Made-to-measure hosiery	✓
Oedema present	✓	✓ Potential slippage as oedema reduces	✗	✓
Deep skin folds	✓	✓	✗	✗
Very fragile surrounding skin	✓	✓	✗	✓ With caution
Large-sized ulcer	✓	✓	✗	✗
High level of exudate	✓	✓	✗	✗
Low to moderate level of exudate	✓	✓	✓	✓
Immobility	✓	✗	✓	✓
Fixed ankle joint	✓	✗	✓	✓
Ability and willigness to self-care	✗	✗	✓	✓
Suitable carer involved	✓ With appropriate training	✓ With appropriate training	✓	✓

*Multicomponent bandages are recommended by international and national guidelines[5,11,12,16]

JOURNAL OF COMMUNITY NURSING JCN

URGO MEDICAL Healing people®

Reality in practice

Reality in practice

WEEK 1

WEEK 6

Right diagnosis, right compression, right patient.

In summary

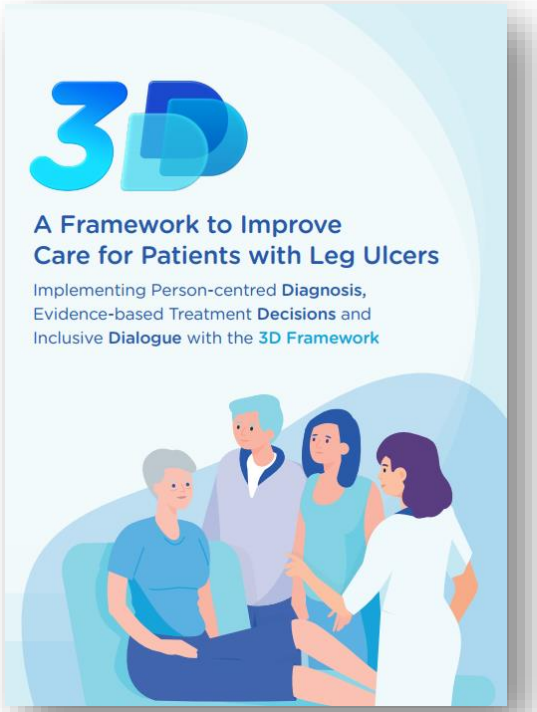
In times of crisis we have innovated, adapted and also learnt:

- Not everyone is suitable for self-care
- Quick solutions are not always the correct solution
- Inclusive dialogue ensures that patient needs are fully considered and concordance with care is optimised
- It is important to choose the right compression, at the right time, for the right patient, to achieve the best possible patient outcomes.

JOURNAL OF COMMUNITY NURSING JCN

Questions and further information

For further information on the 3D document, please contact your local Urgo representative or visit: www.urgo.co.uk



JOURNAL OF COMMUNITY NURSING JCN

URGO MEDICAL Healing people®

References

- Ashby RL, Gabe R, Ali S, et al (2014) VenUS IV (Venous leg Ulcer Study IV) — compression hosiery compared with compression bandaging in the treatment of venous leg ulcers: a randomised controlled trial, mixed-treatment comparison and decision-analytic model. *Health Technol Assess* **18(57):** 1–293, v–vi
- Bianci J, Flanagan M, King B (2020) 3D: A framework to improve care for patients with leg ulcers. Implementing person-centred diagnosis, evidence-based treatment decisions and inclusive dialogue with the 3D Framework. *J Wound Care* **29(Sup11c):** S1-S65
- Clarke-Moloney M, Keane N, Kavanagh E (2006) An exploration of current leg ulcer management practices in an Irish community setting. *J Wound Care* **15:** 407–10
- Clarke-Moloney M, Keane N, Kavanagh E (2008) Changes in leg ulcer management practice following training in an Irish community setting. *J Wound Care* **17:** 116, 118–21
- Dolk FC, Pouwels KB, Smith DR et al (2018) Antibiotics in primary care in England: which antibiotics are prescribed and for which conditions? *J Antimicrob Chemother* **73:** ii2–10
- Guest JF, Ayoub N, McIlwraith T, et al (2015) Health economic burden that wounds impose on the National Health Service in the UK. *BMJ Open* **5(12)**

References

- NHS Digital (2020) NHS Sickness Absence Rates April 2020 to June 2020, Provisional Statistics. Available online: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/june-2020
- NHS England (2020) CCG indicator specifications for 2020-2021. Available online: https://www.england.nhs.uk/wp-content/uploads/2020/01/FINAL-CQUIN-20-21-Indicator-Specifications-190220.pdf
- Posnett J, Gottrup F, Lundgren H, et al (2009) The resource impact of wounds on health-care providers in Europe. *J Wound Care* **18(4):**154–61
- Queen's Nursing Institute (2016) Understanding safe caseloads in the District Nursing Service. QNI, London. Available online: www.qni.org.uk/wp-content/uploads/2017/02/Understanding_Safe_Caseloads_in_District_Nursing_Service_V1.0.pdf
- Wounds UK (2016) Best practice statement: Holistic management of venous leg ulceration. *Wounds UK.* Available online: https://www.wounds-uk.com/resources/details/best-practice-statement-holistic-management-of-venous-leg-ulceration

JOURNAL OF COMMUNITY NURSING JCN

URGO MEDICAL Healing people®

JCN LIVE 2020

DOWNLOAD YOUR CERTIFICATE

WWW.JCN-LIVE.CO.UK/CERTIFICATE