

ILUMIN: The Leg Ulcer Quality Improvement Programme

Summary Report



Working in collaboration with:



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Key messages

- The management of complex wounds is a significant yet often neglected area of care in the NHS.
- A region wide survey of complex wound care by NIHR CLAHRC Greater Manchester revealed a number of opportunities where care could be enhanced particularly for patients with leg ulcers.
- Working in partnership with ELHT and other Trusts, the Leg Ulcer Quality Improvement Programme (ILUMIN) team designed an evidence-based improvement strategy focused on enhancing the delivery of the three evidence-based quality standards for leg ulcer management.
- Using a facilitated audit and feedback approach combined with educational outreach helped community nursing teams make sustained changes to practice, enhancing the quality of patient care delivered.
- Fundamental to embedding change has been the delivery of an extensive educational training provided by senior staff at the ELHT Lower Leg Vascular and Lymphoedema Service. Training has reinforced the importance of timely treatment, optimal compression management and for staff to seek opportunities to promote self-management.

Context

The management of complex wounds is a significant yet often neglected area of care in the NHS. At any time, around 80,000 people have one or more complex wound including wounds like foot, leg and pressure ulcers. The impact on NHS resources of managing wounds is substantial.

In 2015/16, NIHR CLAHRC Greater Manchester conducted a region wide survey of complex wound care. The survey highlighted a number of opportunities where wound care could be enhanced for patients particularly for those with leg ulcers - the most common type of complex wound found to be treated in the community.

Working in partnership with ELHT and other partner Trusts, the Leg Ulcer Quality Improvement Programme (ILUMIN) team designed an improvement strategy to enhance the delivery of the three evidence-based quality standards for leg ulcer management. The three quality standards agreed with participating Trusts were:

1. Measurement and recording of ankle-brachial pressure index (ABPI). Across all participating Trusts, 57% of people with a leg ulcer had an ABPI recorded in their notes (68% in ELHT).
2. Use of (any) compression therapy, where clinically appropriate. Across all participating Trusts, 63% of people were recorded as being treated with any compression (68% in ELHT).
3. Use of high compression two-layer hosiery kits, where clinically appropriate. Despite being both effective and cost effective, only 2% of patients were recorded as receiving the treatment across the region (no recorded use in ELHT).

The improvement project

Twenty-eight community teams (treatment rooms, district nurses and podiatrists) across ELHT were asked to complete a form for every patient on their caseload that had an active leg ulcer or a lower limb wound at risk of ulceration. Any changes in patient's status (e.g. had an ABPI recorded, change in number or diagnosis of ulcer(s) or change in type of compression) were logged over the duration of the project.

At the end of each month the designated 'Leg Ulcer Champion' for each team would send data to the CLAHRC team who would process it and return a summary of performance against the three quality standards. CLAHRC facilitators also provided the teams with initial training and ongoing remote and face to face support throughout the data collection periods.

The original intention was for ELHT teams to undertake 12 months of continuous data collection. Recognising the lack of electronic data collection and awareness of other pressures on community teams, it was agreed that an initial six-month data collection period would be followed by a five-month break. A final two-month data collection period was undertaken to determine if any initial improvements had been sustained.

Alongside the facilitated audit and feedback intervention, 10 educational workshops were held over the 15 months of the project. Each workshop discussed performance against the quality standards and focused on a specific aspect of clinical practice. Workshops were facilitated by the CLAHRC team with clinical training provided by senior ELHT staff from the Lower Leg Vascular and Lymphoedema Service.

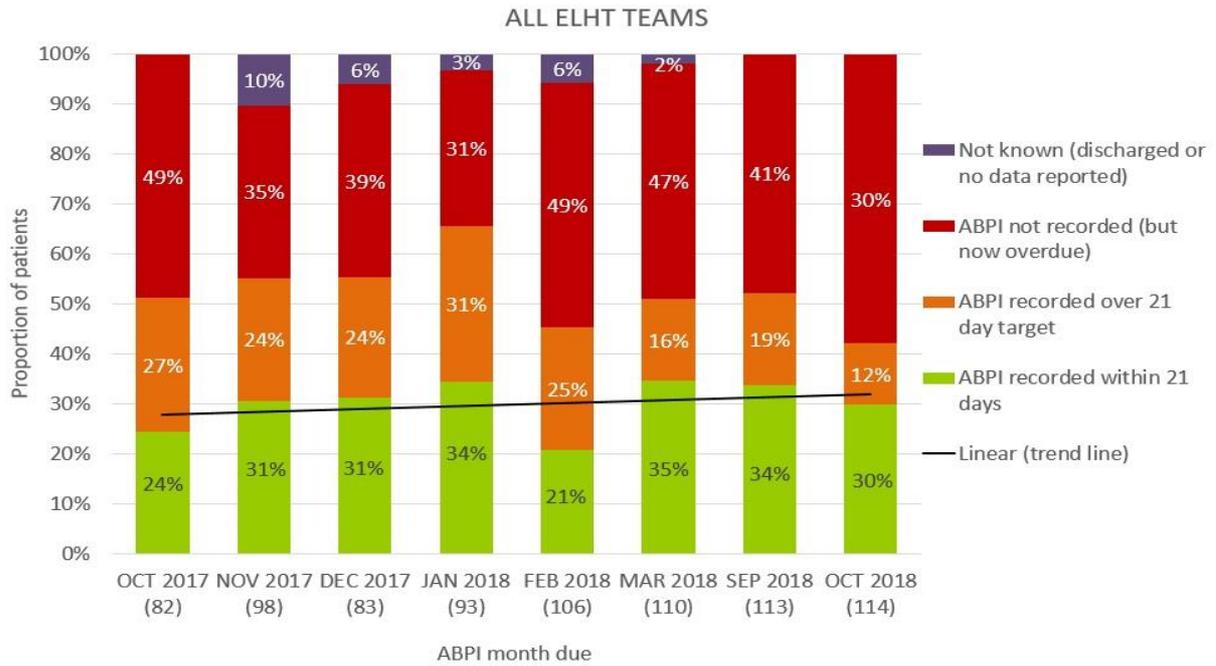
Improvements against three evidence-based quality standards

Over the course of the project, 27/28 community nursing teams in ELHT participated in data collection. Treatment room services were the most consistent at returning data with 11/13 teams providing data for all eight months of the data collection period. For District Nursing teams, data collection was more challenging (mainly due to staffing issues) with 5/10 providing data for all eight months. Podiatry teams took longer to start but 4/5 teams provided data for the final 4 months of the data collection period.

The data returned provided information on approximately 1,400 patients being treated for 1,800 leg ulcers and or lower limb wounds at risk of ulceration.

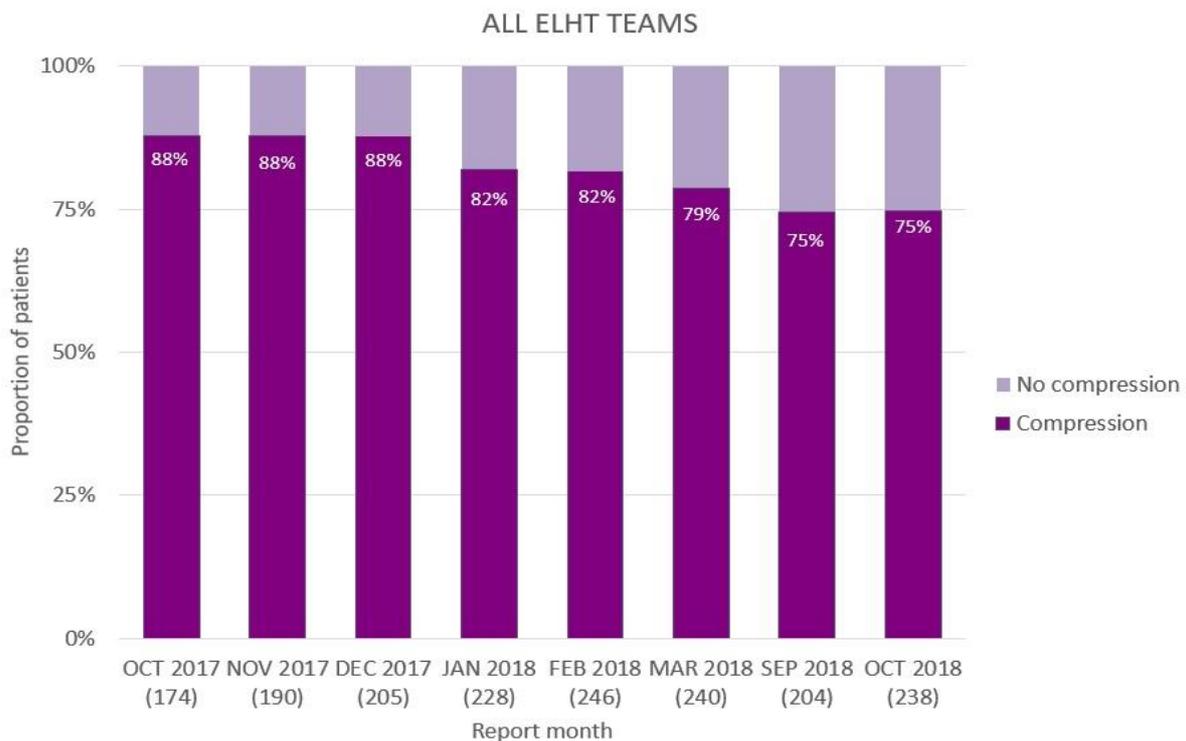
1. Timely (within 21 days) measurement and recording of ankle-brachial pressure index (ABPI)

Across participating teams, there was an increase (from 24% to 30%) in the proportion of patients who had an ABPI recorded within 21 days of first seen. In treatment rooms, the increase was more marked (from 25% to 48%).



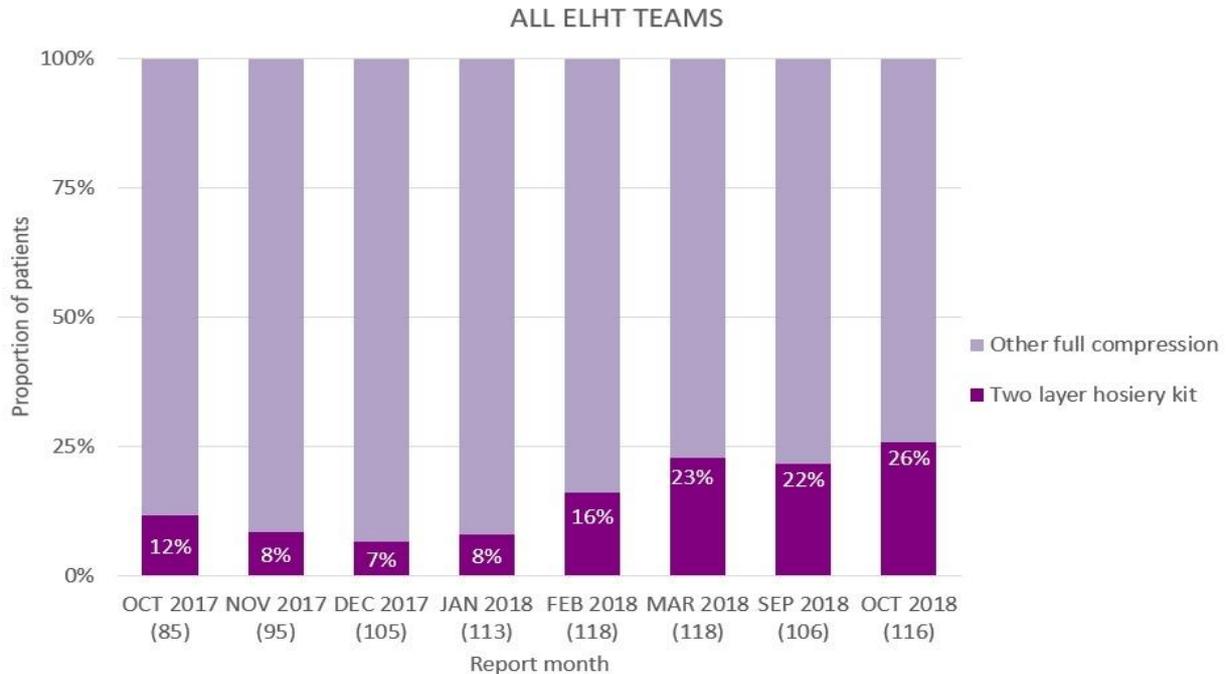
2. Use of (any) compression therapy, where clinically appropriate

Across participating teams, there was a fall in the proportion of patients in any form of compression (from 88% to 75%). Reasons for this reduction may be a combination of long-term patients that are unable to tolerate compression and the loss from the data of those in compression healed and discharged. However, the proportion of patients in compression remains higher than those reported (68%) in the 2015/16 Complex Wound survey.



3. Use of high compression two-layer hosiery kits, where clinically appropriate

Across participating teams, there was an increase in the proportion of patients that were being treated with a two-layer hosiery kit (12% to 29%). Two-layer hosiery kits were not widely available prior to the start of the project and it is therefore suspected that the reported baseline proportion may be inflated by misclassification.



Conclusions

The ILUMIN project has shown that a facilitated audit and feedback approach combined with educational outreach can help community nurses make and sustain changes to practice that enhance the quality of patient care delivered.

Fundamental to embedding change has been the delivery of extensive clinical training provided by trusted and credible staff from the ELHT Lower Leg Vascular and Lymphoedema Service. Training has reinforced the importance of timely treatment, optimal compression management and for staff to seek opportunities to promote self-management.

The project has also highlighted potential barriers to optimal treatment. Issues relating to how services are organised, staffed and resourced, the nature and frequency training and patient non-concordance were highlighted. As many issues were service related, this information can be used to inform future improvement efforts locally.

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The information in this report/brochure is correct at the time of printing.