

ILUMIN: The Leg Ulcer Quality Improvement Programme

Summary Report



Working in collaboration with:



Manchester University
NHS Foundation Trust

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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 South MFT 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 ILUMIN supported community nursing teams to make changes to practice, enhancing the quality of patient care delivered.

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 South MFT 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 (57% in South MFT).
2. Use of (any) compression therapy, where clinically appropriate. Across all participating Trusts, 63% of people were recorded as being treated with any compression (48% in South MFT). In addition, the level of compression used was also monitored.
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 South MFT).

The improvement project

Four community district nursing teams across South MFT 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 wound link nurse 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.

South MFT teams collected data for nine months from October 2018 to June 2019.

Alongside the facilitated audit and feedback intervention, a series of educational workshops were offered as part of the project. The aim of the workshops was to assist teams in understanding their performance in relation to the quality markers, and to provide opportunity to understand areas for improvement and identify potential changes that could be made. Workshops were to be facilitated by the CLAHRC team with any clinical training provided by internal staff.

In South MFT, it was not possible to offer the workshops as intended. Instead, Harm Free Care meetings were utilised where performance was discussed against the quality standards. An additional session was delivered to focus on specific clinical practice. Workshops were facilitated by the CLAHRC team with clinical practice training provided by Julie Mullings, Lead Nurse Tissue Viability, Infection Prevention.

Improvements against three evidence-based quality standards

Over the course of the project, all four community nursing teams in South MFT participated in data collection. The month by month increase in the number of leg ulcer patients under treatment at Brownley Green is due to a refinement in data capture rather than an increase in case load (see Figure 1).

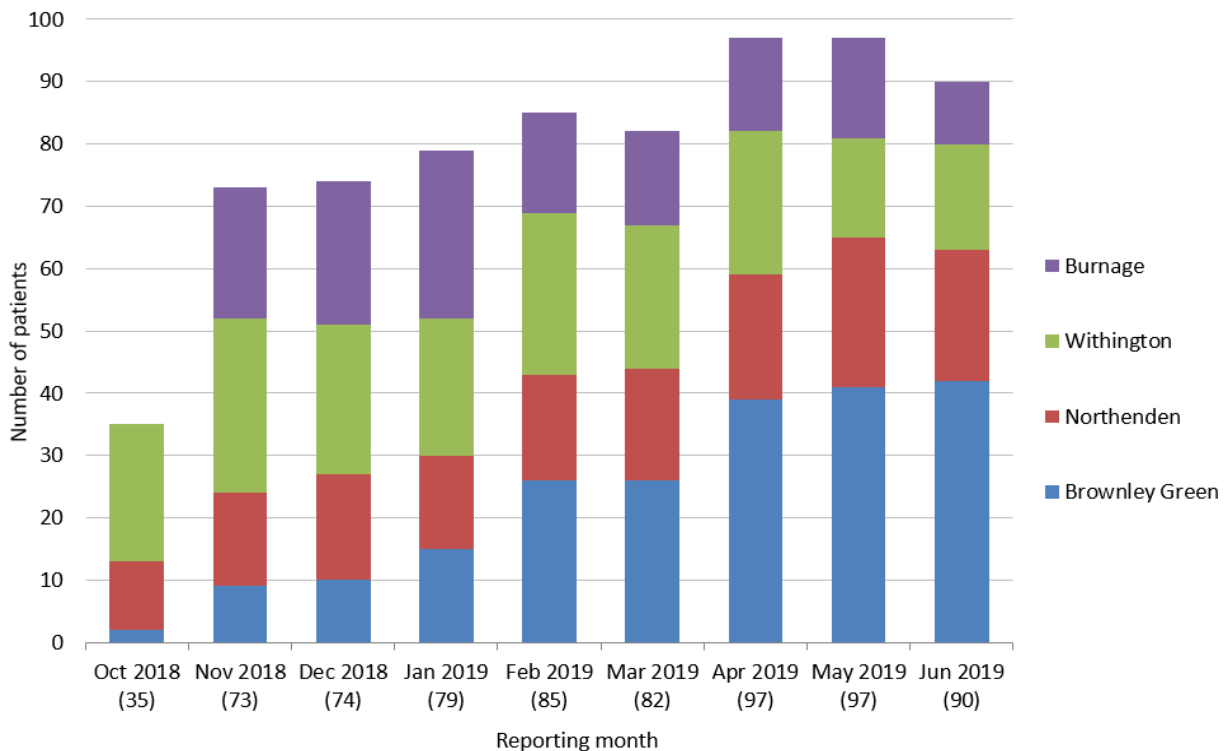


Figure 1. Number of patients reported by South MFT teams October 2018 to June 2019

The data returned provided information on approximately 166 patients being treated for 273 leg ulcers.

1. Timely (within 14 days) measurement and recording of ankle-brachial pressure index (ABPI)

Figure 2 illustrates whether patients had an ABPI recorded within 14 days of first seen. Unfortunately, as there are so few patients due an ABPI each month it is difficult to ascertain wherever any clear pattern emerges as a result of the ILUMIN data collection.

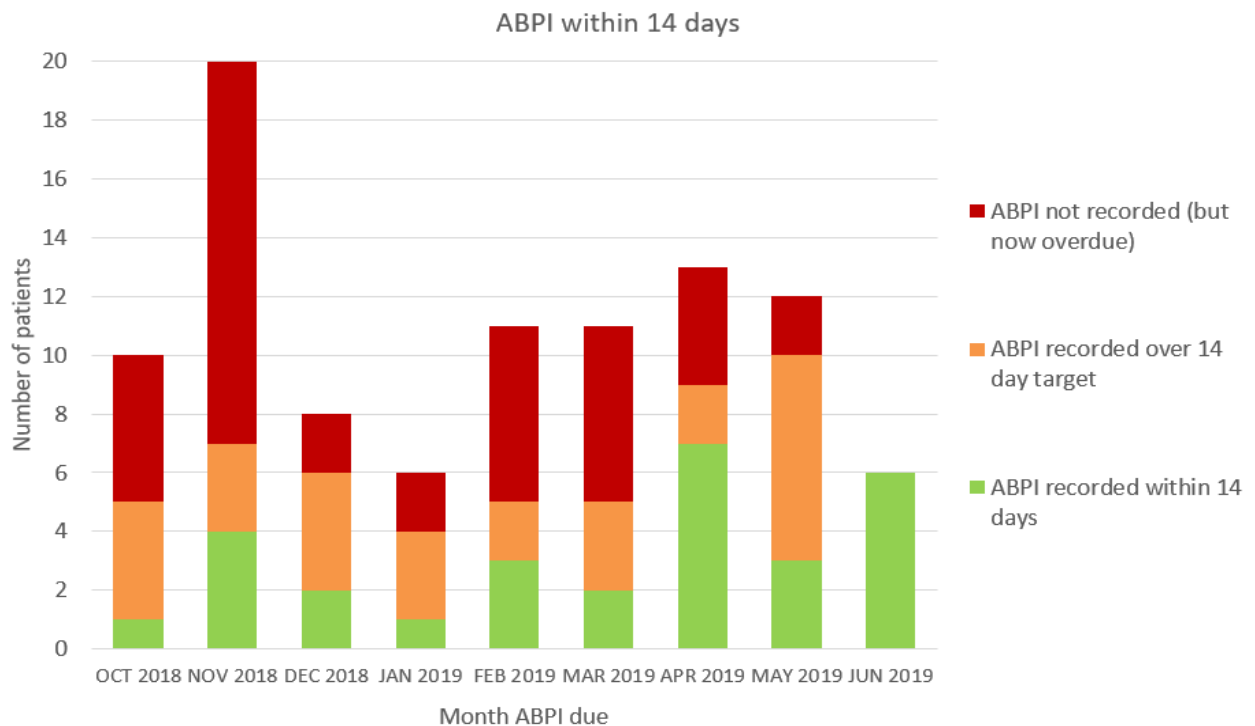


Figure 2. Number of patients with an ABPI recorded within 14 days of first seen. South MFT teams October 2018 to June 2019

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

Across participating teams, the proportion of patients in any form of compression has remained fairly consistent (Figure 3). There has however been a general increase in the proportion of patients that are in compression being treated with full compression (as opposed to a reduced form of compression) (Figure 4).

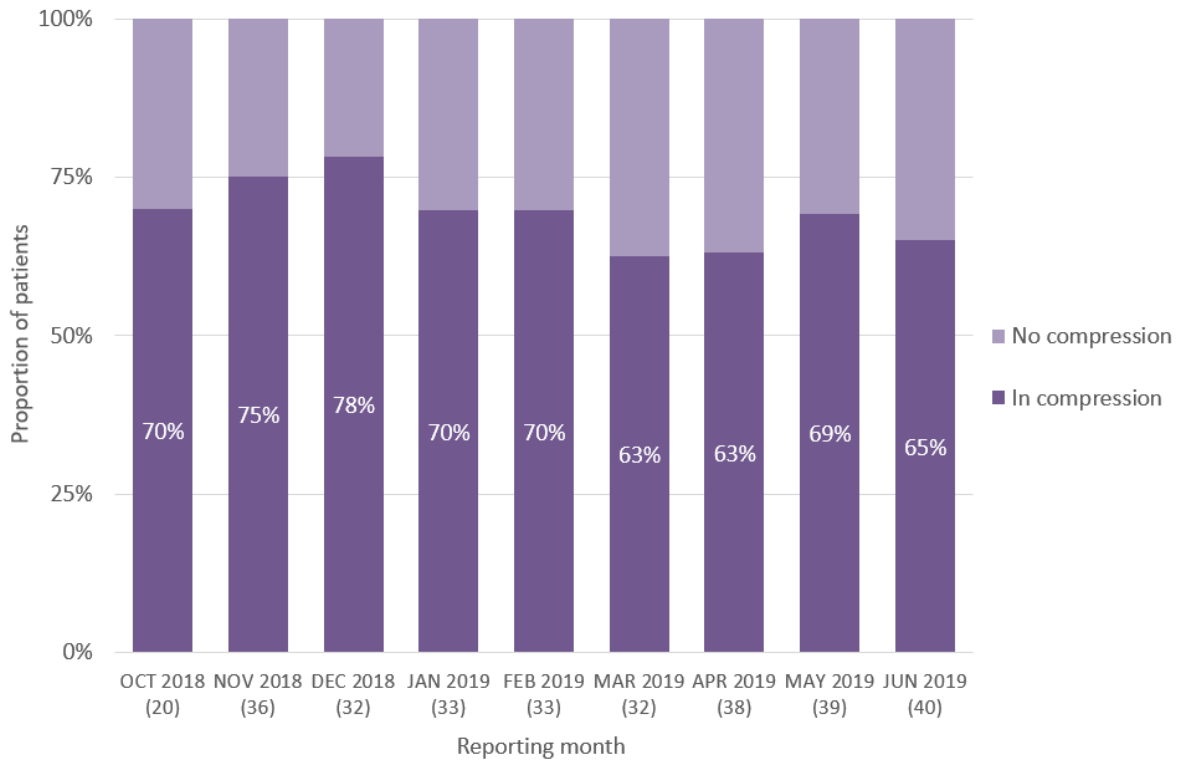


Figure 3. Proportion of patients with ulcers specified as venous or mixed aetiology being treated with some form of compression. South MFT teams October 2018 to June 2019

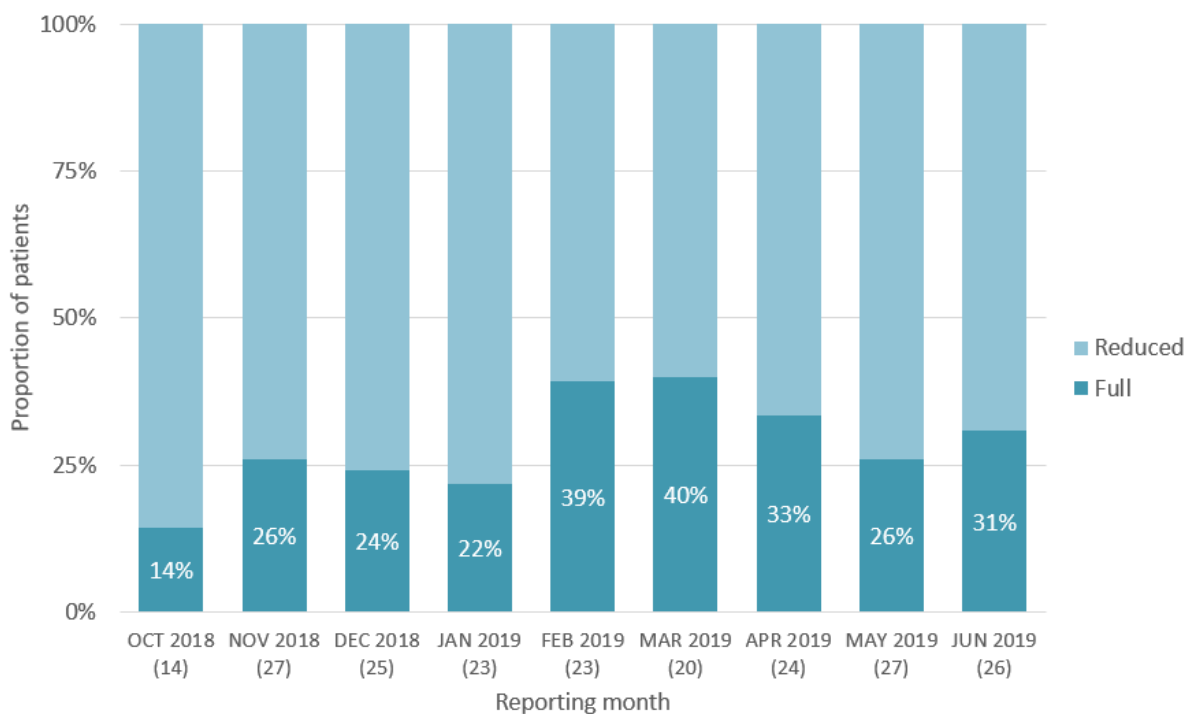


Figure 4. Proportion of patients with ulcers specified as venous or mixed aetiology in compression being treated with full compression. South MFT teams October 2018 to June 2019

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

The 2015/16 region wide wound care revealed there was no reported use of two-layer hosiery kits in South MFT. Despite being a cost effective treatment in appropriate patients, just one patient was reported as receiving two-layer hosiery during the course of data collection (reported by the Burnage team). We are undertaking new research to look at how we can increase future uptake.

Conclusions

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

ILUMIN has identified key core enabling ingredients that may aid future implementation elsewhere. These include:

- The need for formal and informal leadership support for improvement activity within and across the organisation.
- The need to provide support and adapt data collection to local needs. Facilitators can be internal or external but should be trained to support others to change and set up the processes to sustain improvements locally.
- The need to create regular opportunities for education and shared learning provided by trusted and credible sources. For ILUMIN, this includes providing space for staff to understand areas for improvement and to reinforce the importance of timely treatment and optimal compression management.

The project has also highlighted potential challenges 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.