Does the unqualified nurse have a role to play in the active recall and follow up care of patients with healed leg ulcers?

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The Problem
- RtId: recall of patients with healed venous leg ulcers in some community areas
- Reassessment is haphazard and lacks evidence
- No capacity for frequent, lengthy Doppler assessment
- Practice review identified the need for an increased proactive approach

Current Practice in 3 Health Centres
- In the well led clinic: the trained nurse will complete the vascular assessment and the unqualified nurse will undertake a basic leg assessment only
- To give structure and guidance to the unqualified nurse a compression hosiery renewal checklist has been developed
- The checklist ensures the unqualified nurse contributes safety and effectively to patient care and is an aide-memoire for trained nurses

What do we know as clinicians? Does wearing hosiery work?
- Anecdotal evidence from experts and clinicians endorses the use of compression hosiery as part of a preventative approach

What others have found?
- Patients receiving education were nine times less likely to develop a leg ulcer (Brooks et al 2004)
- Recurrence is reduced when contact and support is maintained with health professionals (Rusin-Althen et al 1999, Faulkland et al 2002, cited in Vowden 2005)

Well leg work pack for Community Nurse
Tissue Viability Services, Surrey Community Health 2010
The pack includes well leg clinic referral criteria and guidelines and is available from the author.

Hosiery Selection Cycle

In Conclusion
What changes can we make?
Audit becomes a powerful tool to instigate practice development by identifying best practice and proposing changes to improve practice (Fowkes 1982).
The revised guidelines acting as a protocol for untrained staff will ensure compliance to the protocol described above (HC2) demonstrated that in HC2 the average days to heal was 103 and in HC1 it was 224. HC1 had no ulcer recurrences at all and HC2 had 20% (5 patients). This highlighted the important supportive role of the unqualified nurse in the clinic; freeing up time for qualified staff to take on a new proactive preventative approach to care.

Future Aims
Experientially we know that pro-active follow up works!!
Harnessing Audit as a means to demonstrate this could capture our experiential knowledge in a meaningful way.
Education to be rolled out and hosiery companies to be involved in this.

Facets of follow up

Active follow up? Recurrence rates

HC2 (Cream colour) are absent completely and are not scoring at all in this section.

New revised documentation should current low scoring in these fields; thus implementing a change in practice, if used.