

# Improved Healing rates for Simple Venous Leg Ulcers in the community setting



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# Background:

- Trust target for healing simple venous leg ulcers is a 75% healing rate within 20 weeks
- Data in the Trust indicated **41%** healing rate
- Best Practice was not being implemented?
- Long Leg ulcer clinic waiting lists
- Heavy community nursing workloads
- No formal assessment
- Death by power point training

# What to change?

- Leg ulcer training needed to be reviewed
- Resources needed to be updated and reenergised
- Assessments templates needed reviewing – to increase clinicians understanding and ensure validity of data being reported
- Practice to be standardised across the Trust to ensure 'outdated' practice was eradicated
- All training and guidance will be updated and in line with best practice

# Quality Improvement Plan:

The 6 key steps comprise of:

1. **Interactive E-Learning** leg ulcer theory training package
2. **Video resources**
3. Updated leg ulcer handbook
4. An **Algorithm** has been produced to guide staff on what to do following a full lower leg assessment
5. Updated assessment and care plan **templates**
6. **Leg ulcer clinic co-ordinator**

# Leg ulcer resources

- **E-Learning**



- **Recap: Video Resource**



- **Staff Handbook**



- **Step-by-step ABPI Guide**



- **ABPI Algorithm**



# E-Learning package

- *Theory*
- *Assessment*
- *Treatment Plan*

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**Welcome**

This course introduces signs and symptoms of venous and arterial disease, followed by the lower leg theory of performing a Doppler assessment and treatment and management of leg ulcerations. It covers the essential information you need before attending the lower leg assessment and management practical training day.

This training is relevant to all clinical staff as a prerequisite to attend lower leg assessment and management practical training day.

**Click on the right facing arrow at the bottom of the screen to continue.**



Lower Leg Treatment and Management

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**Peripheral arterial disease**

Peripheral arterial disease (PAD) is the underlying cause of arterial leg ulcers. PAD is also known as peripheral artery disease (PAD) and is a common condition. This disease may become irreversible as atherosclerosis (irreversible build-up of artery blockage) develops in the arteries.

This diagram shows the site and underlying tissues of ulcers which can be seen with lower limb PAD and the development of arterial ulcers. They are the most common type of leg ulcer. They are the most common type of leg ulcer. They are the most common type of leg ulcer.

- Diabetes
- High cholesterol
- High blood pressure
- Smoking
- Family history
- Age
- Race
- Obesity

Click on the right facing arrow at the bottom of the screen to continue.



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**Understanding pulse sounds**

When listening to a Doppler assessment you will hear one of the following pulse sounds:

**Monophasic**

A single sound, indicating the probe is placed on a normal artery, indicating a blood flow.

**Biphasic**

Two sounds heard together, indicating the Doppler probe is not at an optimal angle. It also indicates a healthy artery.

**Triphasic**

Three sounds heard together. This indicates a healthy or normal artery.

Click on the right facing arrow at the bottom of the screen to continue.



The Learning and Development team working with the Tissue Viability team

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**Signs and symptoms**

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- Pain
- Swelling
- Redness
- Warmth
- Tenderness
- Ulcers
- Leg cramps
- Leg pain
- Leg numbness
- Leg weakness
- Leg discoloration
- Leg ulcers



Lower Leg Ulcer Assessment and Doppler

Leg Observations | Patient Measurements - Left Foot / Leg | Patient Measurements - Right Foot / Leg | **ABPI Doppler Assessment Guide** | Diagnostics | Suggest...

**Perform ABPI Doppler assessment** Page 7

**Incorporate Clinical judgement and ABPI result**

**ABPI <0.6**  
Urgent referral to Vascular  
Do not compress  
↓  
Arterial Leg Ulcer  
Diagnostic on IPOC: Ischaemic Leg Ulcer

**ABPI 0.8 -1.3**  
Present over 6 months  
Cardiac failure  
Oedema  
Non concordance  
Infections  
Fixed ankle/ reduced movement/ foot deformity  
Unmanaged Pain  
Area Approx. >100cm<sup>2</sup>  
↓  
Complex Venous Leg Ulcer  
Diagnostic on IPOC: N on Healing Leg Ulcer

**ABPI 0.8 - 1.3**  
Area Approx. <100cm<sup>2</sup>  
Present for less than 6 months  
↓  
Simple Venous Leg Ulcer  
Diagnostic on IPOC: Venous Leg Ulcer

**ABPI <0.8 OR >1.3**  
Venous and Arterial Components  
↓  
Mixed Aetiology Leg Ulcer  
Diagnostic on IPOC: Mixed Arterovenous Leg Ulcer

**Refer:**  
No signs of Venous Disease or other causes suspected refer to:  
↓  
Dermatology  
Diabetes Specialist's  
Lymphedema  
Relevant specialist

**ABPI > 1.3 or 0.5-0.8**  
Consider calcification, assess foot pulses. Consider referral to Vascular or Tissue Viability. Dependent upon clinical judgement and holistic assessment, pulse sounds, consider reduced compression under caution.

**ABPI 0.8-1.3**  
No evidence of arterial disease, pulses strong either Biphasic or Triphasic apply full compression. If no improvement in 10 weeks refer to Tissue Viability or Combined Wound Clinic.

**If Simple VLU's don't respond to best practice treatment within 4 weeks, they are automatically Re-classified as Complex VLU's**  
Diagnostic on IPOC: Change to Non Healing Leg Ulcer

ABPI 0.8-1.3  
Dependent upon clinical judgement and holistic assessment, Consider reduced compression under Caution. If no improvement in 10 weeks refer to Tissue Viability or Combined Wound Clinic

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Event Details Information Print Suspend Ok Cancel Show Incomplete Fields

**Patient position**

Date	Selection
05 Aug 2016	lying flat with one pillow to support the head
05 Aug 2016	lying flat with one pillow to support the head
01 Dec 2016	lying flat with one pillow to support head

Show recordings from other templates  
 Show empty recordings

Lower Leg Ulcer Assessment and Doppler

Leg Observations | Patient Measurements - Left Foot / Leg | Patient Measurements - Right Foot / Leg | ABPI Doppler Assessment Guide | Diagnostics | Suggest...

### Patient Measurements - Right Foot / Leg

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Patient position

Right dorsalis pedis Doppler sound

Right posterior tibial Doppler sound

Site of Foot Pulse	Ankle	Brachial	ABPI
Dorsalis pedis	<input type="text"/> <input type="text"/>	divided by <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Posterior tibial	<input type="text"/> <input type="text"/>	divided by <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

**Ensure the highest Brachial pressure is used to calculate the ABPI**

Right Brachial Pressure

ABPI - Right

Right ankle circumference  cm

Right calf circumference  cm

Right mid thigh circumference  cm

Right foot length (cm)

Right heel to knee measurement (cm)

Capillary refill right  seconds

**LOCATION OF PEDAL PULSES:**

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# Results...

- The Trust will save approx. **£19,328** annually following the implementation of the online training
- **Healing rates are now between 90-100% within the Trust**
- Leg ulcer healing rates are now being reported on a monthly basis
- Tissue Viability Team monitoring localities
- Staff are being formally tested on the Theory
- Sustainable training model
- **Better patient outcomes**

# Sharing the Learning...

- Accurate and Valid Data collection
- E-Learning tool time intensive
- Managing the change in practice
- Consistency
- Team approach



# Any Questions??

