



Improving Efficiency And Effectiveness In Managing Chronic Oedema In Community:

On The Ground Education Project (OGEP)

KAREN MORGAN

NATIONAL LYMPHOEDEMA EDUCATION AND RESEARCH LEAD WALES













WHAT'S THE PROBLEM?





Workbook	
Location:	
lanaging	

Chronic Oedema in Community **Settings**

Unit Code: PH54CY022 Level: Four Credit Value: 3



Llywodraeth Cymru Welsh Government Welsh Government

R F F MRR R







PROPOSAL / BID

- Health Technology Funding (131k) pilot in Cardiff (population of 479,000)
 - On the Ground Education Project employed two lymphoedema specialists for 9 months
 - New education model
 - Take the education directly to the community nurses
 - Video Prescriptions patient story/ training
 - Support from industry





AIM OF THE PROJECT

- Raise awareness to identify patients with oedema and refer earlier
- Deliver education to enable effective prompt management of oedema
- Treat leaking "wet legs" and superficial wounds quickly

Reduce waste, harm and variation





METHOD

- Qualitative and Quantitative research
- Purposive sample (*n*=100)
- Data collection (3 months pre and post intervention)
- Health Economics (data form) and QOL (EQ5D5L)
- Focus Groups with community nurses
- Ethical approval







ON THE GROUND EDUCATION (OGEP)



- Day to day workload
- Prompt treatment
- Early identification of patients
- Challenge practice
- Reflection





WHAT HAPPENED ON THE GROUND?



















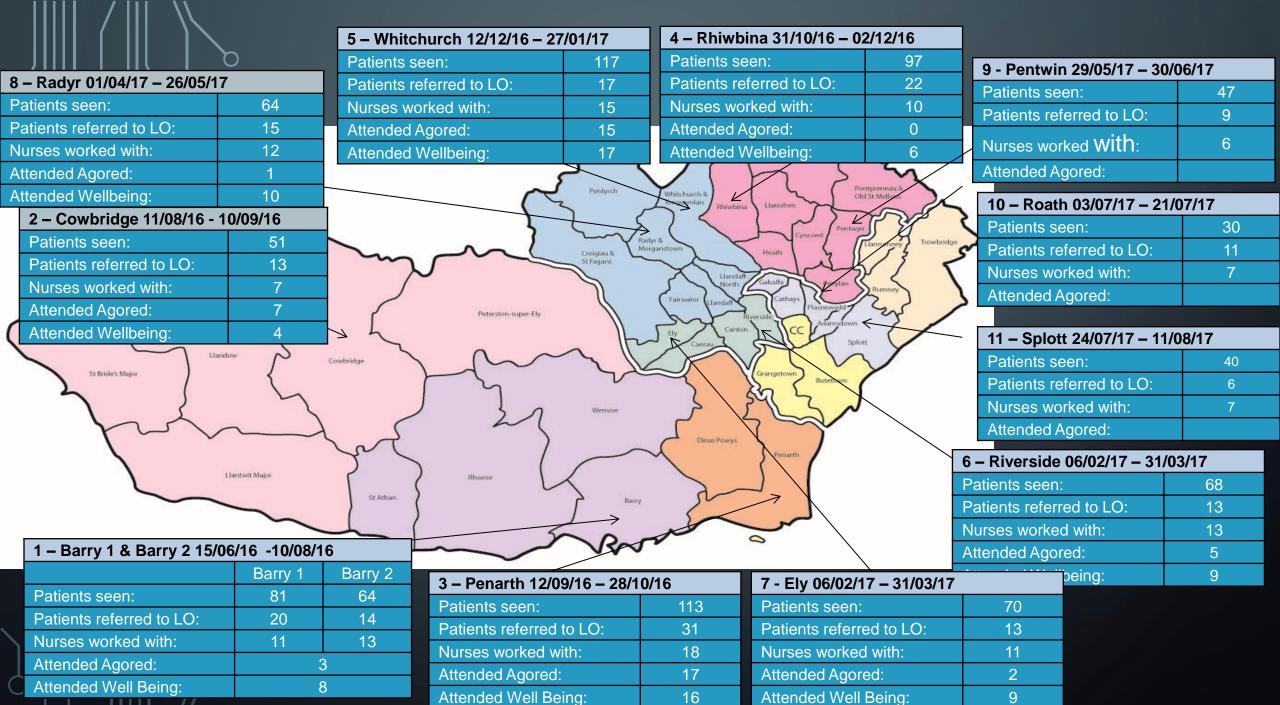
THE INTERVENTION

- Actively treated patients with community nurses
- •Why do the same thing if not improving?
- Reflection in practice
- Accredited learning
- Video prescription patients story
- Evidence based care?
- Opposition to change



		A IIII	
GIG Cydweithrediad lednyd GIG Cymu NHS Wales Health Collaborative	Chron	ic Oedema/'Wet Legs' (Lymphorrhoea) Care Plan	Appendix 3 Lymphoedema Network
PATIENT NAME:		DATE OF BIRTH: DISTRICT NURSE CONTACT:	DATE:
LEVEL 1 SUPPORT BANDAGING	GOAL	INSTRUCTIONS	PHOTOGRAPHS
One layer of blue/yellow line tubular stockinette. 3 rolls of wool padding One layer of blue/yellow line tubular stockinette.	Stop leaking Provide comfort and support Reduce oedema	Wash leg in emollient/ointment/lotion and apply moisturising cream Apply wound dressings as per formulary One layer of blue/yellow line tubular stockinette 3 rolls of wool padding One layer of blue/yellow line tubular stockinette A DOPPLER IS NOT REGUIRED¹	
LEVEL 2 SUPPORT BANADAGING	GOAL	INSTRUCTIONS	PHOTOGRAPHS
One layer of blue/yellow line tubular stockhette. 3 rolls of wool padding One layer of blue/yellow line tubular stockhette. One Actico or short stretch 10cm x 6m	Provide comfort and support Reduce oedema	As above then Apply Short Stretch Bandage inelastic (10cm width) in a spiral application from the base of the toes up the leg with a 50% overlap and stretch up to the knee Apply toe bandages if loss are swollen. See document 'Lymphoedema/Chronic Oedema Toe Bandaging Care Plan'. Or consider using toe caps A DOPPLER IS NOT REQUIRED'	
LEVEL 3 COMPRESSION	GOAL	INSTRUCTIONS	PHOTOGRAPHS
One layer of blue/yellow line tubular stockinette. 3 rolls of wool padding One layer of blue/yellow line tubular stockinette. Two layers of actico or short stretch 10cm x 6m.	Stop leaking Provide comfort and support Reduce oedema	As above Apply second layer of Short Stretch Bandage inelastic (10cm width) at full stretch in an opposite spiral application from the base of the foes up the leg with a 50% overflap up to the knee. Apply Toe bandages if boss are swollen. See document Lymphoedema/Chronic Oedema Toe Bandaging Care Plan'. Or consider using toe capts ARTERIAL ASSESMENTI S COMPLETED PRIOR TO COMPRESSION APPLICATION	

THE RESULTS



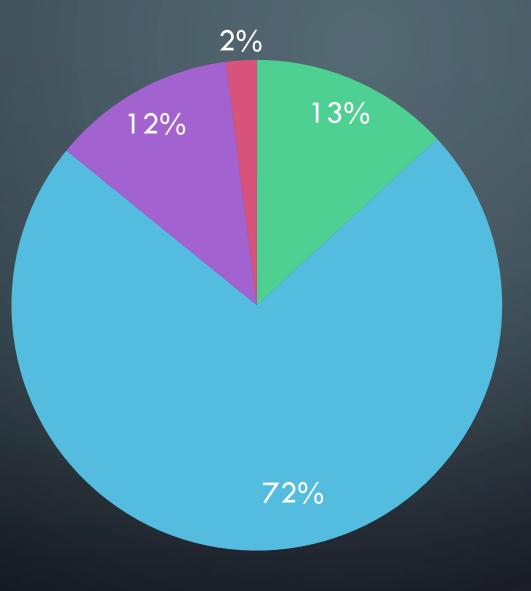
SUMMARY

Patients seen	842
Patients referred to Lymphoedema	167
Number of Nurses worked with	130
Number attended AGORED session	83
Attended Wellbeing session	75



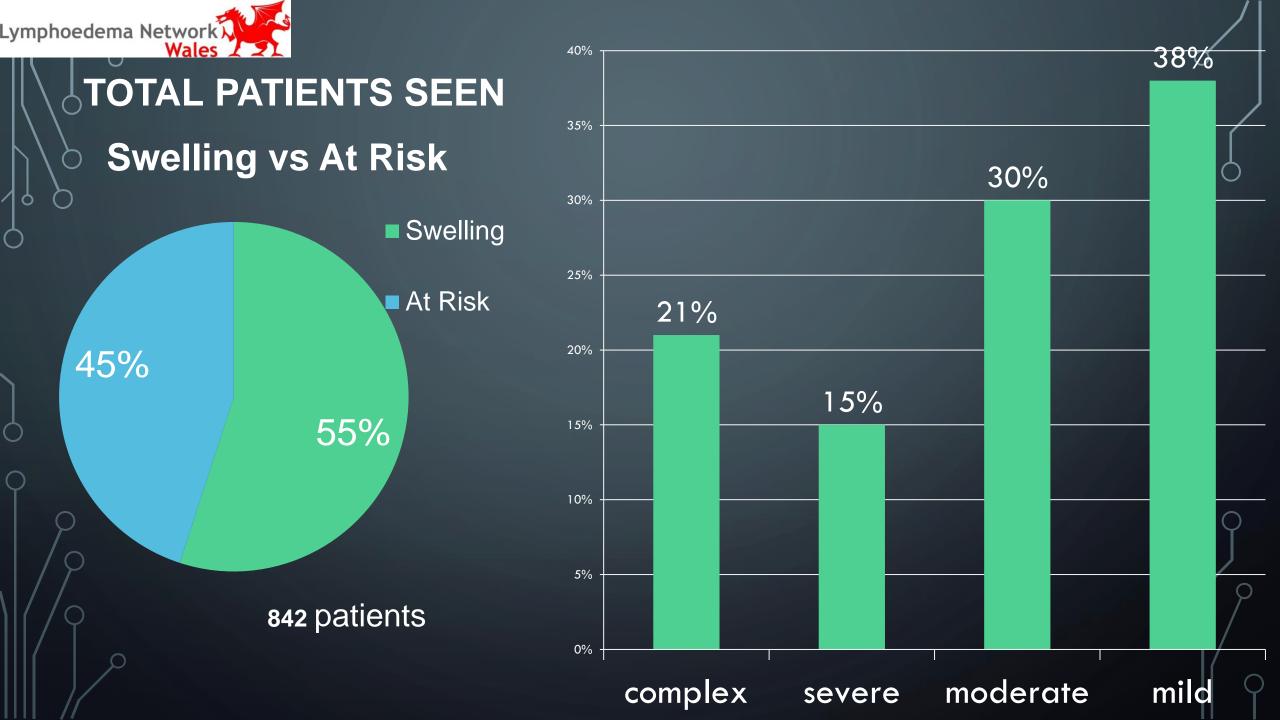


COMMUNITY NURSES



- Band 3
- Band 5
- Band 6
- Band 7

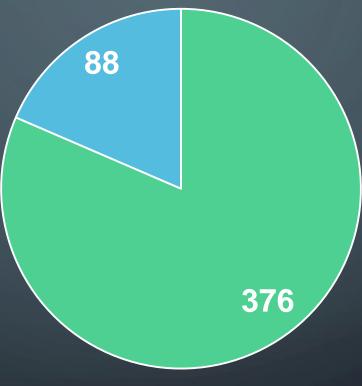
Total nurses worked with = 130







19% OF PATIENTS WITH OEDEMA HAD ONE OR MORE EPISODES OF CELLULITIS



oedema

oedema and cellulitis





62% INCREASE IN REFERRALS TO LYMPHOEDEMA SERVICE







HEALTH ECONOMIC RESULTS

	Pre Intervention	Post Intervention	Cost savings
District Nurse Visits	£117,156	£54,886	-£62,270
Cost of Dressings	£52,419	£19,667	-£32,752
Cellulitis hospital admission	£22,950	£2,550	-£20,400

* 97 Patients over a 3 month period

		Baseline	3 month later	
Healthcare Resource	n	Sum (£)	Sum (£)	p- value
Cost of times District Nurse visited home	97	£117,156	£54,886	0.000
Cost of times GP visited home	97	£5,760	£3,480	0.063
Cost of times telephoned GP	97	£628	£248	0.002
Cost of times visited GP surgery	97	£828	£144	0.003
Cost of times you attended A and E	97	£966	£414	0.208
Cost of nights on ward	97	£70,125	£48,464	0.585
Cost of Hospital Cellulitis admissions	97	£22,950	£2,550	0.059
Cost of IV Cellulitis home	97	£88	£0	0.181
Cost of dressings	97	£52,419	£19,667	0.000



IMPACT



Quality of Life EQ-5D-5L	Quality of Life EQ-5D-5L		
Mobility	† 44%		
Self Care	† 40%		
Usual activities	↑ 30%		
Pain and Discomfort	↓ 48%		
Anxiety and depression	↓ 29%		

Health Economics

Cellulitis admissions 89% reduction

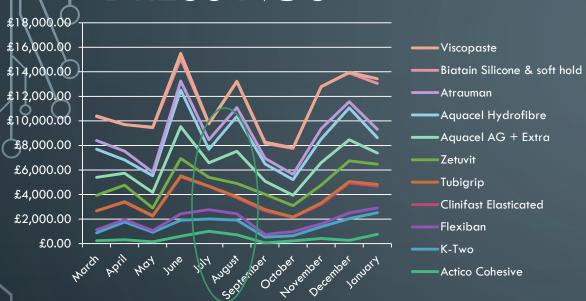
District Nurse visits

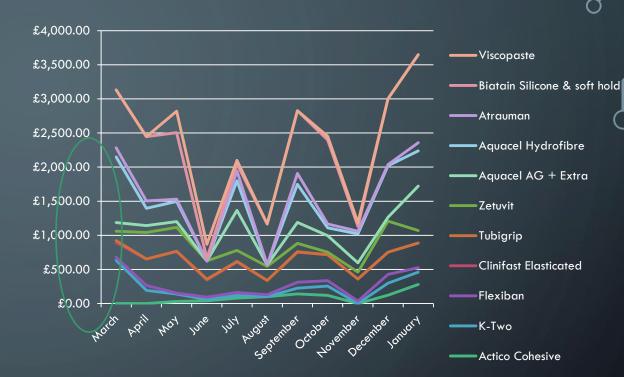
54% reduction

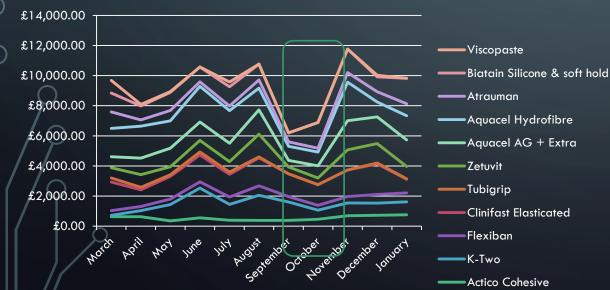
Time back to Care

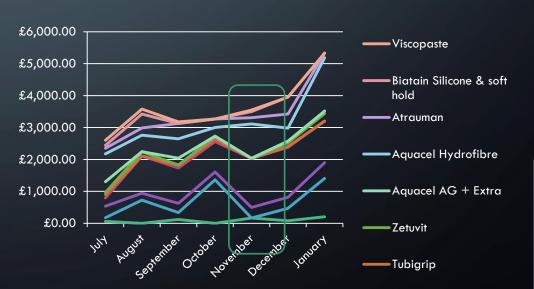
Dressing Costs 63% reduction

DRESSINGS

















The Chronic Oedema 'Wet Leg' (Lymphorrhoea) Pathway

May 2017

Developed by

Melanie Thomas, MBE, FCSP, National Clinical Lead for Lymphoedema in Wales

Karen Morgan, RGN, BSc, PGCEd, NMP, National Lymphoedema Research and Education Lead in Wales









WHY? WET LEG' PATHWAY?

- The annual costs of leg ulcer management is estimated at least £200 million in the UK.
- Care is reactive not proactive.
- Waiting lists for TVN/ Doppler
- Chronic oedema patients also suffer repeated cellulitis episodes and account for 2-3% of all hospital admissions.
- It is vital that we implement prompt management to reduce escalating costs





HOW DO WE INFLUENCE CHANGE?

- Education
- Rationale
- Missing link
- Evidenced Based Guidelines to support change
- Need a Chronic Oedema "Wet Leg" Pathway
- •Literature review documents, guidelines and protocols.

Chronic Oedema "Wet Leg" Pathway

The Chronic Oedema 'Wet Leg' (Lymphorrhoea) Pathway

Does the limb have clinical signs of infection/cellulitis?

- Red/spreading erythema
- Warm to touch
- Painful
- Patient systemically unwell/flu like symptoms or malaise?

Yes

Refer to GP for Cellulitis management following the All Wales Antimicrobial Guidance. Lymphoedema is on page 23



Primary Care Antimicrobial Guideline

Ensure the legs are washed effectively with a bowl of water, washing emollient, dried and moisturised as per local formulary

To promote comfort, manage leaking and provide support

LEVEL ONE SUPPORT BANDAGING:

- Apply an absorbent dressing & nonadherent layer if necessary from local formulary
- One layer of blue/yellow line tubular stockinette
- Minimum of 3 rolls of wool padding
- One layer of blue/yellow line tubular stockinette

This support can remain in place for up to 48 hours unless leakage or slippage is evident

A DOPPLER IS NOT REQUIRED

Unmanaged lymphorrhoea can cause skin maceration, increase the risk of infection and development of chronic wounds. Legs will continue to leak if not supported

Refer to local lymphoedema service contact

Lymphoedema.network. wales@wales.nhs.uk for information Ensure the legs are washed effectively with a bowl of water, washing emollient, dried and moisturised as per local formulary

Wales 1 21

To promote comfort, manage leaking and provide support

LEVEL ONE SUPPORT BANDAGING:

No

- Apply an absorbent dressing from local formulary
- One layer of blue/yellow line tubular stockinette
- Minimum of 3 rolls of wool padding
- One layer of blue/yellow line tubular stockinette

A DOPPLER IS NOT REQUIRED

LEVEL TWO SUPPORT BANDAGING:

if there is no history of arterial disease or any arterial symptoms as per holistic assessment it is considered safe to apply 14-17mmhg pressure.

A DOPPLER IS NOT REQUIRED

- · Apply an absorbent dressing from local formulary
- · One layer of blue/yellow line tubular stockinette
- Minimum of 3 rolls of wool padding
- Apply Short Stretch Bandage inelastic (10cm width) in a spiral application from the base of the toes up the leg with a 50% overlap & stretch up to the knee. Apply toe bandages if toes are swollen.

LEVEL THREE COMPRESSION BANDAGING:

Collaboration with local lymphoedema service or TVN prior to commencement of compression which includes two layers of Short Stretch Bandage (10cm width) at full stretch.

Has patient got wet eczema? Yes - Ensure you follow local guidance on topical steroid management. Has the patients got a wound? Yes - Follow local guidance for referral to TVN







CHRONIC OEDEMA "WET LEG" PATHWAY

\		
Level One Support Bandaging	Level Two Support Bandaging	Level Three Support Bandaging
One Layer Stockinette	One Layer Stockinette	One Layer Stockinette
3 rolls Padding	3 rolls Padding	3 rolls Padding
One layer Stockinette	One layer short stretch inelastic bandage	Two layer short stretch inelastic bandage

Chronic Oedema 'Wet Leg' (Lymphorrhoea) Care Plan

Appelluix 3



CATICLE HALLE		DATE SE SISTU	DISTRICT HUBBE SOUT!	BATE
PATIENT NAME:		DATE OF BIRTH:	DISTRICT NURSE CONTACT:	DATE:
LEVEL 1 SUPPORT BANDAGING	GOAL	INSTRUCTIONS		PHOTOGRAPHS
One layer of blue/yellow line tubular stockinette 3 rolls of wool padding One layer of blue/yellow line tubular stockinette	Stop leaking Provide comfort and support Reduce oedema	Wash leg in emollient/ointh cream Apply wound dressings as One layer of blue/yellow line a rolls of wool padding One layer of blue/yellow line A DOPPLER IS NOT REQUIR	e tubular stockinette e tubular stockinette	
LEVEL 2 SUPPORT BANDAGING	GOAL	INSTRUCTIONS		PHOTOGRAPHS
One layer of blue/yellow line tubular stockinette 3 rolls of wool padding One layer of blue/yellow line tubular stockinette One Actico or short stretch 10cm x 6m	Stop leaking Provide comfort and support Reduce oedema	 As above then Apply Short Stretch Bandage inelastic (10cm width) in a spiral application from the base of the toes up the leg with a 50% overlap and stretch up to the knee Apply toe bandages if toes are swollen. See document 'Lymphoedema/Chronic Oedema Toe Bandaging Care Plan'. Or consider using toe caps A DOPPLER IS NOT REQUIRED¹ 		
LEVEL 3 COMPRESSION	GOAL	INSTRUCTIONS		PHOTOGRAPHS
One layer of blue/yellow line tubular stockinette 3 rolls of wool padding One layer of blue/yellow line tubular stockinette Two layers of Actico or short stretch 10cm x 6m	Stop leaking Provide comfort and support Reduce oedema	width) at full stretch in a base of the toes up the le Apply toe bandages if toe 'Lymphoedema/Chronic C Or consider using toe cap	IS COMPLETED PRIOR TO	

**REFER TO LOCAL LYMPHOEDEMA SERVICE FOR ONGOING ADVICE AND SUPPORT





SUPPORTING DELEGATION

Community Nursing services have to respond to the increasing demand and capacity gap within their services.

The Kings Fund (2016) suggest having a greater skill mix within teams and delegating some tasks to healthcare support workers, has the potential to enable senior staff to deliver care for patients with advanced or complex needs.

DISSEMINATION

Chronic Oedema "Wet Leg" Pathway – National Rollout

Up Scale across Wales- 2 business cases submitted for

Health Boards- ABM and AB

Creation of Wound / chronic oedema joint posts

Publications- JWC/ BJCN/ BJN and IJPCN

Support to take forward......





THANKS TO:

Welsh Government Health Technology Fund supporting the project

SKaren.morgan6@wales.nhs.uk