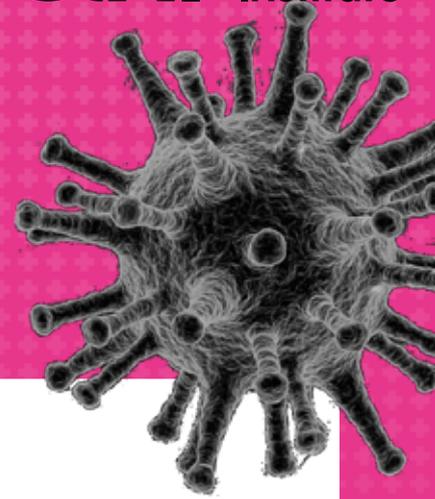


Community Nursing Covid-19 Innovation/Best Practice

CASE STUDY

A Proactive Approach to Managing Chronic Oedema and Lymphoedema during the Pandemic



1/

Personal details

Name: Karen Morgan

Job title: Lymphoedema Specialist

Employer: Swansea, Wales

2/

Please describe your practice innovation.

Many of the lymphoedema specialists throughout Wales were deployed into community services during the Covid-19 pandemic. This has strengthened the sharing of skills and management of chronic oedema and 'wet legs'. The Lymphoedema specialists were able to initiate prompt effective compression therapy, as this was previously lacking due to concerns surrounding the Doppler and vascular assessment. Sharing lymphoedema skills and expertise in compression supported effective management of patients collaboratively. It was also an opportunity to increase the awareness of chronic oedema within the community nurse caseload and population. This enabled the promotion of a proactive approach to the management of chronic oedema.

Working in different areas highlighted the confusion and lack of clarity amongst vascular, lymphoedema and tissue viability services. Compression is poorly understood, which can lead to delays in wound healing. Recognising and treating 'the little bit of oedema' reduces the risk of further complications such as falls, cellulitis and wounds. Working together and being able to reflect on patients on their caseload highlighted that at least 50% of the community nurse workload was leg management. Collaboration supported sharing of knowledge about different compression options to reduce community nurse visits and improve treatment outcomes for patients. Sharing the evidence based Chronic Oedema 'Wet Leg' Pathway initiated prompt compression to promote effective oedema management and promote wound healing.

The lymphoedema service is a vital service in managing all patients with lymphoedema, reducing the incidence of cellulitis and wounds. They are the experts in compression therapy and the deployment of lymphoedema staff has further highlighted the need and importance of embedding on the ground clinical lymphoedema educator roles within the community setting to further support prompt compression with the ability to deliver efficiencies and improve pathways of care for people with chronic oedema. As well as enabling community nurses to identify chronic oedema early, this facilitated prompt referral into lymphoedema services throughout Wales, reducing the risks associated with unmanaged chronic oedema rather than waiting for legs to become problematic.

The roll out of clinical educators has been fully supported by all CEOs in Wales prior to Covid-19 and the deployment of lymphoedema staff within the community has only demonstrated the value of these roles further, and investment in these roles is vital to provide value to the patient and the NHS. Avoiding spend associated with wound dressings, cellulitis episodes and falls. Also releasing time back to nurses immediately reducing the number of visits required from the community nurses through the initiation of prompt effective compression. These deployments clearly demonstrate Value Based Healthcare.

3/

How has this enabled you to treat/support patients /residents/families/carers more effectively and safely?

Following the stepped release of lockdown we have seen a gradual increase of patients contacting the service with a deterioration in their condition, exacerbation of venous eczema, wounds, cellulitis and leaking legs. Prompt treatment of chronic oedema with effective compression bandaging or compression garments has reduced the risk of further complications such as wounds, falls and cellulitis. Wound healing has been promoted and the number of community nurse visits reduced.

4/

How has this enabled you to work more effectively with colleagues/partner organisations?

Understanding each other's workload and demands and the sharing of each other's skills and knowledge, supporting effective efficient management.

5/

Do you see this new way of working as a temporary adaptation to current conditions, or a permanent/evolving change?

I see this not as a new way of working but as an improved way of working and we have to have clinical educators embedded within the community. If 50% of the community nursing workload is legs and wounds we have to work differently to support the community services in effectively managing these patients. Sharing and utilising the skills of specialists and supporting the generalised to manage wounds will help avoid delays in healing. Lymphoedema services are the experts in compression therapy and as such should be supporting community nurses /wound clinics and leg clubs to ensure we have the best treatment outcomes for patients, either with wounds or those at risk of developing wounds from untreated chronic oedema .We have already piloted this and these deployments only reconfirm the importance and necessity to embed lymphoedema clinical educators within the community to support community nurses to recognise the oedema and ensure the most efficient management of the complex oedemas.

6/

Please describe any particular challenges you had to overcome.

There is resistance to apply any compression prior to recording an ABPI, even when there is an evidence base that supports early intervention and lower compression until you can record an accurate ABPI. This is still very evident in practice and until this changes, we will continue to have delayed wound healing and have to tolerate the rising cost of this within the NHS.

7/

Please describe any continuing challenges you would like to address.

ABPI – challenges in practice still occur, many patients have leaking legs with superficial wounds that have not had compression applied, due to the inability to record the ABPI or a lack of confidence to start reduced compression. This has to change to reduce the risk of further complications, such as wounds becoming more complex, cellulitis, falls due to untreated oedema and patients unable to wear shoes.

8/

Please list any websites, online platforms or apps that have helped you.

We supported working with the community nurses with our video films www.medic.video/wetleg - also hosted on the ILF website.
Elearning we have on learning@wales - <https://learning.wales.nhs.uk/>.
Sharing the evidence based documentation chronic oedema wet leg pathway.

9/

What are the main pieces of IT or other equipment you need (e.g. digital camera, phone, laptop, iPad).

IPad and internet access supported this moving forward post-Covid to keep in touch with nurses and to provide training and support moving forward.

10/

Please give any individual examples, quotes or other information.

'50% of the patients I have seen have Oedema to legs.'

'A patient was being treated with wool and crepe for a large ulcer for 8 months following the lymphoedema specialist assessment and support the patient was placed in Level 3 Wet leg pathway (2 layers of short stretch inelastic bandage system) the patient healed within 6 weeks.'

'The Community nurses were able to recognise oedema in patients but did not display an understanding of the need to refer to the lymphoedema service or the effect of oedema on non-healing wounds.'

4 Collaboration supported sharing of knowledge about different compression options to reduce community nurse visits and improve treatment outcomes for patients. Sharing the evidence based Chronic Oedema 'Wet Leg' Pathway initiated prompt compression to promote effective oedema management and promote wound healing.

Karen Morgan

