

# Bringing Q I P P to life in lymphoedema care

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## Aim

In England, the Department of Health has developed a transformational programme for change addressing quality, innovation, productivity and prevention (QIPP) within the NHS. This case study describes, in a patient's own words, how QIPP can be brought to life, making a dramatic difference to the quality of life for not one patient, but for all patients with lymphoedema across the Trust.

Patient stories and narratives are about individuals - they provide us with new and important information and encourage holism and a more therapeutic approach to care (Hawkins and Lindsay 2006).

## Method

### Q

Quality of the specialist advice, the treatment utilised and the outcome for the patient.

"Whilst everyone since leaving hospital had done their very best for me, it was not until I met Jane Barker that I felt that here was someone who actually knew something authoritative about lymphoedema. She instilled so much confidence when she said she was positive she could do something about it, I really believed her. What a relief."

"The experience has been really unpleasant and painful and I only wish that all the advice I sought over the years (and I see now that this has been getting worse over a period of years) had resulted in someone recognising that I was suffering from lymphoedema and not simply being overweight. It seems that this problem is not one easily diagnosed\* and I only hope that this improves."

\*"Lymphoedema is an underestimated health problem. It is not well documented and is little known or understood by many medical practitioners. The condition does, however, affect more people than generally realised."

*The Lymphoedema Support Network, Prof. Peter S. Mortimer, Cons. Dermatologist at Royal Marsden & St. George's Hospitals, London.*

### I

Sharing knowledge with community care teams, enhancing their skills and working with specialist practitioners. The patient wishes to describe her experience for others to learn about and recognise the condition.

"The District Nurse came to see me... She dressed it for a couple of weeks but there was little improvement and she finally called for the skin viability nurse for Hampshire." (Pictures 1 and 2)

"It is a great shame that there is only one nurse in Hampshire who is really knowledgeable and who runs courses for nurses in the technique of bandaging and treatment for this problem, as I have seen how keen other nurses are to learn and get some hands-on experience."

### P

With correct management reducing the cost of wound dressings, bandages, painkillers and nursing input by half (table 1). Increasing the patient motivation to become self-caring and resume her previous life, as opposed to being "a prisoner in her own home".

"All this time my life has shrunk and I have in fact been a prisoner in my home and in considerable pain."

"The stinging and burning pain continued all the time and I was taking painkillers for this which I was able to decrease as the open wound closed bit by bit." (Picture 4)

"...we started immediately with a silver dressing, cotton wool bandages and paddings to absorb the exudate and then wrapped in short stretch (cohesive) bandages\*\* in a very specific manner..." (Picture 3)

### P

Ongoing management of this patient's lymphoedema in appropriate full leg hosiery and preventing hospital admissions for cellulitis. Education of the community care teams in early identification and appropriate management of lymphoedema.

"It is now July and I have finally found my leg under all the oedema and I actually have an ankle now!" (Picture 5)

"I expect that they will start work on my right leg, which is not infected but very oedematous."

**Table 1 – Nursing time and product cost reductions**

Following discharge from hospital 23/2/11	7 times a week visits
14/4/11 for 4 weeks	3 times a week visits
12/5/11 until healing	2 times a week visits

## Result

In the patient's own words this poster has demonstrated the value of the QIPP framework and how lessons learnt from this patient will change lymphoedema management across the Trust.

## Conclusion

Early recognition and treatment with cohesive short stretch bandages brought quality outcomes "...recognising that I was suffering from lymphoedema and not just overweight" crucial for this patient's current and ongoing care.

Reference: J Hawkins, E Lindsay (2006) We listen but do we hear? The importance of patient stories. British Journal of Community Nursing. Wound Care supplement September. S6-S14.