

# Using technology to drive efficiency in made-to-measure hosiery selection.

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## Introduction

Compression hosiery is an essential component in the management of chronic lower limb conditions, including venous insufficiency and chronic oedema (Wounds UK 2015). However, the therapeutic benefits of compression hosiery are only achieved if the right type of garment is prescribed and the limb is measured correctly (Wounds UK 2015). Inappropriate hosiery selection and measurement can be problematic for the patient. Problems such as ulcer recurrence may be attributed to poor hosiery selection in some cases (Atkin 2015).

For many, made-to-measure hosiery is necessary. Made-to-measure hosiery is appropriate when patients do not fit into stock sizes, particularly where limb distortion is present and in cases where dense fibrotic tissue is present (Wounds UK 2015).

The process of measuring for made-to-measure hosiery involves more measurements than is required for the selection of off the shelf hosiery. For some clinicians, this may be a daunting task. The use of made-to-measure hosiery, particularly flat knit hosiery, is common-place in the specialist lymphoedema service. Historically, measurements have been recorded using paper ordering forms.

## Discussion

Innovations such as this, that simplify the process, could reduce errors relating to the measurement and ordering of made-to-measure compression hosiery; therefore increasing the likelihood of an improved patient experience and treatment outcomes.

Due to its intuitive design, this resource will be used by clinicians to facilitate the hosiery selection and measurement process as well as admin staff to complete the order. This will free up more time for the clinical members of the team to provide direct care for patients rather than completing administrative tasks.

In this digital age, Farrelly (2014) asks how can nurses redesign the way we work and think about nursing and digital working in 21st Century healthcare? Innovations such as this e-form provide a sound response to this question, as the made-to-measure e-form can improve the patient experience by driving clinical efficiency.

## Method

Recently, a hosiery company has introduced a made-to-measure e-form\* to supplement the pre-existing off the shelf hosiery selector, that is available as an app.

The e-form has now been utilised to simplify the process of measuring, resulting in a change of practice for the service.

## Results

The clinicians have found that using this electronic innovation simplifies the processes involved with measuring and ordering of made-to-measure hosiery by:

- eradicating the risk of providing too few or too many measurements - the clinician selects the garment type required so that only the necessary measurements appear on the screen. It also does not allow the order to be submitted if there is a measurement missing
- reducing the risk of inaccurate recording - the e-form alerts the clinician if a measurement is unusually high
- simplifying the prescribing process - the required codes for the prescription are supplied
- reducing the risk of lost forms - the measurements are sent electronically to the manufacturer, ahead of the prescription.
- reducing the amount of administration time spent on prescribing/ordering compression hosiery

The use of this electronic resource has also worked well with the current paper clinical records as all of the relevant information, including the measurements, can be printed out on one form.



## Conclusion

The made-to-measure e-form is a useful resource that can facilitate the hosiery selection, measurement and prescribing process; reducing the risk of error and improving patient experience.

Atkin L (2015) How to prevent leg ulcer recurrence when moving into compression hosiery. Journal of Community Nursing, 29(2): 22-23  
Farrelly (2014) Digital working is changing nursing. British Journal of Nursing, 23(16): 915  
Wounds UK Best Practice Statement (2015) Compression hosiery (2nd edn). London: Wounds UK