

An audit of community based lower limb care: Driving change with the CHROSS checker.

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Introduction

The Five Year Forward View (NHS England 2014), calls for a Prevention Revolution. This is pertinent for lower limb disease progression and, ultimately, the prevention of venous leg ulceration and recurrence.

Chamanga (2014) reported a lack of knowledge and practical skills around leg ulcer management. This is evident locally, as lower limb signs and symptoms are poorly recognised, resulting in a barrier to appropriate treatment options. Locally, lower limb related hospital admissions cost just short of £2.4 million in 2011/2012.

This project involved an audit to identify barriers to best practice in lower limb care - and the subsequent intervention, involving the introduction of the CHROSS checker tool, to bring about positive change.

Method

- Community Nurse case load of 105 patients were audited
- A questionnaire relating to lower limb care was completed by 6 members of the team including unqualified, qualified and senior caseload holders
- Group discussion to capture opinions of staff was conducted

In response to the audit, the CHROSS checker tool was introduced to assist with the assessment process. The CHROSS checker tool has been developed by clinicians to assist in identifying skin changes and clinical signs associated with lower limb disease. It also provides recommendation on appropriate intervention, in terms of compression hosiery.

The CHROSS checker was also used as an audit tool to widen data collection from the original audit of a community caseload to a complete integrated community team.

Results

Audit results highlighted:

- Only 2 patients identified as having chronic oedema - this was not consistent with the actual caseload presentation and national consensus
- 39 weekly visits are allocated to lower limb care
- 20% of whole caseload time dedicated to lower limb care (approximately 19.5 hours of nursing time per week)
- None of the healthcare professionals reported feeling confident or skilled in chronic oedema management
- Staff lack of knowledge and skills regarding lower limb care
- A lack of appropriate and timely treatment
- Follow-up care, ongoing hosiery management and skin care was also highlighted as poor

Following introduction of the tool, referrals to specialist Tissue Viability Nurses have increased, with nurses identifying patients in 'Red' needing specialist intervention. Nurses are now aware of early recognition of skin changes, yet up-skilling of staff to be able to assess these and implement appropriate treatment remains an ongoing task.

The introduction of a Leg Club has provided a new platform for 'well leg' advice and treatment of early signs of lower limb disease. The Leg Club is a place of contact for discharged patients requiring assistance with skin care and hosiery.

Discussion

Introduction of the CHROSS checker, is a measure to improve the quality of care. This will be achieved by:

- improving identification of skin changes and chronic oedema
- sign-posting clinicians to appropriate treatment/ referral
- reducing the number of visits and nursing hours required to provide care through timely and appropriate intervention
- reducing the cost associated with lower limb care in the organisation

A further audit will be conducted to demonstrate the long term impact of this intervention.

	1. Tick the box below if the sign/symptom is reported, or present on the limb of the patient	2. Is oedema also present? Tick 'YES' or 'NO' (in the colour band of the lowest tick in step 1)	3. Consider application of the compression below, depending on disease severity (mild, moderate or severe) as part of management
Prevention	Tired, aching, heavy legs	<input type="checkbox"/>	Activa® British Standard hosiery* Mild: Class 1 (14-17mmHg) Moderate: Class 2 (18-24mmHg)
	Spider veins	<input type="checkbox"/>	
	Ankle flare	<input type="checkbox"/>	
	Mild/moderate hyperkeratosis	<input type="checkbox"/>	ActiLymph® European Class hosiery** Mild: Class 1 (18-21mmHg) Moderate: Class 2 (23-32mmHg)
	Mild/moderate varicose veins	<input type="checkbox"/>	
	Hyperpigmentation	<input type="checkbox"/>	
Venous dermatitis	<input type="checkbox"/>		
Early/medium intervention	Varicose eczema	<input type="checkbox"/>	Activa® British Standard hosiery* Moderate: Class 2 (18-24mmHg) Severe: Class 3 (25-35mmHg) Activa® Leg Ulcer Hosiery Kit
	Atrophie blanche	<input type="checkbox"/>	
	Induration	<input type="checkbox"/>	
	Moderate/severe varicose veins	<input type="checkbox"/>	ActiLymph® European Class hosiery** Moderate: Class 2 (23-32mmHg) Severe: Class 3 (34-46mmHg)
	Moderate/severe hyperkeratosis	<input type="checkbox"/>	
	Healed ulcer*/**	<input type="checkbox"/>	
	Recurring ulcer/open ulcer*/**	<input type="checkbox"/>	ActiLymph® Hosiery Kit
	Cellulitis***	<input type="checkbox"/>	
		<input type="checkbox"/>	
Before hosiery can be effectively used in the intensive management phase, the use of compression bandaging may be required			
Intensive management	Lipodermatosclerosis (acute or chronic)	<input type="checkbox"/>	Activa® British Standard hosiery* Severe: Class 3 (25-35mmHg)
	Chronic oedema/lymphoedema	<input type="checkbox"/>	
	Severe hyperkeratosis	<input type="checkbox"/>	
	Skin folds	<input type="checkbox"/>	ActiLymph® European Class hosiery** Moderate: Class 2 (23-32mmHg) Severe: Class 3 (34-46mmHg) ActiLymph® Hosiery Kit
	Papillomatosis	<input type="checkbox"/>	
	Lymphangiomas	<input type="checkbox"/>	
	Lymphorrhoea (wet legs)	<input type="checkbox"/>	ActiLymph® MTM Ease or MTM Dura Moderate: Class 2 (23-32mmHg) Severe: Class 3 (34-46mmHg)

* Activa® Leg Ulcer Hosiery Kit (40mmHg)

**ActiLymph® Hosiery Kit

***Acute cellulitis should be treated before using compression

Once the correct Class of hosiery has been selected for disease severity, if limb measurements do not match stock sizes, use either Credalast® Velvet Made to Measure hosiery* or ActiLymph® Made to Measure flat knit hosiery**

Conclusion

The CHROSS checker is a useful tool for facilitating lower limb assessment in the community. Appropriate assessment and care will deliver benefits for both the organisation and the patient.

Chamanga E (2014) Community nurses' experiences of treating patients with leg ulcers. Journal of Community Nursing, 28(6) pp27-34

NHS England (2014) NHS Five Year Forward View. Available at: <http://www.england.nhs.uk/ourwork/futurehhs/> (accessed 28/07/15)

Atrophie blanche