March 2024

Health Innovation East Midlands

CASE STUDY

Transforming Wound Care

Healing wounds more quickly for housebound patients

Using the National Wound Care Strategy Programme (NWCSP) recommendations, Health Innovation East Midlands has worked with the Lincolnshire Community Health Services (LCHS) team to transform the pathway for nonambulatory/housebound non-diabetic patients with lower limb wounds.

Through implementing the new pathway including an in-depth initial assessment by specifically trained staff, this previously marginalised patient cohort now have access to evidenced based treatments earlier, resulting in quicker healing and much improved quality of life as well as restoration of independence.

What we did:

Utilising knowledge base, evidence and learning from Health Innovation East Midlands, the LCHS community tissue viability nursing team took just under three months to select the programme team, develop their programme plan, identify the patient caseload, and begin to implement the training.

A review of current services confirmed LCHS' existing leg wound clinics met most of the recommendations but that they had been unable to provide the service that they wanted to for housebound, non-ambulatory and care home residents with lower limb wounds, so a new pathway and referral process was developed.

This was particularly an issue in the coastal area of the First Coastal PCN footprint (Skegness and Mablethorpe), which has an elderly and infirm demographic and clinicians struggled with being able to meet the needs of this cohort. The team aimed for 80% of patients to be assessed within two weeks from referral.

Almost 20% of patients treated have been healed within twelve weeks from initial assessment, with many having previously been 'treated' for up to two years with no resolution.

Outcomes:

The team ensured that each patient received a ninety-minute, full initial assessment in their own home, from a highly trained community Tissue Viability Nurse and had a comprehensive treatment plan created for them. This was followed by regular further visits and four-weekly assessments to review progress. Treatment has become more evidence based and standardised and both patient and staff experience has been improved.

The LCHS team worked further with the Health Innovation Network (HIN) Transforming Wound Care (TWC) team around collecting data and a new template for recording patient's wounds progress, and core metrics such as healing rates and number of patients in strong compression was developed. This has been added to by the development of an electronic system for collecting the data, which makes reviewing the team's performance much easier. This has also been shared with the HIN TWC team and has added to the ability for other sites to collect the same data.

Results:

Almost 20% of patients are being healed within twelve weeks from the initial assessment, despite some having wounds for over eighteen months prior to the new pathway. These patients have previously been marginalised by being unable to attend the wound care clinics. The support and care they receive from this new pathway has greatly enhanced their care and transformed lives.

Patients are delighted with the pathway change, as they are now able to receive gold standard, evidence-based care within their homes and are healing more speedily than they may have. Some of the patients have also become more mobile and have been able to transfer to being treated at the outstanding leg wound clinics. This has meant that they are able to meet with other patients, peer learn and understand that they are not the only ones with leg wounds, another benefit to their quality of life.

By implementing the programme the team have saved up to 240 hours of clinical time, a huge amount for such a small team.

This in turn, frees up staff to assess and treat new patients earlier than they previously would have been able to, further increasing the opportunities for the wounds to heal more quickly. If the programme is able to be spread to this patient cohort across the county, there is the potential for releasing over five thousand hours of clinical time, along with potential cost savings of £1.5 million

Next steps:

The pathway is easily transferable and the LCHS team are spreading the programme to other areas of Lincolnshire to ensure equity across the region. Modelling has shown that once implemented across the whole of Lincolnshire up to 2,500 housebound and non-ambulatory patients could need this service, and the expectation would be that over five hundred of them would be healed within twelve weeks of the initial assessment.

The learning from the LCHS team is being shared across the Health Innovation Network and forms much of the implementation toolkit recently published to show other wound care services how to implement the NWCSP recommendations.

Contact us

Email: healthinnovation-em@nottingham.ac.uk

X: Healthinn_em