Lower Leg Wound KPI

Learning Resources

1/1/2020

National QI Governance Group for Public Health Nursing

Project led by Tara Mulleary PDC

*Version Two*

*Revised Jan 2020*

**Title of KPI: % of patients with chronic lower leg wound referred onwards for assessment**

***Rationale for KPI: HSE National Wound Management Guidelines (2018) state that early referral to a specialist and/or leg ulcer clinic can ensure appropriate management. Patients with a traumatic injury and signs of venous disease should be referred to a local leg ulcer specialist as soon as possible (SIGN 2010).***

***'Clients with previous history of leg ulcers who present with a new ulceration should be referred on for assessment immediately'. HSE National Wound Management Guidelines (2018)***

***A reassessment is recommended if the ulcer shows no sign of healing after four weeks or if the patients clinical status changes. HSE National Wound Management Guidelines (2018)***

1. *This is a rolling KPI so all patients on caseload with a chronic lower leg wound are included every month (potentially counting the same patients for months or even years.)*
2. *All patients referred onwards are counted every month (as being referred onwards) even though they were returned in previous months as being referred onwards.*
3. *In this way you will get a total picture of chronic lower leg wound caseload profile/ all patients on caseload that meet criteria and all of these patients that were referred onwards /on a monthly basis (providing a national profile)*
4. *A referral onwards must be documented in the patients care plan and outcome followed up and actions taken accordingly.* *Timely re-referral/re-assessment for prolonged chronic leg wounds is recommended.*
5. *This KPI is seeking information on chronic lower leg wounds only, hence reference to 4 weeks healing period and need to look at figures retrospectively/exclusions etc. An onward referral for assessment should be made at initial assessment of wound if nurse deems it is clinically appropriate.*
6. *Diabetic foot ulcers are excluded from this KPI. Please follow the Model of Care for the Diabetic Foot (HSE 2011)*
7. *Patients with chronic lower leg wounds and who also have diabetes (type 1 or type2) are included.*
8. *Template is only for local use by caseload holder to assist in accurate data collection* and quality assurance a*nd does not need to be submitted to line management.(unless requested by management) Only total numbers eg number on caseload and number referred onwards for assessment are returned (PHN metrics returns sheet).*
9. *If patient has more than one ulcer only return as one patient*
10. *This is a stand-alone KPI, there is no link to Primary Care Activity Metrics*

***As a learning exercise:***

 ***Proceed now to complete the blank collection template on page one of this document using caseload data (page 6) .Complete for end of March/using Feb data***

***Complete for end of April using March data /Refer to caseload data on page 6***

**Title of KPI: % of patients with chronic lower leg wound referred onwards for assessment**

**This template is completed one month in arrears:**

|  |  |  |
| --- | --- | --- |
| **Patients with lower leg wound on PHN caseload****(patient initials will suffice)** |  **Included in count for chronic lower leg wound care caseload Yes/no****(SEE INCLUSIONS AND EXCLUSIONS BELOW)\*** | **Referred onwards for assessment Yes/No***I****nclude**** *Patients who are on caseload and included in KPI cohort and who decline referral onward (record patients who decline referral as a No)*
* *Patients discharged/RIP/transferred out this month*
* *Lower leg wounds not healed within 4 weeks of commencement of treatment by PHN*

***Referral onwards may be to one of the following:****A* PHN/RGN competent in vascular assessment Vascular Assessment Clinic Leg ulcer clinic /TVN specialist clinicGP (for onward vascular referral) Direct to Vascular Consultant***Exclude: healed or expected to heal within 4 weeks (already excluded in total caseload)***  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total |  | Total |

**\*Include***:* ***patients with a lower leg wound including****;*

1. *Patients with chronic lower leg wound attending a leg ulcer clinic/wound care clinic that may or may not be directly receiving wound care by area PHN/CRGN but this patient is on the PHN caseload as they remain the responsibility of the caseload holder*
2. *Include patients receiving treatment from other service i.e. TVN, Leg ulcer clinic and who remain on PHN caseload*
3. *Patients discharged/RIP/transferred out or chronic lower leg wound healed in the reporting month.*

***Exclude Patients who do not have a chronic lower limb wound.***

1. *Lower leg wounds that are on a healing trajectory and expect to be healed within 4 weeks of commencement of treatment by PHN(more than 50% healed)*
2. *New referrals into PHN service for lower leg wound treatment in the current month. (data is collected a month in arrears).*
3. *Patients with diabetic foot disease/follow Model of Care for the Diabetic Foot (HSE 2011)* "
4. *A client with a lower limb pressure ulcer, as defined in the HSE National Wound Care Guidelines (2018; pg127), are excluded from this KPI".*

**Title of KPI: % of patients with chronic lower leg wound referred onwards for assessment**

**This template is completed one month in arrears:**

|  |  |  |
| --- | --- | --- |
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|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total |  | Total |

**\*Include***:* ***patients with a lower leg wound including****;*

1. *Patients with chronic lower leg wound attending a leg ulcer clinic/wound care clinic that may or may not be directly receiving wound care by area PHN/CRGN but this patient is on the PHN caseload as they remain the responsibility of the caseload holder*
2. *Include patients receiving treatment from other service i.e. TVN, Leg ulcer clinic and who remain on PHN caseload*
3. *Patients discharged/RIP/transferred out or chronic lower leg wound healed in the reporting month.*

***Exclude Patients who do not have a chronic lower limb wound.***

1. *Lower leg wounds that are on a healing trajectory and expect to be healed within 4 weeks of commencement of treatment by PHN(more than 50% healed)*
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4. *A client with a lower limb pressure ulcer, as defined in the HSE National Wound Care Guidelines (2018; pg127), are excluded from this KPI".*

**Title of KPI: % of patients with chronic lower leg wound referred onwards for assessment**

**This template is completed one month in arrears: Dec caseload /end of Jan return**

|  |  |  |
| --- | --- | --- |
| **Patients with lower leg wound on PHN caseload****(patient initials will suffice)** | **Included in count for chronic lower leg wound care caseload Yes/no****(SEE INCLUSIONS AND EXCLUSIONS BELOW** | **Referred onwards for assessment Yes/No***I****nclude**** *Patients who are on caseload and included in KPI cohort and who decline referral onward. (record patients who decline referral as a No)*
* *Patients discharged/RIP/transferred out this month*
* *Lower leg wounds not healed within 4 weeks of commencement of treatment by PHN*

***Referral onwards may be to one of the following:****A* PHN/RGN competent in vascular assessment Vascular Assessment Clinic Leg ulcer clinic /TVN specialist clinicGP (for onward vascular referral) Direct to Vascular Consultant***Exclude: healed or expected to heal within 4 weeks(already excluded in total caseload)*** |
| Mr White | yes | Yes |
| Mrs Black | yes | yes |
| Mr Grey | yes | No (has not been referred onwards) |
| Mrs Browne | yes | Yes |
| Mr Red | NO | N/A as wound not included for KPI purposes/acute wound |
| Mrs Green | yes | yes |
| Mrs Yellow | no | no |
| Total | 5 | 4 |

**Include***:* ***patients with a lower leg wound including****;*

1. *Patients with lower leg wound attending a leg ulcer clinic/wound care clinic that may or may not be directly receiving wound care by area PHN/CRGN but this patient is on the PHN caseload as they remain the responsibility of the caseload holder*
2. *Include patients receiving treatment from other service i.e. TVN, Leg ulcer clinic and who remain on PHN caseload*
3. *Patients discharged/RIP/transferred out or chronic lower leg wound healed in the reporting month.*

***Exclude***

1. ***Patients who do not have a chronic lower leg wound.***
2. *Lower leg wounds that are on a healing trajectory and expect to be healed within 4 weeks of commencement of treatment by PHN*
3. *New referrals into PHN service for lower leg wound treatment in the current month. (data is collected a month in arrears).*
4. *Patients with diabetic foot disease/follow Model of Care for the Diabetic foot (HSE 2011)*
5. *A client with a lower limb pressure ulcer, as defined in the HSE National Wound Care Guidelines (2018; pg127), are excluded from this KPI".*

**Title of KPI: % of patients with chronic lower leg wound referred onwards for assessment**

**This template is completed one month in arrears: Jan Caseload/end of Feb return**

|  |  |  |
| --- | --- | --- |
| **Patients with lower leg wound on PHN caseload****(patient initials will suffice)** | **Included in count for chronic lower leg wound care caseload Yes/no****(SEE INCLUSIONS AND EXCLUSIONS BELOW** | **Referred onwards for assessment/Yes/No***I****nclude**** *Patients who are on caseload and included in KPI cohort and who decline referral onward*

*(record patients who decline referral as a No).* * *Patients discharged/RIP/transferred out this month*
* *Lower leg wounds not healed within 4 weeks of commencement of treatment by PHN*

***Referral onwards may be to one of the following:****A* PHN/RGN competent in vascular assessment Vascular Assessment Clinic Leg ulcer clinic /TVN specialist clinicGP (for onward vascular referral) Direct to Vascular Consultant***Exclude: healed or expected to heal within 4 weeks*** |
| Mr White | yes | Yes |
| Mrs Black | yes | yes |
| Mr Grey | yes | yes |
| Mrs Browne | yes | Yes |
| Mr Red | NO | N/A as wound not included for KPI purposes/acute wound |
| Mrs Purple | yes | No  |
| Total | 5 | 5 |

**Include***:* ***patients with a lower leg wound including****;*

1. *Patients with lower leg wound attending a leg ulcer clinic/wound care clinic that may or may not be directly receiving wound care by area PHN/CRGN but this patient is on the PHN caseload as they remain the responsibility of the caseload holder*
2. *Include patients receiving treatment from other service i.e. TVN, Leg ulcer clinic and who remain on PHN caseload*
3. *Patients’ discharged/RIP/transferred out or chronic lower leg wound healed in the reporting month.*

***Exclude***

1. ***Patients who do not have a lower leg wound.***
2. *Lower leg wounds that are on a healing trajectory and expect to be healed within 4 weeks of commencement of treatment by PHN*
3. *New referrals into PHN service for lower leg wound treatment in the current month. (Data is collected a month in arrears).*
4. *Patients with diabetic foot disease/follow Model of Care for the Diabetic foot (HSE 2011)*
5. *A client with a lower limb pressure ulcer, as defined in the HSE National Wound Care Guidelines (2018; pg127), are excluded from this KPI".*

PHN has the following patients with lower limb wound care on her caseload;

|  |  |  |  |
| --- | --- | --- | --- |
| **Dec 2017 Caseload**  | **Jan 2018 Caseload**  | **February 2018 Caseload**  | **March 2018 Caseload**  |
| 1 **Mr White** (referred to vascular clinic by PHN in Jan 2017) | 1 **Mr White** (referred to vascular clinic by PHN in Jan 2017) | 1 **Mr White** (referred to vascular clinic by PHN In JAN 2017) | **Mr White** (referred to vascular clinic by PHN in Jan 2017) |
| 2 **Mrs Black** (referred to PHN led Doppler clinic by GP in Oct 2017) | 2 **Mrs Black** (referred to PHN led Doppler clinic by GP in Oct 2017) | 2 **Mrs Black** (referred to PHN led Doppler clinic by GP in Oct 2017) | 2 **Mrs Black** (referred to PHN led Doppler clinic by GP in Oct 2017) |
| 3 **Mr Grey** (chronic wound for several months and has **never** been referred onwards) | 3 **Mr Grey** (chronic wound and has **now** been referred onwards by area PHN in Jan 2018) | 3 **Mr Grey** (chronic wound and has been referred onwards by area PHN In Jan 2018) | 3 **Mr Grey** (chronic wound and has been referred onwards by area PHN in Jan 2018) |
| 4 **Mrs Browne** (referred to vascular clinic in 2016 by PHN wound still not healed) | 4 **Mrs Browne** (referred to vascular clinic in 2016 by PHN wound still not healed)RIP Mid January | **4 Mrs Purple**/lower leg wound and refusing onward referral for a vascular assessment | **4 Mrs Purple**/lower leg wound and has now agreed to attend phn led Doppler clinic for an assessment/referred in March 2018 |
| 5 **Mr Red** /lower leg acute wound (excluded for KPI purposes because the wound is healing and expected to heal within next four weeks | 5 **Mr Red** /lower leg acute wound now healed end of Jan | **5. Dr Pink**/patient with chronic lower leg wound transferred into your caseload. Has never been referred for assessment and so you made a referral as soon as patient entered onto your caseload. (patient had ulcer for 8 months) | **5 Dr Pink**/patient with chronic lower leg wound transferred into your caseload in Feb 2018. Referred by you in Feb 2018. |
| 6 **Mrs Green**/lower leg wound/ was referred for assessment and wound healed mid Dec and discharged from caseload/ | 6. **Mrs Purple**/new referral to PHN caseload beginning of Jan for lower leg wound care/not referred in Jan for assessment but plan to refer in Feb if not healed/healing in 4 weeks |  | **6 Mrs Orange**/diabetic patient with a diabetic foot ulcer. |
| **7 Mrs Yellow**/chronic leg wound now healed and patient in compression stockings and still on PHN caseload |  |  | **Prof Cream/** chronic lower leg wound and has been referred onwards for vascular assessment. This patient has type two diabetes |
|  |  |  |  |

***Leg Ulcer Pathway January 2019***

**Patient on the Public Health Nursing Caseload for lower leg wound care. Definition of a leg ulcer: a leg ulcer is defined as a defect in the dermis located on the lower leg.**  (HSE National Wound Management Guidelines 2018)

(HSE National Wound Management Guidelines 2018)

Definition of a leg ulcer: a leg ulcer is defined as a defect in the dermis located on the lower leg.
(HSE National Wound Management Guidelines 2018)

**Holistic assessment completed by nurse with consent from patient. This includes;**

* **Past medical/surgical history to assist in identifying clinical factors associated with underlying aetiology and comorbidities that may influence treatment or require concurrent management. (including current medications)**
* **Wound assessment including ulcer history, duration of ulcer, ulcer size, any previous ulcers, time without ulcers, effectiveness of previous interventions and healing time of prior ulcers.**
* **Assessment may also include microbiological analysis, (within professional clinical scope of practice). Nutritional screening, psychological and social assessments and a pain assessment**
* **A Nursing care plan developed in collaboration with the patient to ensure goals are patient focused and achievable in relation to lower limb wound care.**
* **Patient education plan put in place**

(HSE National Wound Management Guidelines 2018)

**NOTE: If Patient has diabetic foot disease follow the Diabetic Model of Care (urgent referral with 24hours)**

**No**

**Lower Leg wound healed or expected to be healed at 4 weeks (more than 50% healed)**

**Patient discharged from PHN Caseload when wound healed unless other nursing needs identified. Prevention plan agreed. Patient advised to contact PHN service if there a repeat of skin breakdown**

**After 4 weeks of treatment, if there is no reduction in wound size, refer onwards for vascular assessment (with patient consent). To:**

 **PHN/RGN competent in vascular assessment /Vascular Assessment Clinic /leg ulcer clinic TVN specialist clinic**

**GP (for onward vascular referral)**

**Direct to Vascular Consultant**

**id out by a trained competent area PHN**

**(**

**Continue Care as per care plan until vascular assessment completed**

**Yes**

**Patient offered support from PHN service.**

**Nurse makes every reasonable attempt to accommodate patient, gain an understanding of reason for non-concordance and explains aetiology and clinical implications.**

**On-going issues discussed with line manager. Risk assessment if necessary**

**Refer to TVN/LUC for alternative management options.**

**If patient remains non-concordant with wound care treatment plan- refer to General Practitioner for review**

**Patient non concordant with wound care treatment plan**