Costs can be cut by providing high quality training in leg ulcer care

Leg ulcer care is complex, and a lack of understanding from managers and funders about its management can cause unnecessary costs and harm care, says Irene Anderson.

Wound care is a complex specialty, and requires a vast range of skills and knowledge on how to assess and manage patients. It comes with the potential to do harm and incur costs.

Managers may not be aware of issues around specific wound types and their treatment and patients may be at risk if the person delivering treatment does not have the skills to do this, or know how to conduct continuous assessment.

Redistribution of resources and staffing may lead to staff carrying out care for which they are not competent. In such cases, educational processes, competence frameworks and support should be put in place, and there should be expert leadership from people with relevant knowledge and skills.

There are no national competencies or standards for leg ulcer management, although the Royal College of Nursing’s (2006) leg ulcer guidelines serve as a framework for the components of leg ulcer care. Training can be provided in house by commercial companies or by higher education institutions. Questions we need to ask about education focus on course content and the qualifications, experience and teaching ability of those delivering such courses.

Many decisions are made on the basis of clinical presentation, so experience should be gained in real life situations; using models and simulations may not develop skills and test competencies on real life situations; using models and simulations may not develop skills.

‘As leg ulcer care takes up over half of a community nurse’s caseload, lack of training is a concern’

More practice nurses are becoming involved in leg ulcer care. This is fine if the nurse has the skills and time for this, but we often hear this is not the case and that patients are being treated for months without any progress being made. It is pointless to blame practice nurses: the problem is a lack of recognition by managers and funders about leg ulcer management and the benefits of training.

Prevention is better than cure, but funding for leg ulcer prevention is not seen as a priority. People with signs of vascular disease (venous or arterial) and those with chronic oedema would benefit from a proactive service offering assessment and prevention strategies. More leg ulcer clinics are needed to concentrate expertise, costs and logistics in one place. This would drive up standards, develop more centres of excellence and reduce the isolation many patients feel.

Quality frameworks allow us to work more closely with patients and demonstrate that our work is effective, professional and makes a difference. We have to rethink how we approach the management of leg ulcers and related conditions. Improvements in care will be driven by skilled and knowledgeable practitioners. This relies on quality education that is focused on quality care, and patient outcomes must be inherent in quality measurements.

Reference

Irene Anderson is a reader in learning and teaching in healthcare practice, and module leader for leg ulcer theory and practice and complexities in leg ulcer management courses at the University of Hertfordshire; and chair of the Leg Ulcer Forum (www.legulcerforum.org).

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A member of the NICE guidelines development group highlights the important issues from the latest evidence-based guideline for Nursing Times readers.

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