



FoNS Improvement Insights

Developing a Nurse-led Integrated 'Red Legs' Service – Caring for People with a Complex Diagnosis/Condition with Causes other than Acute Cellulitis

Project team: Rebecca Elwell, Macmillan Lymphoedema Clinical Nurse Specialist and Claire Sharp, Physiotherapist; University Hospital of North Staffordshire

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Project background

For some time clinicians from the lymphoedema and dermatology services within the University Hospital of North Staffordshire (UHNS) have had concerns that a significant number of patients are admitted to the acute trust with an apparent diagnosis of cellulitis, when they may have been misdiagnosed due to the complexity of their condition. The diagnosis of cellulitis has been confused with a condition which is commonly called 'red legs' amongst specialist clinicians and drawing on their clinical experience is described as: *'uniform redness throughout both legs, usually below the knee only. There can be associated warmth and tenderness but no systemic upset or malaise.'*

Aims of the project

This project aimed to implement a new commissioned and fully-funded nurse-led integrated service for patients with 'red legs' which would:

- Facilitate individual patient consultations utilising imaging and technology to enable multidisciplinary consultations
- Raise awareness among healthcare professionals of appropriate treatment for patients with 'red legs'
- Improve patient experience and quality of life for people with a diagnosis of 'red legs'

Key activities and outcomes of the project

The main activities within the project were: engagement of stakeholders; study of current practice; development of a commissioning paper and the development and implementation of the new nurse-led service.

- Engagement of stakeholders

The stakeholders were identified by the project team as those clinicians who would traditionally be responsible for treating patients with 'red legs', namely the specialities services of dermatology, tissue viability, podiatry, infectious diseases/microbiology and vascular. Along with the clinicians, the project team identified that patient representation was also essential and representatives were invited to take part in a steering group. In total two meetings were held and the project team facilitated a values and beliefs clarification exercise to develop a mission statement for the project:

The purpose of caring for patients with 'red legs' is to provide an early and correct diagnosis, enabling their care pathway to be streamlined and provided by one integrated, multidisciplinary team.

An unexpected but positive effect of working with other staff and patients was the shared learning from each other's expertise.

- Study of current practice

A random sample of 50 sets of medical notes was reviewed by the project team in April 2012. The CREST (2005) guidelines were used as a template to establish if the patient had been suffering from a true cellulitis or another condition. The review of the notes showed that 56% of patients were correctly diagnosed with cellulitis but that in many instances, the standard criteria for cellulitis using the CREST guidelines, were not applied.

- Development of a commissioning paper

The project leader and the directorate manager developed and wrote the commissioning paper together. This proved to be a challenge, as it was difficult to merge two people's different perspectives and priorities; however using the mission statement as the focus proved invaluable. Initially the 'red legs' service was approved as a six month pilot.

- Development and implementation of the nurse-led service

To develop the algorithms for the diagnosis and treatment of people with 'red legs', the project team met with each of the speciality teams of dermatology, tissue viability, podiatry and vascular services individually. A process mapping exercise was used to develop flow diagrams, to ease diagnosis and then to decide what treatment plans could be employed. The new service opened on the 1st October 2012 following a series of education workshops and promotion of the new service. After a successful three month pilot and positive feedback from patients, the nurse-led service has now been fully commissioned and a secondment opportunity has been developed to lead the new service. One patient said about the service: 'I've learned more here than I have in the last 5 years going backwards and forwards to different folk'.

Implications for practice:

- Involving patients in stakeholder groups is a powerful way of sharing patient experience
- Using creative approaches to working with stakeholders in an acute trust can be effective to enable the active involvement of others
- All stakeholders can and should be involved in developing commission papers for new services so that the views and perspectives of all inform the development of services

A full project report including references can be accessed from: <http://fons.org/library/report-details.aspx?nstd=50691>

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