

## **A RETROSPECTIVE CLINICAL AUDIT TO EXAMINE DATA RELATED TO PATIENTS ADMITTED TO THE ACUTE SECTOR WITH A) PRIMARY DIAGNOSIS OF LEG ULCERATION B) SECONDARY DIAGNOSIS OF LEG ULCERATION; WITHIN A SIX MONTH PERIOD**

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**Background:** Salford Royals Hospitals NHS trusts is a university teaching hospital with an excess of 900 beds. The current lead nurse for tissue viability has been in post for three and a half years, prior to this appointment the trust never had a tissue viability nurse. Therefore the current post holder has developed a tissue viability service from a non-existent service. The trust has been very supportive in the development of an electronic based service including referrals for tissue viability, monitoring of Waterlow and wound care assessment. This system has been invaluable in ongoing clinical audit.

During the last eighteen months the lead nurse for tissue viability identified an increasing number referrals for patients admitted with leg ulcers, this had an impact on the service and also resources required for successful management of leg ulcer patients. A retrospective audit was undertaken for all patients admitted within a six month period with a) a primary diagnosis of leg ulceration, b) a secondary diagnosis of leg ulceration.

**Results:** During a period of six months 22 patients were admitted with a primary diagnosis of leg ulcers, 128 patients presented with a secondary diagnosis of leg ulceration. The cost implications for patients admitted with a primary diagnosis of leg ulceration were £95.000 for six month equivalent to £190.000 per annum; (271 bed days @ £350 per day) this excludes any costing for the patients admitted with a secondary diagnosis of leg ulceration. The poster/presentation will discuss the variables of the 128 patients admitted with a secondary diagnosis of leg ulceration, for example how many of these patients were referred to the tissue viability service and the reason for referral?

**Discussion:** There are many explanations why we are seeing an increase in the numbers of patients admitted to secondary care with leg ulceration. The most appropriate method of dealing with this problem poses many questions. Leg ulcer patients are managed in primary care by district nurses who have regular involvement and therefore are able to develop and maintain their skills in Doppler assessment and compression bandaging. This is not the case in secondary care, the vast number of staff, shift patterns, and wards being staffed with bank staff do not provide the appropriate environment for ensuring competency in this very specialised area of practise.

**Conclusion:** The presentation will focus on some of the ideas of the author on ways of addressing some of the issues related to this clinical audit.