



REPORT ON STOMA SERVICE AND PRACTICE

MM / YY to MM / YY

Name:

Title:

Centre:

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1.0 INTRODUCTION

The Stoma Care Department at the XXXXXXXXXXXX Hospital has been established since XXXX. Since its inception, the establishment of an evidenced based clinical patient centred service has been its primary focus.

This year our Annual report aims to give a brief focus on the strategies we have employed to provide cost effective quality services. We believe it is imperative to not only market our services but also to identify how our services are cost effective and efficient at meeting the needs of our local population; and support the Colorectal Team and Trust in achieving colorectal cancer and general waiting time standards.

2.0 AIMS OF THE STOMA CARE SERVICE

- To support Surgical and Medical teams in the provision of inpatient and outpatient services to patients with colorectal disease requiring the formation of a stoma.
- To provide a cost effective, efficient, marketable service.
- To review services which assist the Trust to meet the 18 week waiting time standard, along side the cancer waiting time standards
- To provide specialist nursing input to achieve and maintain the highest possible standards of stoma care within the Trust and local community.
- To assist with raising the public awareness of bowel problems.
- To develop evidence to support stoma care practice.
- To contribute to nursing and multi professional research projects concerned with colorectal and stoma care nursing practice
- To act as expert role models and change agents.

3.0 CLINICAL ACTIVITY

The stoma care nurse specialists have primary responsibility for both in-patient and community stoma care services. As part of this service they provide expert knowledge and support to patients undergoing stoma forming surgery in a variety of settings. The service provides pre operative counselling; in-patient care and follow up care in the community. In hospital each patient is given a learning pathway to achieve self-care and facilitate a timely discharge - this document supports the colorectal enhanced recovery pathway (E.R.P.). This also allows a uniform standard of education to be continued by the ward teams in the absence of the Stoma Care Nurse Specialist. Patient discharge is planned in conjunction with the medical and nursing teams, however at the present time; the final decision is within the remit of the Nurse Specialists. They are both also facilitating and supporting nurse lead discharge as part of the criteria led discharge programme within the Surgical Directorate.

The service receives referrals from other hospitals, GP's, District nurses and other allied health care professionals. They also provide a service for many other patients under different directorates such as, Medicine, Care of the Elderly, Out-Patients, ITU, A&E and Neo-Natal departments.

All patients within the Trust catchment area are then followed up with a series of community visits by one or either Nurse Specialists, until rehabilitation is achieved. The number of visits has increased due to earlier discharge of patients on the E.R.P. These visits offer on-going support and advice, both physically and psychologically to the patient and their family. They also act as patient advocate and assist with the progress of the patient journey, especially with reference to adjuvant treatment and follow up care.

One of the Nurse Specialists is available to attend the colorectal/oncology outpatient clinics, which are held on Mondays, Thursday pm and Friday am, to assess all existing patients and to ensure early referral for all patients presenting with disease which may require a stoma. XXXXXXX XXXXX is a core member of the MDT, and attends the weekly Colorectal MDT on a Wednesday am. to offer a team approach to the management of care for patients with colorectal cancer.

Patients for planned procedures are seen pre-operatively to offer information, support and counselling with regard to their diagnosis and planned treatment, allowing for informed consent. Patients for planned procedures are always pre sited for their stoma position by the Stoma Care Specialists prior to surgery. Patients with inflammatory bowel disease are referred to the stoma care service to offer information regarding the surgical options for the management of their disease.

Support for patients is available from diagnosis through to survivorship. The stoma care service has an open access policy for existing stoma patients. They receive advice over the telephone or can be seen in the stoma/colorectal follow up clinic or at home. Established patients who develop problems are also encouraged to self refer back to a Nurse led Stoma Care assessment clinic. A three-day standard is offered to accommodate for Friday referrals. The aim of this visit is to diagnose problems/complications and prescribe treatment. The presenting problems may include sore skin, para-stomal herniation, stomal prolapse and symptoms indicative of recurrent disease. Following our assessment, an urgent appointment can be booked for the patient to be seen in the next joint consultant clinic if deemed necessary. This allows for efficient and timely treatment for Stoma patients with colorectal disease.

As members of the Colorectal team we act as clinical advisers and a resource for all healthcare professionals and carers. Through the development of multi-professional care protocols – supported with a programme of education including competency assessment – we have been successful in standardising care and strengthening working relationships across the hospital and community interface.

Close liaison with other Nurse Specialists within the Trust provides not only an effective and efficient referral system facilitating joint consultation, but also a forum for debate and development of projects of particular interest. E.g. the early post operative feeding of patients following major abdominal intervention, acute pain management and the palliative care needs of the terminally ill patient.

The stoma care nurse specialists take the lead for the nursing management of Laparostomy abdomens. This is where the abdominal cavity is left open and bowel remains exposed. They also lead the management of intestinal Failure/High output stomas, which is a serious condition and potentially life threatening.

If unrecognised and ill managed this condition may lead to the need for expensive intervention.

XXXXXXXXXXXXXXXXXXXXX – Lead Nurse Specialist Stoma Care.

Mention any initiatives with assisting innovation of Stoma Care applicances with manufacturing companies.

Hernia Support Clinics?

Department management and teaching roles

Open Day events

4.0 Cost Saving Measures

Figure 1

<p>Free Stationary: Pens, Post it Notes. Diaries, Patient records, Printer Ink, Photo Paper</p>
<p>Free Phone Calls: All Stoma Companies provide an 0800 number service This service is used for all Home Delivery, Stock and Sample Requests</p>
<p>Free Stock: Stoma Pouches, Accessories, Wash Bags, Wipes, Disposable Bags, Scissors, Cutting templates</p>
<p>Free Printing: Mailing Lists, Invites for Support Group Meetings, Service Information Leaflets, Business Cards</p>
<p>Free Postage: Pre paid Envelopes and stamps</p>
<p>Free Patient Education Leaflets and DVD's: Stoma Booklets/CD's/DVD's, Dietary leaflets, Travel Information, Clothing Information, Stoma Complication information</p>

Funding Events:

Patients support Group meetings, Study Days, Link Nurse Meetings, and Health Awareness Events

We endeavour to use supplies, stationary and services provided free of charge by the commercial companies producing stoma care products. The range of cost saving services are outlined in Figure 1. It is not possible to quantify the exact savings incurred from these practices.

The Nurse Specialists are jointly responsible for the ordering and monitoring of the Stoma Care appliances available to the trust. Initially all products were purchased by the Trust, on a non-stock basis, however over the years XXXXXXXX has negotiated with all of the appliance manufactures that appliances are supplied free of charge. This has an annual cost saving implication of between £ XXXXXX - £ XXXXXX . In return she is often called upon by appliance manufactures to offer her expert knowledge in the development of their products and services and occasionally to update and educate their sales force.

The Stoma Care Department is Sponsored By Coloplast Limited to the sum of £XXXXXX plus on costs. XXXXXXXX has a lead in the planning and negotiation for the sponsorship contract of the Stoma Care Department.

The Stoma Care Department sponsored study days**5.0 Education**

The Nurse Specialists have both formal and informal programmes of education for all disciplines within the healthcare team. Teaching within the trust has targeted nurses, medical staff, students, dieticians, pharmacy staff and physiotherapists. In the community district nurses with increasing workload, often find it difficult to update their existing knowledge and skills. They have welcomed input from the Specialist Nurse's, as they too are involved with patients requiring protracted and complicated stoma care/ fistula management. Nursing staff and carers based in residential/ nursing homes have also been updated to ensure that care received is standardised and uniform regardless of the patients' ultimate care setting.

Nursing and medical students are encouraged to either spend one day of their allocation, shadowing the Stoma Nurse Specialist or to observe practice within a ward setting. This is not only to understand the role of the Nurse Specialist, but also to gain greater insight into the complex needs of patients requiring Stoma Surgery.

The teaching of patients and families in preparation for discharge home enables a level of independent care to be achieved that is both safe and appropriate. These programmes of individual teaching mostly begins pre- operatively and continues until the individual involved feels confident and comfortable with their

management. All education is supported with written guidelines in a format suitable for patients to understand.

We have an established Stoma Care link nurse programme, which is dynamic and supportive, in line with the nursing philosophy of the Trust. It must be noted that one to one teaching is a major component of the role: It is a continuous, ongoing process challenging and consolidating nursing practice.

Succession Planning

6.0 Research and audit

There is scope for nursing research and audit both locally and at a national level. Critical analysis of results enables current practice to be questioned and thus improvements in quality of patient care to be achieved.

This department has been involved in a project that examined bowel preparation and nutrition in patients undergoing large bowel surgery. It was designed to look at the pre and postoperative management of this group of patients so that early feeding could be offered to prevent a compromised nutritional status.

In **XXXX** the department carried out an audit looking at the quality of stoma fashioning carried out within the trust. We demonstrated that from the results it was possible to ascertain whether there was a discrepancy in practice between specialist verse non specialist practices and/or see whether the grade and training of the surgeon caring out the procedure, influences the patient outcome. All post-operative stomas were photographed, with patient consent, to monitor problems or complications with stoma fashioning. This work was presented to our medical colleagues, and demonstrated the financial implications of problem stomas on the health service budget and the implications on patient's quality of life. It influenced a change in education and practice in our medical teams. It is the intention of the Nurse Specialist to repeat this work as there has been a change in staff over this period of time.

7.0 Achievements

Conclusion.

As the trust is moving into a difficult financial era, we firmly believe that there is a greater need than ever, for the delivery of cost effective, high quality care. We realise that this is a challenge, but there is good evidence that concentrating on delivering high-quality care can improve efficiency and save NHS resources.

As enthusiastic and motivated professionals we know that it is important that we support and lead others through these changes. Using education and role modelling with Specialist Practice that is dynamic, sensitive and responsive we will assist in the move forward toward optimum nursing care.

Darzi (1) states; *'We understand that it is more important than ever that each pound we spend is focused on maximising the quality of healthcare we provide and on improving the experience of patients and the public.'*

We feel that within this report we have demonstrated that we practice with a clear understanding of this value.

NAME

JOB TITLE

(1) Lord Darzi High Quality Care for all: NHS next stage review final report, June 2008

www.dh.gov.uk/en/publicationsandstatistics/publicationspolicyandguidance/dh-085825