# **Self Care Ostomy Management Teaching in the Home Care Setting**

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### Introduction

Following discharge from hospitalization for ostomy surgery, the majority of patients within our health care system require home health support for the completion of their physical and emotional recovery. In conjunction with cognitive and affective learning, the mastery of the psychomotor skills associated with managing their appliance system is one major component of that recovery.<sup>1</sup>

In order for patients to develop those skills to effectively manage their new ostomy, our Home Health staff nurses need to be competent in the physical management of an ostomy as well as the principles of adult education. Nurses are also responsible for helping patients achieve this goal in the most cost effective manner. We changed our ostomy product line, implemented a mandatory staff education program, and subsequently evaluated the trend of number of patient visits to measure the effect of these actions. This poster presents the outcomes of these actions.

# **Clinical Approach**

In Spring 2009, the four acute care hospitals and five county wide home health agencies within our integrated health system replaced a standard two-piece cut-to-fit ostomy appliance\* with a moldable two piece appliance\*\*. Many of the patients within our agency had their ostomies created following an acute abdomen. The resulting stoma often required convexity. Outlining the patient's stomal contours on the skin barrier's plastic release paper facilitates customization. Conversion to this technology offered patients both flat and convex management options. Being able to resize the skin barrier once it has been applied is invaluable when the stoma shape is irregular, such as when the stoma contours are disproportionate where the stoma aligns to skin surfaces (mucocutaneous junction).



#### References

1. O'Shea Helen S. RN, PhD. Teaching and the adult Ostomy patient. JWOCN. 28 (1); 47-54. January 2001.

<sup>\*</sup>SUR-FIT Natura® skin barriers and pouches

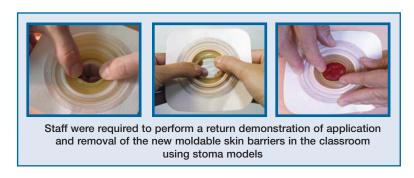
<sup>\*\*</sup>ConvaTec Moldable Technology™ skin barriers

## **Educational Programs**

A comprehensive, mandatory staff education program outlining the management of the ostomy patient was implemented. The program included elements such as basics of stoma and peristomal skin assessment, pouch change procedures using the new moldable two-piece appliance\*\*, and criteria for requesting a WOCN consult. Staff attended a Skills' Fair where patient information and stoma models where used to provide hands-on opportunities to do a return demonstration. Of the 70+ nurses who attended, the individual case managers where also given ride-along opportunities to work in an actual patient situation with the WOC nurse.

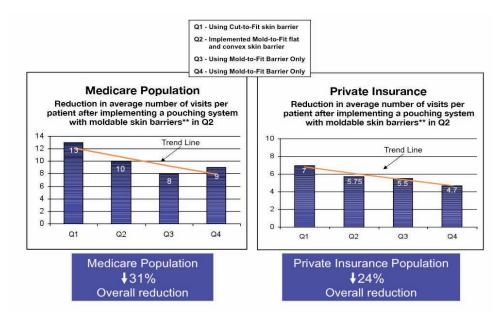
Breaking down the patient education program into three major sequential steps builds confidence quickly. These steps include

- (1) molding the new skin barrier;
- (2) removing the old skin barrier, and cleaning skin;
- (3) applying the new wafer and pouch.



### **Outcomes**

This new system offers distinct advantages for the new learner. The customization of the skin barrier starter opening can be accomplished without the use of scissors; and the need for a secondary paste or barrier ring can become optional. This reduces two key steps which required good visual acuity and dexterity.



Conversion to a new moldable ostomy pouching system, along with the implementation of a new staff education program resulted in a significant reduction in the number of visits per patient episode. Overall, this resulted in agency efforts to control cost and impacted staff's level of confidence when caring for the ostomy patient.