Developing a Formal Out-patient Ostomy Clinic

Mary A. Gerlach, MSN, ACNS-BC, CWOCN
Clinton Township, Michigan

Introduction

- Many WOC nurses in the acute setting do not have a formal process for assisting persons with an ostomy who seek assistance due to pouch leakage and peristomal skin complications.
- Following the process outlined in the WOCN Professional Fact Sheet, "Establishment of Wound, Ostomy, and Continence Clinics", we successfully opened an out-patient ostomy clinic within our wound center in August, 2010, and are now billing for our services. Developing the ostomy clinic within the wound center allowed our hospital to avoid incurring any increased costs for space utilization, and also provided us with the opportunity to borrow many processes and documentation forms which we modified to meet ostomy documentation requirements. (See Figs. 1-4).
- Within our ostomy documentation forms, we have integrated an instrument with established content validity* for assessing and classifying peristomal skin lesions by lesion type (L1-LX) and by topographical location (TI-TV). (See figure 2).
- We have also developed a data base that will allow us to track ostomy demographics, stomal and peristomal skin complications. (See Fig. 5)
- This poster will provide an overview of the step by step processes used to develop our ostomy clinic, examples of the ostomy documentation forms used at the clinic to meet documentation and billing requirements, and our database currently in development.

Process for Developing Ostomy Clinic

1. Need for ostomy clinic identified by WOC Nurse. Need presented to Chief Nursing Officer (CNO) who requested formal proposal for ostomy clinic.
2. Literature review conducted to develop proposal. Key references included:
   1. WOCN FACT Sheet Establishment of Wound Ostomy Continence Clinics[1,2]
   2. WOCN FACT Sheet: Reimbursement Options for WOC (ET) Nurses in Ambulatory Care[1,2]
   3. WOCN Journal articles & other references re: out-patient clinics, billing, and direct supervision requirements and incident to services for non-physician providers.
3. Ostomy clinic proposal developed by WOC Nurse. Proposal reviewed and accepted by CNO.
4. Ostomy clinic proposal presented by WOC Nurse to Medical Executive Committee. Clinic proposal approved 6-15-2010.
5. Physician (surgeon) to provide over-sight to WOC Nurse/clinic confirmed.
6. Met with Director of Out-patient Clinics for negotiation of space for ostomy clinic, hours of operations, supplies, development of documentation forms, and ostomy charge master for billing. Additional meetings held with reimbursement specialist to explore/confirm available CPT codes for care levels (billing codes).
7. WOCN Nurse completed application for credentialing/billing for services.
8. Ostomy Clinic opened, August, 2010

[1] WOCN FACT Sheet Establishment of Wound Ostomy Continence Clinics, www.wocn.org. Accessed 3/10/2011.

[2] WOCN FACT Sheet: Reimbursement Options for WOC (ET) Nurses in Ambulatory Care, www.wocn.org. Accessed 3/10/2011.
Note: This fact sheet is currently being udated by WOCN.

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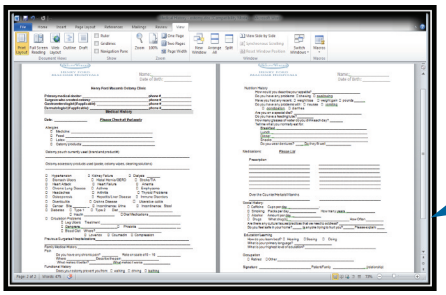
Ostomy Documentation Forms

Figure 1: Patient History



Pre-existing documentation forms from wound clinic modified to meet ostomy documentation needs

Figure 4: Ostomy Charge Master

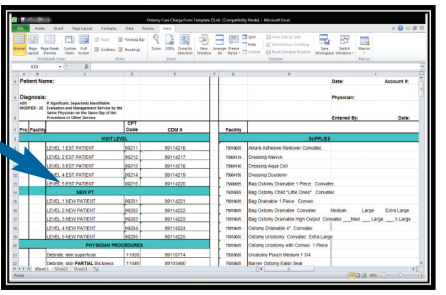
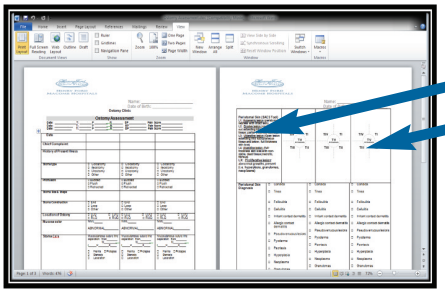


Figure 2: Ostomy Assessment



Integration of peristomal skin lesion classification system to identify Lesion Type and Topographical Location*

Figure 5: Ostomy Outcome Database

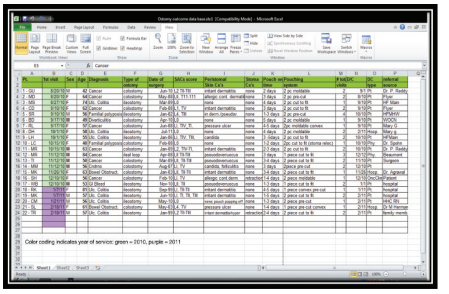
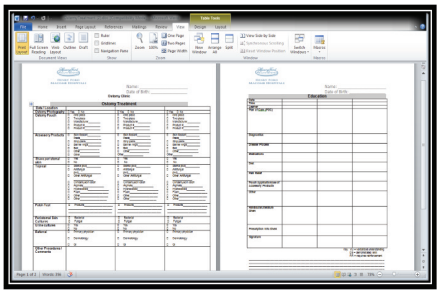
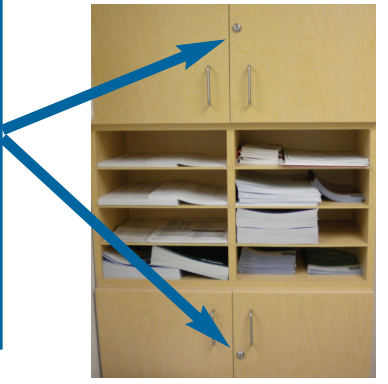


Figure 3: Ostomy Treatment



This cabinet was specially designed for the outpatient ostomy clinic. A needs assessment determined the cabinet required two basic sections. First a locked area for storage of patient information and documentation was determined as essential. Additionally, an area large enough to store multiple types of ostomy supplies to meet a wide variety of patient needs would help the clinic run most efficiently.



Discussion

Six months post implementation of the ostomy outpatient clinic we evaluated the process and have considered the following to improve the outcomes documentation:

• Currently, the spreadsheet identifies what product the patient was using at the time of their first clinic visit. We know anecdotally that we are seeing a trend towards increasing allergic dermatitis, and that changing the type of pouching system to include a moldable skin barrier with hydrocolloid tape collar has helped manage that complication. However, in order to verify that trend, a lengthy retrospective chart review would be required.

• A solution to be adopted is to add columns on the outcomes data spreadsheet indicating the treatment provided, the patients discharge pouching system, if modified, and the results (ie, skin healing). This solution will enable proactive tracking of trends and analysis useful in facilitating or recommending practice modifications for improved patient outcomes.

Conclusion

Upon preliminary review of the data from the first 22 patient visits, we noted that 77% of our patients presented to the clinic with peristomal skin lesions. That is above the highest documented level in current literature. Out of this 77%, a majority of peristomal skin complications were identified as irritant contact dermatitis and were resolved by the next visit. A follow-up phone call was placed to all patients. Those whose peristomal skin issue resolved did not require a return clinic visit. Having access to the WOC Nurses via this outpatient clinic may have helped to identify peristomal skin complications earlier and allowed for access to appropriate early intervention.

We are currently entering phase II of clinic development. Now that our processes, logistics and documentation systems have been implemented and tested, we can begin to focus on data collection for trends and outcomes. By amending the Ostomy Outcomes Database, success will be able to be measured by accurately tracking data points such as incidence & prevalence of stoma and peristomal complications, effectiveness of interventions and financial outcomes such as decreased product usage and complication prevention. Prevention of complications has also been identified as one of the national patient safety goals. As we move into yet another phase of clinic development we will be able to consider collecting actual data rather than just anecdotal examples of how the outcomes from clinic visits have been able to impact our patients' quality of life.