

Improving Patient Outcomes by Increasing Consistency of Ostomy Care

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Problem

Due to increasing patient acuity and advances in technology, staff nurses need to be experts in many fields. Ostomy care is no exception. Ill fitting skin barriers can lead to many skin complications and discomfort for the hospitalized patient. Patients' expect all staff nurses to be able to change their ostomy appliance with the same expertise as with any other procedure.

Solution

In our facility, education of the nursing staff, including nursing students, utilizing the principles of adult learning¹ was undertaken with the goal of decreasing the number of hospital acquired peristomal skin complications. One of the first steps was to standardize our ostomy product selection to a moldable skin barrier*, rather than having multiple cut to fit styles and sizes available. In order to accomplish this, we needed to first change the process of how our Ostomy supplies were dispensed. Pouches and skin barriers were individually stocked in drawers labeled with product numbers. This system was simple for our Central Service employees to use, however it was very confusing for nursing staff who are the end users. In order to perform routine Ostomy care and patient teaching, the nurse needed to rifle through the drawers to find a skin barrier and pouch that hopefully matched and was appropriately sized, as well as other supplies such as scissors and accessory products.



Haylee, a student nurse is very confused about which ostomy product to select and how to cut it to the appropriate size with her bandage scissors.

The new process included the implementation of a new moldable skin barrier*. Now, a single skin barrier with appropriate pouch is stocked together in a labeled plastic bag that includes the appropriate stoma size. The most positive benefit, as perceived by the nursing staff, was that the problem of searching for scissors was now eliminated.

Cutting a skin barrier to just the precise size was found to be very difficult by the nursing staff. Often times the skin barrier size selection was incorrect, and cutting the stoma opening was cut too large.

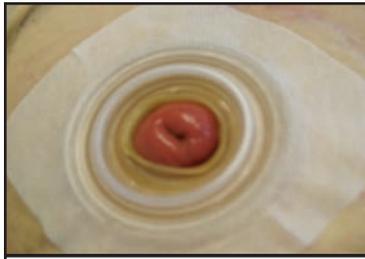
A facility-wide educational program was provided during all nursing department staff meetings. Respecting time constraints, we kept the program limited to approximately 15 minutes. The education program that was implemented included viewing a short video and a hands-on demonstration of product application utilizing a stoma model. In follow-up of the educational program, a Skills Fair was held one month later. Unit level and individual nurse follow-up with product demonstration and reinforcement was also carried out.



Improperly sized skin barriers, and exposed skin from improper stoma sizing caused this patient irritation and leakage.

Results

Utilizing advanced technology and making learning experiences pertinent to the nurses' individual needs improved patient care outcomes.¹ Every nurse at our hospital, including first year nursing students, is now able to effectively apply an ostomy skin barrier with ease. Our incidence of hospital acquired peri-stomal skin breakdown is now zero.



Appropriately sized and molded skin barrier.



After participating in the Ostomy education program and learning about the moldable skin barrier* Haylee was able to select and fit this barrier with confidence and ease.

Conclusion

Management of the ostomy patient in our facility has become less of a challenge for all staff involved. The non-professional staff, such as Central Supply technicians have found it less complicated and have found an increased consistency of products stocked. Shelf space has been reduced and we are seeing less product waste due to inappropriate product selections. By implementing a house-wide educational program, professional staff, including nursing students, have gained a new level of confidence when caring for the ostomy patient. Pouch changes have reduced in frequency which can directly be attributed to a change in practice leading to properly fitting skin barriers. We are consistently seeing an increase in the level of patient satisfaction with ostomy care and patient teaching. We found the added effort required to achieve these positive outcomes for our patients less complicated than anticipated. Facility-wide programs that incorporate individual needs assessment, and the principles of adult education such as return demonstration are effective in impacting positive patient outcomes.¹

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References

1. O'Shea HS. Clinical preceptorships: strategies to enhance teaching and learning. JWOCN. 1994; 21 (3); 98-105.

*ConvaTec Moldable Technology™ skin barriers

ConvaTec Moldable Technology is a trademark of ConvaTec Inc.