Introduction

Joint Position Statement: ASCRS, AUA, UOAA, WOCN

All patients scheduled for ostomy surgery should have stoma marking done preoperatively. This allows for determination of the optimal site, reduces postoperative problems, enhances patient independence in stoma care and resumption of normal activity. Joint Commission’s National Patient Safety Goals

Surgical sites are marked when there is more than one possible location for the procedure and finding a process that needs improvement

• Problematic stomas are more likely to occur in those patients who are not preoperatively marked

• Preoperative teaching and marking has been shown to reduce postoperative length of stay, decrease the time to stoma proficiency, and reduce the number of ostomy supplies and home care visits

• Preoperative teaching is linked to an improvement in reported overall quality of life and a reduction in anxiety

Background

• A previous retrospective chart review showed only 3 out of 21 Acute Care Surgery patients at large urban teaching hospital, who were admitted for a non-emergent condition, received preoperative teaching and stoma marking.

• A quality improvement project was implemented involving the training of staff RN’s in preoperative stoma site marking and the development of a flow sheet resulted in a significant improvement in the numbers of patients receiving these interventions (p = .002)

• Two years later, follow up indicated a need for a re-evaluation of the original QI project

Theoretical Model

FOCUS-PDCA Model for Quality Improvement

FOCUS

• Finding the process that needs improvement

• Organization of a team

Clarifying and understanding the process and its variations.

Selecting the process improvement to be implemented and starting the PDCA cycle

PDCA

• Planning: data analysis, selection of interventions, development of tools and forms, and conducting necessary education or training.

• Doing: Implementation of the plan

• Checking: Ongoing assessment process

• Acting: Standardized of the change through use of policies, protocols, and the embedding into the institution’s existing quality improvement structure

Running the Process

• Review of data from earlier retrospective chart review and QI project

• Review of previous algorithm for patient selection

• Discuss previous process with existing staff

Organizing the Team

• Quality Improvement (QI) Team Members

• Team Leaders (2)

• WOC nursing team

• Nurse Practitioners (9)

• Nurse Associates (2)

• Ancillary Members

• Physicians (1)

Clarifying and Understanding the Process

Proper Preoperative Stoma marking

• Nurse Practitioners and nurses involved in direct care

• Review algorithm with staff physician to achieve agreement on patient selection process

Methods

Planning

To increase knowledge of how to obtain services, provide visual cues & increase trained staff

• Updated flow sheet

• Educational opportunities

• Online learning module and quiz

• Discussion of existing literature

• Hands on training

• Check-off of stoma site marking and patient education

Doing

Implementation over a 3 month time period

• New nurse practitioners and two nurse associates completed the educational program

• Check-offs ongoing

• The updated algorithm was distributed to ALL staff physicians and NPs. placed in the education binder and team office.

• Educational Binders were reviewed and placed in two accessible locations

• Educational materials in NP office

• Biweekly chart reviews

• Continued check offs

• Reinforcement of education and flow sheet with APP and physician staff during daily rounds

Check-off of stoma site marking and patient education

• Presentations at General surgery APP monthly staff meetings

• Surgical newsletter

• Poster for general surgery clinic

• Planned presentations to all surgical residents annually

• Health Stream module, annual check-offs on skills

Advantages of preoperative teaching and stoma marking

• Improved relationship and collaboration of services between inpatient WOC nurses and acute care surgery team

• Increased referrals to outpatient WOC nurses

Limitations and Challenges

Many issues affecting the long term success of the original QI project remain

• Communication patterns between the medical staff (senior staff and residents) and between medical staff and APRN’s remains hierarchical

• Current scheduling patterns of APRN staff can result in fragmented, time limited care

• Lack of “buying in” by some APRN’s resulted in some APRN’s “opting out” of the process

• On-going evaluation of this ERP QI project remains “person” dependent and not incorporated into existing QI dashboard

• Stoma site marking remains a quality of life issue for patients, with limited reimbursement

Implications for Practice

• The application Evidence Based Practice need not be limited to “high cost, high risk, high volume” patients and is possible for even small groups of patients within a larger health system

• This project emphasizes the cyclical nature of QI activities

• This project adds to the available data on the clinical management of this unique population and potential strategies to change provider behavior and improve patient outcomes

• Collaboration within a multidisciplinary team can result in process improvement and implementation of evidence based care

References

• See provided handouts

Conclusions

Results

• Early data shows improvement in the number of patients receiving appropriate preoperative teaching and stoma marking

• Out of 8 surgical cases with possible ostomy, 4 cases were scheduled (724hours after admission) and 3 were emergent (OR case <24hours since admission)

• 3 out of 4 patients with a scheduled case received pre-op teaching and marking.

• Data collection is ongoing

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