



Excellence in Stoma Care - the value of Stoma Care Nurse Specialists

Practical guidance for commissioners and leaders in health and social care



Introduction

There are >122,000 people in the UK living with a stoma¹, >21,000 new stomas are formed per annum and 50% are permanent.

The cost to the NHS of appliances and supporting products enabling essential stoma management ranges from £780 - £2,300 per annum per patient³.

The Stoma Care Nurse Specialist (SCNS) is an expert in stoma care. It is an autonomous nursing role held by experienced and highly trained registered nurses who bring the strengths and unique characteristics of holistic, patient-focused care to the role.

There are currently around 600 expert SCNSs working within acute and primary care settings across the UK.

This guidance is structured around the NHS Outcomes Framework and quality targets such as prevention of delayed discharge, acute kidney injury (AKI), sepsis management and prevention of readmission.

The impact of stoma formation

The formation of a stoma is a life changing event.

The patient's recovery, following surgery, focuses on independent self-care, supporting the continual psychological adaptation to an altered body image and the potential social and psycho-sexual complications.

Psychological rehabilitation is lengthy and for some lifelong. Stomal complications and management issues can arise at any time during the person's life with a stoma and can affect every aspect of their life.

Therefore, expert specialist stoma care support is required not just in the acute post-operative period but in the long term to enable full rehabilitation and independence to an optimal level for the individual.

Consequently, a long term integrated pathway is required. This should be bespoke depending on the needs of the patient, community and trust (see appendix 2).

This document is designed to be a guide for those involved in the commissioning and management of NHS stoma care services.

"Many people who are told that they need to have a urostomy will never even have heard of it, let alone know anybody else who has one. The stoma care nurse is the person that they turn to for expert advice and support, not only before and during their surgery, but also in the long term. Many GPs and general ward staff in hospital have very little knowledge of urostomies. Having a stoma care nurse to refer to when needed means that issues can be sorted out quickly, saving the NHS both time and money".

Hazel Pixley, CEO, Urostomy Association

Why should best practice stoma care be an important commissioning priority

Increasing pressures on the NHS due to long-term conditions (alongside an aging population, obesity and dementia) means health and social care are becoming more complex and fragmented.

Evidence show that specialist nurses deliver cost efficiency savings^{2,3}, greater service efficiencies^{3,4} and better patient recorded outcomes. This bridges gaps in the system leading to a more seamless patient journey^{4,5}, resulting in improved patient experience and the prevention of readmission to hospital^{6,7}.

The specialist nurse's advanced knowledge and skills can also play a major role within the commissioning process (Appendix 1). Due to the potential complexity of the patient journey, the specialist nurse is perfectly placed to aid and support all aspects of this process.

Specialist nurses approach patients in a truly holistic way with knowledge and expertise gained from education and experiential learning. They identify and respond to change and deterioration.

As part of the discharge team^{1,8} with detailed patient knowledge, they can ensure safe, appropriate and lasting discharge^{2,6,7}.

What good looks like - SCNSs adding value

- Deliver expert quality care with efficiency and reduced costs.
- Role model – SCNSs are a resource for study leave and ward based teaching and are a valuable senior teaching resource.
- Expert advice and clinical leadership enabling the brokerage of seamless integrated care within a case management role.
- Monitor other aspects of patient care.
- Holistic approach providing both physical and psychological care depending on the individual's needs.
- Bring care closer to home and reducing the burden of long-term conditions.

- Prevent stomal complications^{8,9,10,12}.
- Cost efficiency savings through expert product knowledge and reduced prescribing costs^{3,5}.
- Enable timely discharge, prevent delayed discharge and potential readmission^{6,7}.

Outcome Framework 2 - Enhancing the quality of life for people with long-term conditions

SCNSs empower patients and encourage them to take responsibility for their own care.

The essential components of a stoma care service should include:

- The ability for patient self-referral into the service.
- The patient is seen in the correct setting with appropriate referral to an expert specialist nurse.
- Education (formal and informal) of staff, students and colleagues.
- This education and role modelling from expert senior nurses also supports succession planning.
- Telephone and appropriate multi-media resource (e.g. Skype, Facetime) allowing easier access to SCNS.
- Timely access to clinic.
- Referral to other relevant clinical experts e.g. psychologists, dermatologists.

Conclusion

Specialist stoma care nursing services help people to rehabilitate to their optimum, so they can continue to live productive lives.

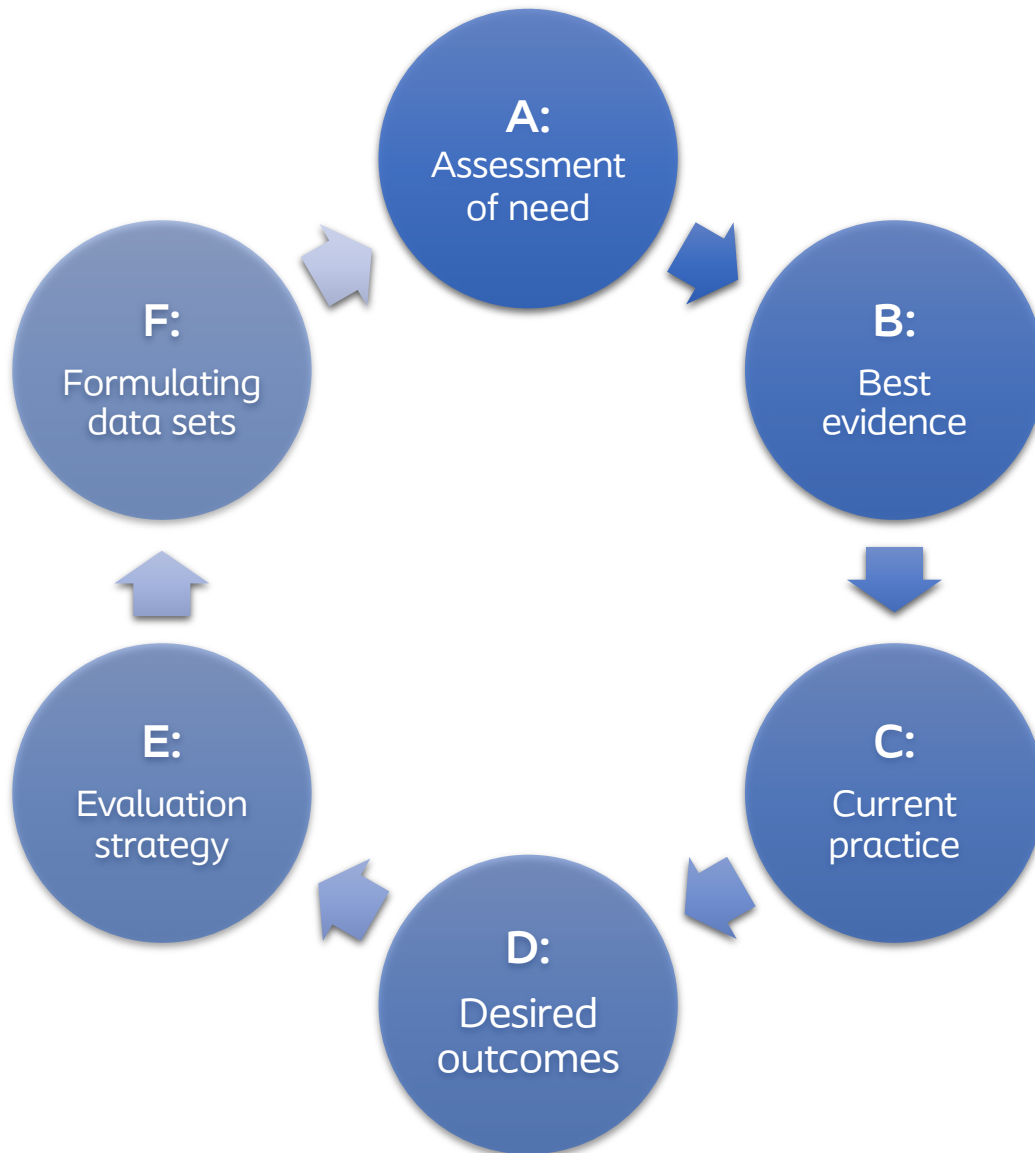
Expert SCNSs provide cost effective and cost efficient support, empowering patients to live as independently as possible.

The NHS must commission seamless services that meet the clinical and social needs of patients living with long-term conditions and ensure that national framework standards are met through the expertise and skills of SCNSs.

"When faced with bowel surgery, people can experience emotions such as fear, embarrassment, anger and frustration. Using their specialist skills, Stoma Care Nurses assist and support ostomists and those close to them at this time. The Stoma Care Nurse is not only an educator and advocate but someone who brings hope at times of vulnerability and reason at times of confusion in order to help people move forward. IA was influential in the development of the role in the early 1970s and continues to recognise the vital role that the Stoma Care Nurse Specialist plays in the patient journey today".

Scott Clifford, Communications Manager, Ileostomy and Internal Pouch Association

Commissioning process



A is for Assessment of need. Assess the level and nature of need for stoma care long-term support in their community.

B is for Best evidence, guidance and standards. Benchmark your local services against the High Impact Actions Best Practice Integrated Stoma Pathway.

C is for Current practice. Review current practice and identify gaps in service provision, specifically annual long term follow up reviews.

D is for Desired outcomes. What outcomes do you wish to see? Improved QoL? Reduced prescription variation costs?

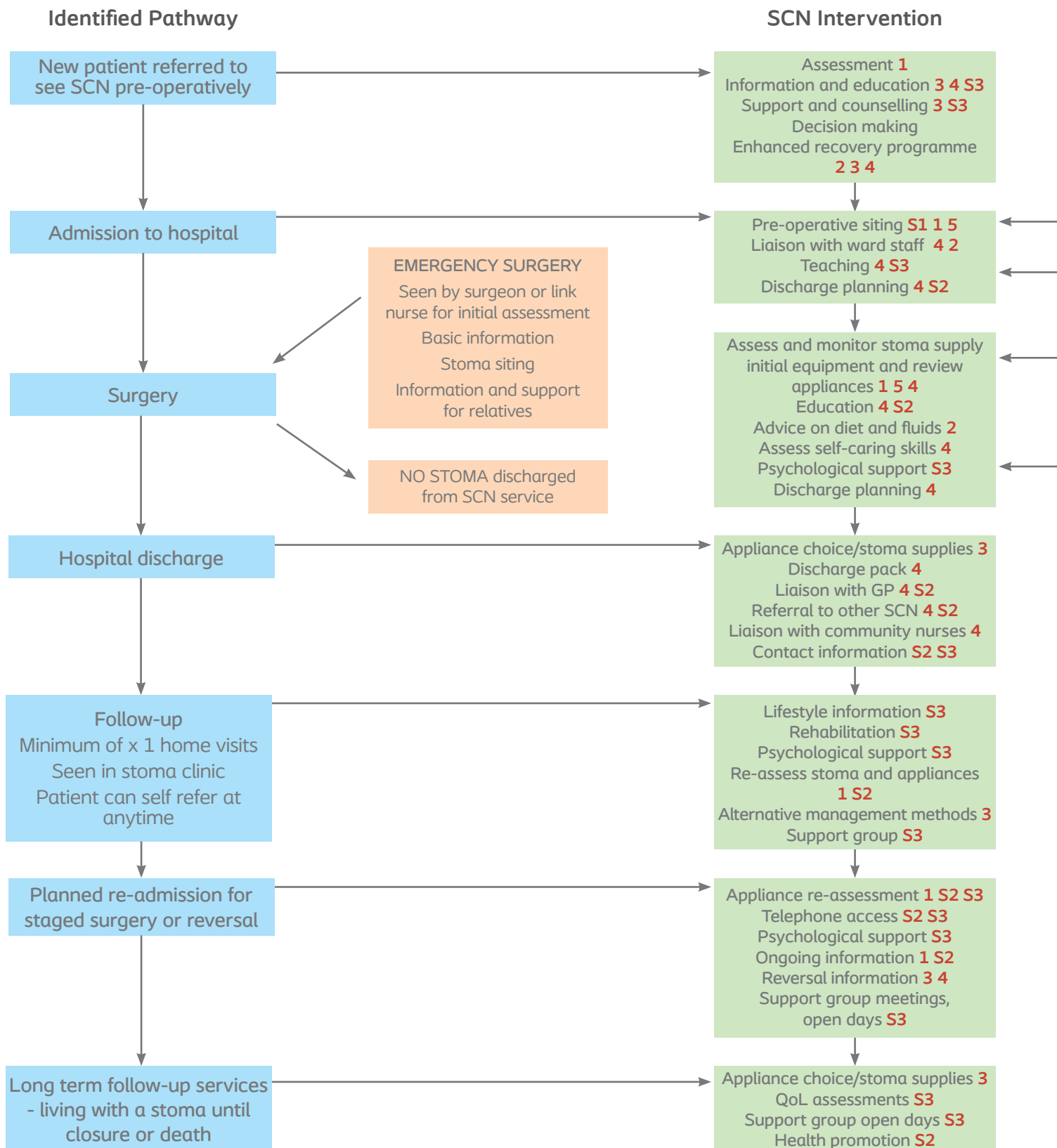
E is for Evaluation strategy. Using quantifiable validated tools to record QoL and skin condition post-implementation evaluation is possible.

F is for Formulating data sets. Data sets are key to driving improvements in care and therefore. Sharing data locally to improve services is essential – prescribing variation, QoL and peristomal skin health can be used as quality and outcome indicators.

Appendix 2:

Integrated Stoma Care Nursing Patient Pathway

Patients enter and may be anywhere on the continuum



Deviations from pathway

EMERGENCY SURGERY
 NOT seen by SCN
 Educate registrars and link nurses
 Refer new patient stat
 Develop ward staff skills

Complications = earlier admission
 or surgery delayed
 Support information
 Education

Inter-operative complications
 or early intervention
 Support information

Stoma complications
 Early recognition and explanation
 Support and education
 Support for relatives
 Referral if required

NOT SELF CARING
 Identification of support required
 Liaison and education for carers
 Liaison with carers
 Referral with GP

Appliance re-assessment **1**
 Telephone access **S2**
 Ongoing education and support
 for carers **S3**
 Psychological support **S3**
 Liaison with GP/DN **4**

High Impact Action

1 Your skin matters

- Ensuring secure fitting stoma appliance, wound manager or fistula manager to protect skin
- Leading on Trust-wide bowel management system

2 Keeping nourished

- Advice regarding diet and bowel preparation
- Advice high/low fibre diet
- Nutritional supplements
- Fluid restrictions for high output stomas

3 Important choices

- Referral to palliative care
- Stoma support to hospice

4 Ready to go - No delays

- Starting stoma education pre-operatively
- Siting stoma to aid self care
- Patient/carer teaching

5 Protection from infection

- Leading on Trust-wide bowel management system
- Ensuring suitable stoma, wound management and fistula products to prevent leakage and wound breakdown

S1 Pre-operative stoma siting

S2 Preventing re-admission to hospital

S3 Reducing the psychological impact

References

1. ASCN Stoma Care Nursing Standards and Audit Tool for the Newborn to Elderly 2015
2. Time for Advanced Thinking? The Benefits of Specialist Nurses (2015) Health Service Journal Supplement 27 Feb 2015
3. Williams I, (2013) Cost-efficiency in prescription reviews: pilot study of stoma patients in one health board in Wales. *Gastrointestinal Nursing* 1(7) 36-44
4. Bowles T (2015) Measuring quality: an evaluation of a nurse-led stoma care outpatient clinic. <https://doi.org/10.12968/gasn.2012.10.Sup5.11>
5. Smith R, Improvements in Ostomy Care (2014) *Pharmacy Management* 28 (2) 9-14 www.pharman.co.uk
6. Elcoat C et al High Impact Actions for Stoma care (2010) Ready To Go – no delays- page 15 Coloplast Limited, Peterborough
7. Elcoat C et al, High Impact Actions for Stoma care (2010) Preventing re-admission to hospital page 19 Coloplast Limited, Peterborough
8. Coloplast Elcoat C et al, High Impact Actions for Stoma care (2010) Protection from Infection page 17 Coloplast Limited, Peterborough
9. Nastro P, Knowles CH, McGrath A, Heyman B, Porrett TR, Lunniss PJ (2010). Complications of intestinal stomas. *British Journal of Surgery* 97(12):1885-9
10. Coloplast Elcoat C et al, High Impact Actions for Stoma care (2010) Coloplast Limited, Peterborough
11. Rust J (2009) Understanding the complexities of the Clinical Nurse Specialist: A focus on Siting. *Gastrointestinal Nursing Journal* 7 (4) 18-25
12. Martins L et al (2012) Strategies to reduce treatment costs of peristomal skin complications *British Journal of Nursing* 21 (22) 1312-1315

The lead authors on this document are:

Tracey Virgin Elliston, Lead Nurse Specialist, Stoma Care Chelsea and Westminster NHS Foundation Trust

Natasha Rolls, Lead Stoma Care Nurse Specialist, University Hospitals Bristol NHS Foundation Trust

Sarah James-Reid, Lead Nurse Specialist Stoma Care, Ashford and St Peter's Hospitals NHS Foundation Trust

Mary Kane, Stoma Care Nurse Specialist, Northern Health and Social Care Trust, NI

With the support and guidance of:

Dr Peter Carter OBE, Independent Healthcare Consultant

Dr Terri Porrett PhD, MSc, RN, Head of Education Ostomy Division Coloplast Limited

Paul Russell-Roberts BSc, RN, OC Education Manager, Coloplast Limited

Notes:

Notes:

