



Association of Stoma Care Nurses UK

Stoma Care

Nursing Standards and Audit Tool



Stoma Care Nursing Standards and Audit Tool

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The Association of Coloproctology
of Great Britain and Ireland



The Reostomy & Internal pouch
Support Group

colostomy  association



It is with kind permission of NICE to be able to use their guideline framework to structure these quality statements.

Forward from Catherine Elcoat DBE



Having worked as a Stoma Care Nurse Specialist, and written and lectured extensively on the subject, I have continued to follow with interest the development of this branch of the nursing profession. I am therefore delighted to have the opportunity to write this foreword and I commend the initiative taken by the Association of Stoma Care Nurses (formerly known as WCET UK) to develop and publish these standards for the care they deliver:

The production of these standards is very timely as it is more than 10 years since the original standards for stoma care nursing were published. Over this decade we have witnessed significant improvement in surgical techniques, approaches to care and the development of appliances. Stoma Care Nurse Specialists have always made a significant impact on patient experience and outcomes; we know this from the consistent feedback received from patients. We are now at a time when the health service is facing unprecedented changes and although these changes bring, as they do, a welcome emphasis on patient safety, experience and outcome, they bring significant financial challenges. The challenges facing the NHS means it is therefore ever more important that Stoma Care Nurse Specialists are able to demonstrate the value of the services they provide

The Association of Stoma Care Nurses standards do not seek to prescribe the frequency or environment of care but instead they focus on the needs of individuals who have a stoma. By placing the individual at the centre, the standards provide a practical reference for multiple stakeholders, including, service providers, healthcare professionals, service commissioners and those who may have, or are living with a stoma.

The seven stoma care standards describe the structure, process and outcome of stoma care. The standards, presented in the same format used by the National Institute for Health and Clinical Excellence, follow the patient's pathway from referral, through treatment and follow up, into long term support. Derived from the best available evidence relating to patient's experience, outcome, safety and cost effectiveness, the standards represent a concise set of statements through which quality improvement can be driven and measured. The standards also provide a valuable framework through which clinical practice can be audited, both from a professional and patient perspective and as such enables care providers to examine their performance and commissioners to be confident that the services they procure are of high quality and cost effective. In addition they enable patients, their carers and families to access information about the quality of services and care they should expect.

The Association of Stoma Care Nurses is continuing to have an impact in raising the profile and influence of stoma care nursing. The development of these excellent standards demonstrates how as an organisation opportunities to develop, improve and share best practice in stoma care will be exploited. I have great pleasure in commending these standards to you.

Professor Dame Catherine Elcoat DBE

March 2013

Introduction to the ASCN UK Stoma Care Standards

The role of the Stoma Care Nurse Specialist has evolved over the last thirty years, but the fundamental principles have remained the same. Stoma Care Nurse specialists (SCNs) are experts in humanistic care ensuring psychosocial and educational aspects of care are explored alongside physiological assessments. SCNs assist people in preventing and alleviating stoma related issues whilst promoting wellbeing to improve quality of life and the ability to manage their stoma independently.

Discussions regarding the impact of commissioning on stoma care show that the provision, funding and accessibility to a SCN varies greatly throughout the UK. The specific elements of a stoma care pathway encourage stakeholders to review and commission services that meet the needs of the person with a stoma by using the NICE guidelines to describe the structure. Describing the **structure** of the care interaction, the **process of care** and the expected **outcomes** also provides a framework for audit. However what remains paramount is the SCNs desire to offer the best possible care to people living with a stoma, enabling each individual to have access to the best quality of life possible for them. Consequently these standards do not prescribe the frequency or environment of contact with the SCN but define the needs of the individual according to where they are in the pathway of care, living with a stoma. The core service provision for stoma care should consider the requirements of those in vulnerable groups including those who need to receive care at home, care home settings, those with mental health problems, prison populations and socially deprived populations.

Our objective is to focus on the substance and outcomes of care, alongside patient experiences, to provide an holistic approach thus ensuring **the provision of high quality stoma care throughout the UK**. Benchmarking practice and providing a selection of audit tools to measure these standards provides SCN's with the evidence to demonstrate the quality and value of their services.

In developing these standards, the working party has drawn on previous literature and standards of care along with professional knowledge and expertise and patient experience. It was felt that a consistent approach to the use of evidence and expert judgement providing the public, health and social care professionals, commissioners and service providers with definitions of high quality care should be used. For this reason the NICE framework for guideline development was adapted.

These standards reflect current NHS reforms and advances in surgical techniques providing a benchmark against which quality may be assessed by describing either a minimum level required for safe and effective practice, or a level of excellence, thereby encouraging best practice. However, these standards are a general guideline that can be adapted to your service within your local Trust policy.

Use of terms

'Patient' has been used for the individual with a new stoma, up to the three month post operative period. After this acute phase, we have considered the 'person with a stoma' to ensure a 'person centred' approach .

Stoma Care Nurse (SCN) – is a Nurse Specialist in Stoma Care/Clinical Nurse Specialist in Stoma Care, who is a Registered Nurse and demonstrates expertise in the area of Colorectal/Urological nursing care and practice.

To achieve this, the registered nurse needs to have undertaken supervised practice, which is directed at improving the health and quality of life for people with a stoma. With assessment and completion of practical competencies and ongoing knowledge gained from specific educational programs to the level of 6 (Degree) / 7 (Masters), the nurse will be able to perform as an expert and fulfil the various sub-roles, which warrant this title.

The role of each stakeholder in ensuring an appropriate service is provided is linked to the standards by identifying that:

Service providers: Ensure systems are in place for the person with a stoma to access advice, support and stoma or product review as indicated by the individual and/or family, carers and other health care professionals.

Healthcare professionals: Ensure a robust referral system is in place to enable timely access to a SCN. The SCN facilitates and enables communication amongst the multi-disciplinary team (MDT) members, regarding the patient with a stoma.

Commissioners: Ensure commissioning incorporates an appropriate pathway to ensure long term/lifelong access to specialist stoma care advice and assessment or review to support the individual with a stoma.

Equality and Diversity: Includes all information about treatment and care, taking into account age, social factors, language, accessibility, physical, sensory or learning difficulties and people in vulnerable groups. Consideration should be taken to ensure information is ethically and culturally appropriate. For those who do not speak or read English there should be access to a recognised interpreting service or advocate (NICE 2013).

Implementation of these standards will ensure that stoma care provision within the UK will meet key requirements of the strategies set by the Department of Health. Quality assurance is clearly relevant to health care and audit as a means of maintaining and achieving high quality care. Audit aims to improve patient outcome, develop healthcare provision and educate health care professionals. This can be achieved by encouraging change using a reflective review of practice ultimately leading to improved patient experience and outcomes.

Key facts for ASCN Stoma Care Standards 2013

- 1 It is reported that there are approximately 102,000 people with a stoma in the UK (Coloplast 2010)
- 2 There are about 21,000 new stomas formed every year with an equal split between temporary and permanent (Coloplast 2010)
- 3 It is estimated that stoma appliances and accessory products cost the NHS over £200 million per year (Coloplast 2010)
- 4 There are over 600 Stoma care Nurses (SCN's) in the UK (Coloplast 2010)
- 5 Stomas can be performed for a variety of bowel and bladder conditions.
- 6 It is recommended that there should be 4 whole time equivalent (WTE) SCN per 500,000 population (Resources for Coloproctology 2006)
- 7 Patients with a stoma may develop complications that are debilitating and life changing
- 8 Patients with a stoma will require SCN input in both acute and long term management
- 9 SCN case load/client group can range from neonatal to the elderly
- 10 Approximately 50% of patients with a temporary stoma can wait more than 12 months for reversal (National Bowel Cancer Audit 2012)
- 11 Stoma formation will have a significant impact on physical, psychological and emotional wellbeing (Rust 2009)

References:

Coloplast Ltd. (2010) High Impact Actions for Stoma Care, Peterborough.

National Bowel Cancer Audit (2012) available for download at www.ic.nhs/bowel

Resources for Coloproctology (2006) Association of Coloproctology of Great Britain and Ireland, London.

Rust J. (2009) Understanding the complexities of the Clinical Nurse Specialist: A focus on stoma siting. Gastrointestinal Nursing 7: 4, 18-25.

Quality Statement 1: Referral for potential/actual planned stoma formation

Patients will be referred to the specialist service of stoma care in a timely manner to enable adequate time for pre-operative information to be delivered.

Structure:

- Evidence of referral to the Stoma Care Service
- Evidence of appropriate information (multimedia) provision regarding surgery and subsequent stoma management.

Process:

The Stoma Care Nurse will:

- Identify specific referral information to include – diagnosis, anticipated surgery past medical history (PMH) and stoma type, demographics
- Identify PMH/family/medication/allergies/psychiatric history as well as ethical, cultural considerations and cognitive skills
- Assess this information and identify any concerns that may initiate further specialist assessment or involvement of other care agencies
- Identify when surgery is indicated and contact patient to agree timely date for a consultation for the provision of information and stoma site marking
- Provide a level of information appropriate to the individual patients needs utilising written, verbal, social and multimedia options as appropriate
- Facilitate opportunity for the patient to ask questions and seek clarification in relation to the information provided
- Offer information regarding voluntary organisations and the opportunity to meet another ostomist as applicable
- Provide the patient with relevant contact details for the SCN
- Record the information provided in relevant medical records.

Outcome:

- SCN has received adequate referral information in a timely manner
- Patient confirms they received the opportunity to meet the SCN pre-operatively for information and siting
- Relevant agencies report the SCN has liaised effectively with them.

Quality Statement 2:

Pre operative preparation for potential/actual planned stoma formation

Patients consented for potential/definitive stoma formation will be provided with relevant information and have the stoma correctly sited by a registered nurse with a defined level of competency.

Structure:

- Evidence of a qualified SCN to provide information
- Evidence of appropriate written information regarding surgery and subsequent stoma management
- Evidence of a defined level of competency to facilitate effective marking of appropriate stoma site.

Process:

The Stoma Care Nurse will:

- Provide a confidential and reassuring environment
- Assimilate referral information to ensure relevant information is tailored to the needs of the patient
- Have access to patient health care records to ensure information pertinent to diagnosis and proposed correct stoma site is marked in accordance with operation to be carried out
- Include family/carers with consent/agreement of patient
- Utilise specialist skills to assess the patient's ability to understand information regarding the importance of pre-operative information and optimum site for stoma formation
- Provide a level of information appropriate to the individual patient's needs utilising written, verbal, social media options as applicable
- Gain verbal or written consent (in line with Trust policy) prior to physical assessment for marking of stoma site
- Assess factors that influence the choice/limitation of stoma site for each patient, by examination, observation and discussion. This should include contributory factors such as lifestyle, culture and disabilities. (e.g manual dexterity, visual impairment, religious beliefs)
- Mark the optimum site for the stoma
- Review the definitive marked site with the patient
- Facilitate opportunity for the patient to ask questions and seek clarification in relation to the information provided
- Record the outcome of site marking in relevant medical records.

Outcome:

- Patient confirms they are satisfied with the marked site for stoma formation
- Patient states they were involved in selecting the stoma site
- Patient states they were able to ask questions
- Patient recalls relevant information on questioning
- Relevant agencies report the SCN has liaised effectively with them.

Quality Statement 3:

Post-operative stoma care management (practical)

Patients with a newly formed stoma are assessed by a SCN and an individualised stoma care plan is formulated.

Structure:

- Evidence of a SCN qualified to undertake a specialist assessment and develop plan of care
- Evidence that the patient is able to demonstrate safe stoma care practice (+/- carers).

Process:

The Stoma Care Nurse will:

- Assess the patient with a stoma and create a personalised care plan
- Liaise with the MDT to ensure continuity of care plan as per local stoma pathway
- Observe and document the site of the stoma (if an emergency or raised in a different place than sited for unexpected reasons) colour, warmth, peristomal skin condition, muco-cutaneous junction and output
- Explain and create an appropriate template according to shape and size of the stoma
- Co-ordinate the education of the new stoma patient (+/- carer) in the daily care of the stoma and provide written information as needed
- Assist the patient in choosing an appropriate stoma appliance, offering them a choice of products suitable to their needs
- Provide relevant dietary advice to the new stoma patient
- Discuss lifestyle issues and expectations and any necessary adaptations in order to resume activities following surgery
- Educate and re-assess the patient (+/- carer) in the care of their stoma including problem prevention and problem solving.

Outcome:

- Patient identifies they are satisfied with their personalised plan of care in relation to their stoma
- Completion of appropriate documentation as per local policy.

Quality Statement 4:

Post-operative stoma care management (psychological)

Patients with a newly formed stoma are assessed by a SCN and an individualised stoma care plan is formulated.

Structure:

- Evidence of a SCN who has the skills to explore psychological aspects of living with a stoma in conjunction with practical elements of care.

Process:

The Stoma Care Nurse will:

- Assess/re-assess the patient and create an individualised care plan
- Discuss lifestyle issues and necessary adaptations in order to resume activities following surgery
- Discuss and explore any concerns in relation to relationship and sexual health issues
- Explore body image concerns and issues
- Observe and evaluate the patient's adaptation and adjustment to living with a stoma and amend the care plan accordingly. Consider onward referral as appropriate for counselling or psychological services according to local protocol
- Provide appropriate health promotion information/written literature
- Offer information regarding patient support groups and opportunity to meet another ostomists as applicable.

Outcome:

- Patient has identified they are satisfied with their individualised plan of care
- Psychological adaptation has been documented within the care plan.

Quality Statement 5: Preparation for discharge from hospital

Patients with a stoma are provided with the appropriate information to facilitate discharge from hospital.

Structure:

- Evidence of a SCN qualified to undertake assessment and develop plan of care
- Evidence of the patient with a stoma is prepared for discharge.

Process:

The Stoma Care Nurse will:

- Re-assess the patient and create an individualised discharge plan
- Re-assess patients ability to be safe, confident and competent in the management of their stoma (+/-carers)
- Educate the patient (+/-carer) in stoma related problems and prevention
- Re-assess and discuss lifestyle issues (including dietary advice) and necessary adaptations in order to resume activities following surgery
- Provide relevant verbal written and multimedia health promotional information as appropriate
- Discuss appropriate disposal of stoma appliances as per local policy
- Reiterate the range of stoma appliances and accessory products available pertinent to their specific stoma type
- Provide stoma supplies as per local policy
- Discuss obtaining further stoma appliances including prescription information as per local policy
- Discuss appropriate storage of appliances and accessory products
- Identify, refer and provide contact details of local SCN as per local policy
- Refer patient to others concerned in the care of people with stomas including GP, district nurses, care home staff, carers and family members as appropriate.

Outcome:

- Patient is independent in stoma care management (+/- aided by carer)
- Patient can recognise potential stoma related problems and know who to contact for assistance
- Patient has an expressed understanding of their dietary requirements
- Patient is supplied with appropriate stoma supplies on discharge
- Patient expresses an understanding of physical and psychological limitations following abdominal surgery
- Patient is safe for discharge according to local policy.

Quality Statement 6:

Short term specialist Stoma Care Nurse support up to 3 months

Patients with a stoma will receive appropriate continuity of care by a SCN after discharge from hospital.

Structure:

- Evidence that the patient with a stoma has had access to and received appropriate stoma care support and advice as per local defined pathway.

Process:

The Stoma Care Nurse will:

- Provide home visits and/or clinics according to local policy
- Provide a telephone support service
- Liaise and agree plan of care with MDT and allied health carers in the community as appropriate
- Re-assess the stoma colour, size, function and peristomal skin condition on each SCN review as per local policy
- Reiterate and educate the patient and their carer in stoma related problems and prevention
- Review suitability of stoma products, offering alternatives/choice as appropriate (such as colostomy irrigation)
- Re-assess patients ability to be safe, confident and competent in the management of their stoma (+/- carers)
- Re-assess and discuss lifestyle issues (including dietary advice, exercise, sexual relationships, body image) and necessary adaptations in order to resume activities following surgery with consideration of any cultural/religious beliefs
- Re-assess the patient's psychological adaptation and adjustment to living with a stoma and amend the care plan accordingly
- Monitor for signs of anxiety or depression and consider onward referral for counselling/psychological support as appropriate within local protocol
- Provide information and contact details of national and local patient support groups/open days as appropriate including media sources.

Outcome:

- Patients can specify their local access to specialist stoma nurse support and follow up arrangements
- Patients identify any stoma related abnormalities and knows how and when to contact the SCN
- Patients identify how future supplies are ordered
- Patients identify they are satisfied with their stoma product
- Stoma related problems are assessed, treated or planned changes to care identified and resolution is sought or appropriate onward referral made
- Stoma care reviews have been undertaken as appropriate for the patient with a stoma as per local policy.

Quality Statement 7:

Long term/lifetime specialist Stoma Care Nurse support

People living with a stoma have continued care and access to a SCN.

Structure:

- Evidence of qualified SCN undertaking assessment and long term support for people living with a stoma.

Process:

The Stoma Care Nurse will:

- Offer lifetime access to specialist advice/support to the person with a stoma
- Re-assess the person's ability to be safe, confident and competent in the management of their stoma (+/-carers) as necessary
- Educate the person with a stoma (+/- carer) in stoma related problems and prevention providing the level of information appropriate to the individual needs
- Re-assess and discuss lifestyle issues (including psychological/sociological and physiological) as necessary and appropriate onward referral made if required
- Offer appliance use review to support appropriate use and good prescribing practice
- Provide telephone support service
- Promote local and national groups to encourage integration and enhance adaptation to life with a stoma
- Ensure specialist advice and consultation is available to others concerned in the care of ostomists including GP's, district nurses, care home staff, carers and family members as the needs of the individual may alter over time
- Communicate changes to product usage and/or care (in writing if indicated) to the ostomist, family, carers, GP and hospital team as necessary.

Outcome:

- People with a stoma can identify their local access to specialist stoma nurse support
- People with a stoma identify they are satisfied with their stoma product
- People with stoma related problems are assessed, treated or planned changes to care identified and resolution is sought or appropriate onward referral made
- People with a stoma have been offered an appliance use review in line with local policy.

Supporting literature

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- White, C. (1998) Psychological management of stoma-related concerns. *Nursing Standard*. 12 (36), 35-38.

Undertaking your audit

The aim of the following pages is to identify an audit template that enables consistency and reliability and can be used by all stoma care nurses (SCNs). Using this tool will demonstrate qualitative and quantitative data from your service delivery. It will promote standardisation of practice and benchmarking to ensure all patients undergoing stoma formation are receiving care that meets minimum standards. These templates can be amended to reflect your local service and local Trust policy to enable audit of the patient experience as well as data collection from your service delivery.

It is important to liaise with your local audit department to gain approval to undertake an audit and receive local advice. Please note the templates of the following audit tools can be downloaded from the ASCN website on: www.ascnuk.com

1 Patient Audit Tool

2 Stoma Care Department Audit Tool

Objective of the audit

This Audit Tool is to assist individual SCNs and NHS Trusts to determine whether their current stoma care service meets the practical and psychological needs of the stoma patient and follows the ASCN stoma care guidelines.

Patient group to be included in the audit

All patients having undergone stoma formation surgery.

Sample of the audit

Inclusion Criteria - all patients who have undergone stoma formation surgery

Exclusion Criteria - specify clearly who is excluded e.g. children or palliative care, those patients involved in other research/audit studies.

How many - a representative sample of 30% of the total annual stoma formations should be audited, specifying the time period over which the data is to be gathered and collated.

Timing - as the standards cover the patient pathway from admission to ongoing support in the community, it would be suggested the audit is undertaken three months post surgery.

Dataset required for the audit

The audit criteria require data to be collected from patients' views and experiences and service provision. Therefore for the purpose of collating data – **the data source** can include patient interviews, nursing documentation and/or medical notes. However please note all data collection forms are required to be kept for external auditor inspections.

Compliance

The audit needs to specify how many sources were collated.

Frequency of review

The audit should be repeated periodically depending on the Trust audit strategy. A review of these patients is suggested on an annual basis.

Collation of audit results

It is a mandatory requirement for all audit projects to be registered with the Trust's Clinical Audit Department, which will advise and support the audit accordingly, including collation of results.

Patient Satisfaction Audit

Please indicate **Yes**, **No** or **Don't Know** to the statements by placing a cross (X) in the appropriate box. Comment boxes are provided at the end of each section.

| Prior to planned stoma surgery | Yes | No | Don't Know | Please make additional comments for the 'No' answers |
|---|-----|----|------------|--|
| I met and was introduced to a Stoma Care Nurse | | | | |
| My stoma was created as an emergency procedure | | | | |
| I was involved in the marking of my stoma site and I agreed with its position | | | | |
| I was given adequate verbal and written information in order to make a decision about stoma surgery | | | | |
| My family/carer was included in any decision-making to a level acceptable to me | | | | |
| I feel I understood the nature of stoma surgery and any complications associated with the surgery | | | | |
| A mark was sited on my abdomen indicating the best place for the stoma | | | | |
| I was offered the opportunity to meet with another stoma patient | | | | |

Patient Satisfaction Audit (continued)



| Immediately following stoma surgery and prior to discharge home | Yes | No | Don't Know | Please make additional comments for the 'No' answers |
|--|-----|----|------------|--|
| The Stoma Care Nurse visited me the day after my stoma surgery | | | | |
| The Stoma Care Nurse oversaw how I was taught to look after my stoma | | | | |
| I was aware I had an individualised stoma care plan | | | | |
| I was supported and encouraged by the ward staff to become independent in my stoma care | | | | |
| I discussed lifestyle issues with my Stoma Care Nurse; diet, hobbies, culture, disabilities, travel, relationships | | | | |
| I was aware of potential stoma complications prior to going home | | | | |
| I was provided with the contact number for the Stoma Care Nurse prior to discharge home | | | | |
| I felt confident to go home and was independent with my stoma | | | | |
| I was aware of how to obtain my stoma supplies | | | | |
| I was assisted in choosing the right stoma product for my needs | | | | |
| My family/carer were included in all aspects of my stoma care to a level agreeable to me | | | | |

| At home | Yes | No | Don't Know | Please make additional comments for the 'No' answers |
|---|-----|----|------------|--|
| I was visited at home by the Stoma Care Nurse (if available in your area) | | | | |
| I have attended the stoma clinic | | | | |
| I was given time to speak with the Stoma Care Nurse about how I felt emotionally about having a stoma | | | | |
| I felt comfortable to discuss issues relating to my changed body image and sex | | | | |
| Any complications I have had have been explained and dealt with efficiently | | | | |
| The Stoma Care Nurse provided me with information about support groups relevant to me | | | | |
| Any changes to my prescription for stoma products was communicated to my GP | | | | |
| Any changes to my prescription for stoma products was communicated to my GP | | | | |
| I received support from a community/district nurse | | | | |
| I feel my Stoma Care Nurse is approachable and I can contact her/him easily | | | | |
| | | | | |

Stoma Care Department Audit Tool for Demonstration of Compliance to Approved Stoma Care Standards.



Please find below a template for you to collate relevant information to audit your service to compare with the standard statements. The following table is an explanation of the categories that are identified for you to complete and enable you to demonstrate the Audit cycle of:

How you obtained the information?

What were your findings?

What actions have you taken?

| | Criterion | Data source: | Compliance: | Findings: | Comments |
|--|--|---|---|--|---|
| <p>Explanation of category.</p> | <p>This reflects the statement to be measured.</p> | <p>Identify sources of data to be utilised. e.g. Patient interviews/feedback, nursing documentation, medical notes.</p> | <p>How many were included in the audit?</p> | <p>Any added details/variation to the basic compliance data. e.g. age, ethnic group.</p> | <p>Free text. Reference other documents. Action plan for improvement.</p> |



Audit Tool for Statement 1

Pre-operative referral/actual planned stoma formation.
Patients (family/carers) who have been informed of an intended stoma surgery and continued care by a specialist Stoma Care Nurse.



Number of audit:

Date audit completed:

Audit lead/manager:

| Criterion | Data source: | Compliance: | Findings: | Comments: |
|--|--------------|-------------|-----------|-----------|
| 1 Patient confirms they are satisfied with the information provided | | | | |
| 2 Patient can state they were able to ask questions | | | | |
| 3 Patient can recall information on questioning | | | | |
| 4 Patient is aware they are expected to be self-caring on discharge | | | | |
| 5 Patient identifies the teaching programme upholding 'Enhanced Recovery' philosophy | | | | |

Audit Tool for Statement 2



Pre-operative preparation for potential/actual planned stoma formation.

Patients who have been consented for potential/definitive stoma formation will have the stoma correctly sited by a registered nurse with a defined level of competency.

Number of audit:

Date audit completed:

Audit lead/manager:

| Criterion | Data source: | Compliance: | Findings: | Comments: |
|--|--------------|-------------|-----------|-----------|
| 1 Patient confirms they are satisfied with the marked site for the stoma formation | | | | |
| 2 Patient states that they were involved in selecting the stoma site | | | | |
| 3 Patient states they were given the opportunity to ask questions | | | | |
| 4 Patient can recall relevant information on questioning | | | | |
| | | | | |

Audit Tool for Statement 3 and Statement 4

Post-operative stoma care management (Practical and Psychological).

Patients with a stoma are assessed and evaluated by a stoma care specialist nurse for their personalised stoma care plan.

Number of audit:

Date audit completed:

Audit lead/manager:

| Criterion | Data source: | Compliance: | Findings: | Comments: |
|--|--------------|-------------|-----------|-----------|
| 1 Patient can identify and is satisfied with their individualised plan of care in relation to learning their stoma care management | | | | |
| 2 Patient's psychological adaptation has been documented | | | | |
| 3 Patient can recall verbal or written information being provided to assist with psychological adjustment | | | | |
| 4 Patient can recall verbal or written information being provided to assist with physical adjustment | | | | |
| 5 Documentation of any stoma abnormalities | | | | |
| 6 Completion of appropriate documentation, as per local policy | | | | |
| 7 Is there evidence to support any onward referrals? Please specify | | | | |

Audit Tool for Statement 5

Preparation for discharge from hospital.

Patients with a stoma are provided with the appropriate information to facilitate discharge from hospital.

Number of audit:

Date audit completed:

Audit lead/manager:

| Criterion | Data source: | Compliance: | Findings: | Comments: |
|---|--------------|-------------|-----------|-----------|
| 1 Documentation of patient being independent in stoma care management (+/- aided by carer) | | | | |
| 2 Patient can recognise potential stoma related problems | | | | |
| 3 Patient can confirm who to contact for assistance after discharge and when they will next be reviewed | | | | |
| 4 Patient can identify their dietary requirements | | | | |
| 5 Patient can identify physical limitations following abdominal surgery | | | | |
| 6 Patient is supplied with appropriate level of stoma supplies, according to local policy | | | | |
| 7 Patient is safe for discharge according to local policy | | | | |
| 8 What was the average length of stay? | | | | |

Audit Tool for Statement 6



Short term (up to 3 months) follow up care by the SCN.

Patients having undergone a newly formed stoma will receive appropriate continuity of care by a SCN after discharge from hospital.

Number of audit:

Date audit completed:

Audit lead/manager:

| Criterion | Data source: | Compliance: | Findings: | Comments: |
|--|--------------|-------------|-----------|-----------|
| 1 Patient can identify they know how to access the specialist Stoma Care Nurse | | | | |
| 2 Patient can recall follow up arrangements with the specialist Stoma Care Nurse | | | | |
| 3 Patient can identify any stoma related abnormalities which require contacting the specialist Stoma Care Nurse? | | | | |
| 4 Have any patients been readmitted to hospital with only a stoma related problem | | | | |
| 5 Is there evidence of stoma related problems being identified, assessed, treated or planned changes to care and resolution sought | | | | |
| 6 Were there any onward referrals made by the specialist Stoma Care Nurse | | | | |
| 7 Is there evidence the patient was provided with information regarding patient support groups and meeting another ostomist | | | | |
| 8 Patient can recall how future supplies are ordered | | | | |
| 9 Patient can identify they are satisfied with their stoma product and are aware of alternatives | | | | |
| 10 Has a product appliance review been undertaken as appropriate for the patient with a stoma in line with local policy | | | | |

Please see: www.ascnuk.com

Audit Tool for Statement 7

Long term/lifetime specialist Stoma Care Nurse support.
People living with a stoma have continued care and lifetime access to a SCN.



Number of audit:

Date audit completed:

Audit lead/manager:

| Criterion | Data source: | Compliance: | Findings: | Comments: |
|--|--------------|-------------|-----------|-----------|
| 1 People with a stoma can identify they have access to specialist stoma nurse support | | | | |
| 2 People with a stoma can identify they are satisfied with their stoma product(s) | | | | |
| 3 There is evidence of people with stoma related problems being assessed, treated or planned changes of care identified and a resolution is sought | | | | |
| 4 Were any onward referrals made by the specialist Stoma Care Nurse | | | | |
| 5 Were people with a stoma offered a regular appliance review in line with local policy | | | | |

Notes

Lined area for writing notes, consisting of 25 horizontal lines.

Notes

A series of horizontal lines for writing notes, spanning most of the page width. The lines are evenly spaced and extend from the left margin to the right margin.

Disclaimer

This publication contains information, advice and guidance to help members of the ASCN. It is intended for use within the UK but readers are advised that practices may vary in each country in the UK.

The information in this booklet has been compiled from professional sources, but its accuracy is not guaranteed. Whilst every effort has been made to ensure the ASCN provides accurate and expert information, it is impossible to predict all the circumstances in which it may be used.

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Stoma Care Nursing Standards and Audit Tool



Association of Stoma Care Nurses UK