1. **Summary of the service and the main features**

**Locations**

The service is based within two hospital sites and provided by Central London Community Healthcare. There are two Clinical Nurse Specialists (CNS) based at Chelsea and Westminster Hospital and one CNS at St Mary’s Hospital with a further CNS based at Finchley Memorial Hospital.

The Stoma Care Service in Barnet provides specialist stoma support and advice for adult patients in Barnet. The Specialist Nurse works in collaboration with the wider continence team, district nurses, GP, other health and social care professionals in the community and also with the teams in hospitals.

**Aims and Objectives**

The Stoma Care Service is a specialist service which provides holistic care to patients, families and professionals on stoma care management. The specialist nurses enable stoma patients to achieve quality of life through education, support and guidance on practical issues with encouragement and counselling.

The service offers pre-operative education and counselling to patients who are undergoing surgery that may result in stoma formation and teaching to inpatients with newly formed stomas. Post discharge, patients are seen at home in the early post-operative phase and thereafter seen in clinic. Telephone support is also readily available. The service works closely with the multi-disciplinary team both within the hospital and in the community, ensuring a seamless transition home post-operatively. Specialist training is provided to Community services and joint visits are carried out to ensure that the most appropriate care is provided to meet patient needs.

Clinic sessions take place within the hospital Outpatients Departments and patients are formally reviewed at 6 weeks, 3 months, 6 months and annually following stoma formation, with further appointments made as necessary. Stoma formation often has a huge psychological impact on patients which is managed by the supportive nature of the CNS role. Quality of Life is assessed with a Questionnaire at regular intervals throughout the patient pathway. If appropriate patients are screened for depression and anxiety using psychological assessment tools and referred on to psychological services if necessary.
2. Patients at the “heart of everything we do”

Our patients are the heart of our service and we aim to design the service around their needs.

In 2012, we repeated a patient survey from the previous year, in the form of a patient reported experience measure survey (PREM) sent out to all the new stoma patients from 2011, asking 20 questions to ensure the department and RCN standards are met. The results were again very pleasing with overall result of 100% patient satisfaction for the 2nd year in a row.

Below are a few of the comments received:

“Both the stoma care nurses Mel and Mandy were amazing and were always available when I had any questions or queries. Even with queries outside stoma care they would do their best to assist. They are both very special individuals.”

“I could not wish for any better care. My care has been superb, I feel extremely lucky.”

“Excellent care given by both stoma nurses. I felt able to discuss openly any worries about wearing a stoma. They gave helpful information and confidence. Excellent care.”

“The superb and professional advice and demonstration of the bags and change of type of bag have left me positively very disposed towards the wonderful NHS that does not exist in Ireland or the US. Thanks a million.”

3. Looking back what have we done to improve the quality of the service?

Patients undergoing surgery resulting in stoma formation can suffer from loss of confidence due to the effect on body image that can lead to social isolation and depression, with extreme cases of suicidal tendencies.

In 2012 we introduced a Patient Reported Experience Measure (PROM), in the form of a Quality of Life (QoL), specifically designed and validated for stoma patients. The QoL questionnaire was introduced in response to concerns that the psychological wellbeing of the patients was assessed and regularly as their physical wellbeing. The patients are asked to fill it at regular intervals and it is used as a tool to bring psychological concerns openly into discussion. Referral pathways into psychological services have been established and a referral is offered if it is found to be necessary. Often patients would prefer to come regularly to the stoma care department to discuss their
concerns as they feel they have a relationship with us.

The project has covered the 3 pillars of quality as it has:

- Increased patient safety in assisting to assess for anxiety and depression with referral into psychological services as necessary.
- Increased patient experience as they are able to address concerns in a supportive atmosphere leading to increased confidence and therefore quality of life.
- Increased clinical effectiveness of the department as patients have their psychological wellbeing assessed as regularly as their physical wellbeing.

The PROM is now fully integrated into our patient pathway. We presented it in October 2012 at the World Congress of Enterostomal Therapists in Edinburgh where it was well received with a number of other stoma nurses across the UK now also using it. We also received a ‘Highly Commended’ award for innovation from the British journal of Nursing in September 2012.

- **Patient safety - ‘a culture of being open and safe’**

The Stoma Care service has taken the following steps to:

The stoma care department reported 1 clinical incident last year where a patient was discharged from hospital with a rectal drain left in situ. This was seen by the District Nurses who called the stoma care nurses for advice. On home visiting, the drain was found and removed. The findings were reported by the stoma care nurses to the consultant surgeon and to the ward nurses. We were satisfied with the action plan and learning demonstrated by the hospital service.

Patient safety is promoted by the stoma nurses by involvement with the ‘enhanced recovery’ programme of the hospitals where patient care both pre and post-operatively is optimised to assist with timely discharges. Discharges are assisted by timely home visits by the stoma nurses to ensure patient safety.

Patient safety is also promoted by the stoma nurses with an education programme teaching both in the community and in the hospital.

- **Clinical effectiveness - ‘no decision about me without me’**

The Stoma Care service has taken the following steps to ensure the effectiveness of the clinical care we deliver:

We conducted a clinical audit in 2012 into the use of convexity. This looked at the number of patients who had experienced difficulties with leakage, leading to the use of a different type of pouch. This is usually as a result of the stoma being poorly formed or sited and could be related to emergency surgery.
The stoma care department also took part in a research study with Hollister (a stoma appliance manufacturer) in a comparative study of urostomy pouches.

The stoma care nurses and 2 patients were filmed talking about peristomal skin disorders for an education video to be used ‘in house’ by one of the appliance manufacturers.

We also continued the use of the Patient Reported Outcome Measure (PROM), which allows us the track the effectiveness of the care we deliver. The PROM has also allowed the service to provide the patient with more holistic care though focusing on the psychology impact of stoma care.

**- Patient experience - ‘you said-we did’**

In the last year the Stoma Care service has improved the experience that patients gain from accessing the service by running a specialist Patient Reported Experience Measure (PREM). The PREM allows patients to give feedback on the care they received and allows us, as a service, to implement improvements to the service based on the feedback from patients.

This year we had a total of 46 returns. 17 out of 19 (89%) patients that responded to this question reported that they found the visits from the Stoma Nurses very helpful, 2 out of 19 (11%) found the visits fairly helpful and no patients reported that the visits were unhelpful.

We have run the specialist stoma care PREM for two years now and have received positive responses and made changes to the service based on the feedback. Next year we plan to run the generic trust-wide PREM so that we can benchmark against other services within the origination.

<table>
<thead>
<tr>
<th>‘You said’</th>
<th>‘We did’</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am working and find it difficult to come to your clinic</td>
<td>1. Clinic appointments now offered from 07:30 hours</td>
</tr>
<tr>
<td>2. I would like to know more about ‘Vitala’</td>
<td>2. Asked the Vitala company representative to talk to us and the patient about his product to assist the patient in product selection</td>
</tr>
<tr>
<td>3. I would like to meet others with my condition</td>
<td>3. Put patients who had had similar experiences were put in touch with each other</td>
</tr>
<tr>
<td>4. I would like to set up a patient support group</td>
<td>4. Put patient in touch with ‘Ostomy Lifestyle’ who run free support group training, and offered our services to support this. This is an aim for the forthcoming year to take further</td>
</tr>
</tbody>
</table>
4. What resources were utilised in the process of improving quality?

In order to improve the quality of the service delivered we have utilised the following resources:

- Specialist skills of Stoma Care Nurse Specialists and stoma care departments located at Chelsea and Westminster Hospital and St Mary’s hospital
- Appliance manufacturer representatives
- Staff from Quality, Assurance and Safety Department

5. Top Tips

**Things that worked well**

Introduction of a patient reported outcome measure, which culminated in the service sharing our experiences at the World Congress of Enterostomal Therapists.

**Things that didn’t work as well**

The specialist stoma PREM has been run for two years and we believe we have implemented all the changes we can based on the results.

**Lessons learned**

It would be useful to be able to benchmark PREM results to other services so that we can see how we compare in case there are any areas for improvement and learning from other services.

6. Key Improvement Areas

1. To recruit into vacant posts, currently one post in the St Mary’s Hospital team and another in Chelsea and Westminster, to ensure continuity of service
2. To attend a Psychological Assessment skills course to enhance the work already being undertaken with Quality of life PROM
3. Setting up patient support group
4. To ensure cost effective prescriptions on behalf of the GP’s
## 7. Action Plan

<table>
<thead>
<tr>
<th>Improvement area</th>
<th>Our target</th>
<th>How will we measure?</th>
<th>Who is responsible?</th>
<th>By when?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. To ensure cost effective prescriptions on behalf of the GP’s</strong></td>
<td>To review the stoma care and prescriptions of patients referred to us by the GP’s</td>
<td>Any changes in prescription to ensure it is up-to-date and appropriate will be costed and reported to the GP’s</td>
<td>M Jerome</td>
<td>March 2014</td>
</tr>
<tr>
<td><strong>2. Patient support group</strong></td>
<td>To move forward with the establishment of a patient support group</td>
<td>Establishment of patient support group</td>
<td>M Jerome</td>
<td>March 2014</td>
</tr>
<tr>
<td><strong>3. Psychological Assessment skills</strong></td>
<td>To attend a Psychological Assessment skills course to enhance the work already being undertaken with Quality of life PROM</td>
<td>Training course attended</td>
<td>M Jerome</td>
<td>March 2014</td>
</tr>
<tr>
<td><strong>4. Recruitment</strong></td>
<td>To ensure continuity of service through recruiting into vacant posts</td>
<td>One post in the St Mary’s Hospital team and another in Chelsea and Westminster</td>
<td>M Jerome</td>
<td>March 2014</td>
</tr>
</tbody>
</table>