The Outlet

NEW ZEALAND STOMAL
THERAPY NURSES

IN THIS ISSUE:

NOVEMBER 2022

convatec
— forever caring —

THE RESULTS YOU LOVE **NOW LOOK BETTER THAN EVER.**

NILTAC™ AND SILESSE™ ARE NOW

ESENTA™

Learn more at
www.convatec.com/en-au/stoma-care/esenta/
or contact Customer Care to obtain a FREE sample
Call: **0800 225 4309**
or email
connection.nz@convatec.com

Reference: 1. Voegeli D, LBF® "No-Sting" Barrier Wipes: Skin Care Using Advanced Silicone Technology. British Journal of Nursing, 2008; Vol. 17: No. 7.

The Outlet

NEW ZEALAND STOMAL
THERAPY NURSES

CONTENTS

PROFESSIONAL SECTION

EDUCATIONAL SECTION

ENCOURAGING MEMBERSHIP

EASY MEMBERSHIP SUBSCRIPTION CAN NOW BE GAINED ON THE WEBSITE
www.nzno.org.nz

IF YOUR ADDRESS HAS CHANGED PLEASE CONTACT
Emma Ludlow | Email: emma.ludlow@middlemore.co.nz

Your Executive Committee Members

COMMITTEE CONTACT

CHAIRPERSON

Emma Ludlow
CNS Stomal Therapy
Counties Manukau DHB
Email emma.ludlow@middlemore.co.nz

SECRETARY

Maree Warne MNSc
Clinical Nurse Specialist | Ostomy Service
Te Matau a Māui Hawke's Bay
Email Maree.Warne@hbdhb.govt.nz

CO-EDITOR

Marie Buchanan
Ostomy Clinical Nurse Specialist
Te Whatu Ora Waitemata
Email Marie.buchanan@waitematadhb.govt.nz

CO-EDITOR

Preeti Charan
Ostomy Clinical Nurse Specialist
Te Whatu Ora Waitemata
Email Preeti.charan@waitematadhb.govt.nz

COMMITTEE MEMBER

Holly Dorizac
District Nurse
Te Whatu Ora Counties Manukau
Email Holly.Dorizac@middlemore.co.nz

TREASURER

Christina Cameron
Stomal/Continence Clinical Nurse Specialist
Wairarapa District Health Board
Email: Christina.Cameron@wairarapa.dhb.org.nz

ISSN 2324-4968 (Print) ISSN 2324-4976 (Online)

www.nzno.org.nz/groups/sections/stomal_therapy

Published three times a year by Blacksheepdesign **www.bsd.nz**

Chairperson's Report

NICKY BATES

Warmest greetings to you all

Can't believe we are at the tail end of another year. Not sure where they go! Although when you reflect on the heavy work loads we are managing it is easy to see why they go so fast.

The year has run a different course for the committee, with the Tripartite Conference being held in February. Usually NZ STN conferences are held in November, with the committee being busy over the year leading up to conference. We were fortunate in that the Tripartite organising committee did a lot of hard work in organising, securing funding etc for the event. The meeting ran very smoothly and was world class with a wide variety of speakers. The event also provided a valuable opportunity for the committee to be involved in, strengthening the bond with our Australian counterparts. Following on from the conference, the committee has accepted an invitation to present at the AASTN conference, in Freemantle April 23. Our topic will cover Stomal Therapy Nursing in NZ including the recent transition of health care to Te Whatu Ora – Health New Zealand. I hope to see a few of you attending the conference.

Can I remind you all there are still clinical guideline topics which need to be written. The guidelines will be a valuable resource for nurses working in Stomal Therapy. The resource will allow nurses to increase their skills, not to mention lighten our workload, and ultimately ensure our patients receive optimal equitable care. Don't forget there is $100 grocery vouchers available for each accepted submission.

The beginning of November has seen 4 new members move on to the Stomal College committee

I would like to introduce:

- Maree Warne (Hawkes Bay) – Secretary
- Preeti Charan (Waitemata) – Co-Editor
- Marie Buchanan (Waitemata) – Co-Editor
- Holly Dorizac (Middlemore) – Committee Member

Members staying on for a 2nd term are:

- Emma Ludlow (Middlemore) – Moved into role of Chairperson
- Chris Cameron (Masterton) to continue in role of treasurer

A big welcome to them all. I know they will have a great experience on the committee.

Stepping down from the committee are Dawn Birchall, Angela Makwana, Rochelle Pryce and myself. We have all completed 2 terms, so will enjoy a rest.

I would like to extend a huge thank you to my "teamies", Dawn, Angela, Emma, Chris and Rochelle. It has been my absolute pleasure to get to know and work with you. Your support has been greatly appreciated, in my role as chair. Your knowledge, level of skill, dedication and professionalism is 2nd to none. I have loved the banter.

I would also like to thank Cathy Leigh our NZNO PNA who has provided us with guidance on all things we needed to be guided on!

As always please contact the committee with any issues you think they need to know or can help you with. The committee's role is to work for the membership. Contact details for the new committee have been updated on the College website.

Have a lovely Xmas/New Year period. If you are working through hopefully you will get to enjoy some nice weather and a little down time. If you are having time off I'm sure relaxing will be top of your list.

Finally I'd like to acknowledge and thank you all for the hard work and dedication you have given over the year. Our patients and their whānau appreciate it.

Nicky

Editors' Report

DAWN AND ANGELA

This is the final edition of "The Outlet" for 2022 and the final edition that we will be editing.

After 4 years, our time on the committee has ended. It was a steep learning curve at the beginning, multiple phone calls, emails and frequent meetings to produce our first edition. With each edition, it has become easier and more streamlined to edit and produce a journal. In saying that the meetings over coffee are as long as ever.

A lot can change in 4 years. Who had ever heard of Covid 19 4 years ago? No one has been unaffected by this virus. Whether it be having Covid 19, caring for sick family members, lockdowns, adapting to new ways of working, social distancing, vaccine passes, constant mask wearing, staff shortages or redeployment to work in other areas. All this while pay parity has not been resolved and the feeling of being undervalued and overworked grows each day. Throughout all of this, nurses have continued to demonstrate hard work, compassion, empathy, resilience, teamwork and going the extra mile for our patients.

There are people that we would like to thank.

We thank all our fellow wonderful committee members over these 4 years, Leeann, Kat, Nicky, Rochelle, Emma, Chris. They have supported us and given us the reassurance that we were on the right path for our vision for "The Outlet". Thank you for the being there to pick your brains, giving advice, meeting our deadlines and most importantly for making us laugh.

To all the authors, without you there would be no "Outlet". So thank you for putting in the time and effort to produce a case study or editing your thesis or assignment to submit to "The Outlet". I am sure there are many of you out there that do not think they could ever write something for our journal. However, if you are or have done your MSc or stoma course or portfolio then many of you would have something to submit for publication. "The Outlet" is not a peer-reviewed journal. It is an avenue where we can share our knowledge, skills and experiences with each other. So please continue to support this journal.

Thanks to the people who have been on our profile page. Sometimes we have had to "twist arms". It has been great to put faces to names and get to know a little bit more about each other. We have loved the photos.

To the appliance companies, we thank you for supporting stomal therapy in NZ. Your support over many years allows us for produce a journal that is informative and celebrates stomal therapy nursing in NZ. We hope that this continues for many more years to come.

Thanks to Blacksheepdesign, our printers, who have had to put up with numerous emails from two tech novices. Dropbox???? Nothing more to say on that.

Last of all thank you to everyone that has given us feedback over the last 4 years. We took this on not knowing what we wanted to achieve. Quickly we realised we had to come with our vision for the future of this journal. We hope you have enjoyed sharing in our vision and reading "The Outlet" over these 4 years.

Welcome to the new editors Marie and Preeti. We hope that you have as much enjoyment as we have had editing "The Outlet".

Therefore, after all that, we sign off on editing "The Outlet"

Merry Christmas to everyone and best wishes for 2023.

Angela and Dawn

CALLING FOR SUBMISSIONS

We know there are A LOT of patients that have benefitted from the expertise and persistence of Stomal Therapists or those nurses with an interest in caring for people with a stoma or fistula. WE WANT YOUR STORIES for this journal. Spread your good work for the benefit of others.

Please send your submissions to either:

Preeti.charan@waitematadhb.govt.nz or

Marie.buchanan@waitematadhb.govt.nz

WE would LOVE to hear from you.

Something new is here!

Introducing New Zealand's first black pouch for when you want a little choice in life.

A new range of stoma pouches are here, designed around what you value. Choice, independence, healthy skin, and leak-free days.

It's what you've been waiting for.

Aurum® Plus

OMNIGON

info@omnigon.com.au
NZ **0800 440 027** www.omnigon.com.au

Profile of new Committee Members

Preeti Charan

Co-Editor

I am originally from Fiji Islands. I trained in Suva and worked as a Registered Nurse at Colonial War Memorial Hospital in Suva.

I migrated to New Zealand in 2002, went off to Tairawhiti Gisborne where I worked in the General surgical ward for almost 2 years before moving to Auckland. In Auckland, I joined a private hospital and worked in the general surgical ward, which specialised in colorectal, hepatobiliary, Upper GI surgery, Major Head and Neck surgeries, minor and major abdominal surgeries and worked for 16 years. Completed my Post Graduate Diploma in Health Science from University of Auckland. During this time, I was involved with many colorectal patients and did pre-operative consultation, stoma siting and provided post-operative stoma education to patients and nurses. I went ahead, completed my Stoma Therapy course through Australian College of Nursing, and completed my certificate. I joined Te Whatu Ora Waitemata in 2020 and joined the community team as Ostomy Clinical Nurse specialist. I enjoy the new role as I learn new things everyday whether it is from the team I work with or the patients I look after.

Hoping all my experience and knowledge will make a difference to my patients and their quality to life today and in many more days ahead of us.

Maree Warne MNSc

Secretary

I have been a stoma nurse for five and a half years. Before that, I spent 12 years on the General Surgical, Colorectal and Vascular ward in Hawke's Bay.

I finished my Masters of Nursing Science in 2021 and have enjoyed 2022 working part-time and spending time with my family.

I am looking forward to learning the ropes in the NZNOCSTN and hope to contribute positively to stoma nursing in New Zealand.

Marie Buchanan

Co-Editor

Well they say that once you have been a Stoma Therapy Nurse, you are for life, so here I am back again.

Originally an Enrolled nursing from the "80's, I retrained and become a Registered Nurse in 2001. After 16 years as a community based Stoma Therapy Clinical Nurse Specialist, CNS, in Takapuna Auckland. 2018 I decided to have a change of direction and become the Charge Nurse Manager of the Takapuna District Nursing team for 3 year.

Apart from COVID, staffing issues and "middle management" challenges, leading a team of 32 highly skilled district nurses was a true privilege. However, I missed the patient contact and the pressures of middle management took its toll, and I needed a break. I decided to take early retirement and "retired" from the CNM role 2021 with the plan to take some time out for myself and maybe return to a quiet part time casual role.

Well that was the plan anyway! 12 months on, I was rested, I missed patient contact, I missed making a difference and I missed being an Stoma Therapy Nurse, STN. 3 months ago, the role of an Ostomy/Continence CNS arose based in the community at Red Beach, North of Auckland that I applied for and secured. To be back working in the area of stoma therapy is like "coming home". The old saying of "to appreciate something you have to lose it" is so true. The autonomy, patient contact and sense of making a difference is unique to being an STN and should not be taken for granted.

I am loving being back in my community role, it is not without its challenges of "back orders" phone calls at 3:30pm Friday or day of long weekend of "I've run out of supplies" but it's great to be back. I'm looking forward to being involved in the NZNOCSTN committee again as the Outlet journal co-editor and look forward to receiving your input as in case studies, research or profiles to share.

Holly Dorizac

Committee Member

I have been working in Counties Manukau as a District nurse for almost 5 years and prior to that I worked on the surgical ward at Whanganui Hospital for 2 years.

I have always found the opportunity to work with ostomates very rewarding and am passionate to develop my skills in the art of stomal therapy. Currently I am completing my postgraduate certificate in stomal therapy through the Australian College of Nursing.

I feel very privileged to have the opportunity to join the committee and look forward to meeting and learning from like-minded nurses.

43RD AASTN & 10TH APETNA CONFERENCE

NEW HORIZONS

Advancing Wound, Ostomy & Continence Practice

13–16 APRIL 2023, FREMANTLE, WESTERN AUSTRALIA

This conference provides a unique opportunity for you to engage with experts from world-renowned learning institutions and those on the ground implementing best practice, whilst exploring the stunning Australian coastal location of Fremantle. Across the four days you will have the opportunity to collaborate, engage and connect with fellow practitioners in the areas of Wound, Ostomy & Continence care, whilst participating in must attend educational sessions.

SCAN TO REGISTER

SPEAKERS INCLUDE:

Andrew Browning
AM, FRCOG, FRANZCOG (Hon)

Chair | FIGO Fistula and Genital Trauma Committee
Chair | FIGO Expert Advisory Group on Obstetric Fistula

Keryln Carville
RN, PhD, STN(Cred), FWA

Professor Primary Health Care and Community | Silver Chain Group, Curtin University

Ong Choo Eng
RN, WOCN

Senior Nurse Clinician | SGH, Specialty Nursing Department

Widasari Sri Gitarja
BN, MBA, PhD Candidate

CEO | Wocare Clinic

Emily Haesler
PhD, PGradDipAdvNurs (Gerontics), BNurs, FWA

Adjunct Professor | Curtin University

Gojiro Nakagami
RN, PhD

Professor, Graduate School of Medicine | The University of Tokyo

Vicki Patton
RN, MN(Hon), PhD, GC-STN

Clinical Nurse Consultant | Royal Prince Alfred Hospital

Kylie Sandy-Hodgetts
BSc MBA PhD

Associate Professor | Murdoch University
Director | Skin Integrity Research Institute
Honorary Senior Lecturer | Cardiff University

Yajuan (Julie) Weng
RN, ET, M. N, MBA

Vice-Chief Nurse Executive | Nanjing Drum Tower Hospital
Chairperson | WCET® Education Committee

Fiona Wood
AM, FRCS, FRACS

Director | Burns Service of WA
Director | Burn Injury Research Unit UWA

stomaltherapyconference.com

43RD AASTN & 10TH APETNA CONFERENCE

NEW HORIZONS

Advancing Wound, Ostomy & Continence Practice

13–16 APRIL 2023, FREMANTLE, WESTERN AUSTRALIA

This conference provides a unique opportunity for you to engage with experts from world-renowned learning institutions and those on the ground implementing best practice, whilst exploring the stunning Australian coastal location of Fremantle. Across the four days you will have the opportunity to collaborate, engage and connect with fellow practitioners in the areas of Wound, Ostomy & Continence care, whilst participating in must attend educational sessions.

Andrew Browning
AM, FRCOG, FRANZCOG (Hon)
Chair | FIGO Fistula and Genital Trauma Committee
Chair | FIGO Expert Advisory Group on Obstetric Fistula

Keryln Carville
RN, PhD, STN(Cred), FWA
Professor Primary Health Care and Community | Silver Chain Group, Curtin University

Ong Choo Eng
RN, WOCN
Senior Nurse Clinician | SGH, Specialty Nursing Department

Widasari Sri Gitarja
BN, MBA, PhD Candidate
CEO | Wocare Clinic

Emily Haesler
PhD, PGradDipAdvNurs (Gerontics), BNurs, FWA
Adjunct Professor | Curtin University

Gojiro Nakagami
RN, PhD
Professor, Graduate School of Medicine | The University of Tokyo

Vicki Patton
RN, MN(Hon), PhD, GC-STN
Clinical Nurse Consultant | Royal Prince Alfred Hospital

Fiona Wood
AM, FRCS, FRACS
Director | Burns Service of WA
Director | Burn Injury Research Unit UWA

Kylie Sandy-Hodgetts
BSc MBA PhD
Associate Professor | Murdoch University
Director | Skin Integrity Research Institute
Honorary Senior Lecturer | Cardiff University

Yajuan (Julie) Weng
RN, ET, M. N, MBA
Vice-Chief Nurse Executive | Nanjing Drum Tower Hospital
Chairperson | WCET® Education Committee

SCAN TO REGISTER

stomaltherapyconference.com

Interventions that prevent ileostomy-related dehydration and their efficacy: An integrative review

MAREE WARNE MNSC, CLINICAL NURSE SPECIALIST | OSTOMY SERVICE COMMUNITY NURSING | WHĀNAU AND COMMUNITIES GROUP DIRECTORATE TE MATAU A MĀUI HAWKE'S BAY

PROBLEM STATEMENT

Dehydration is a well-documented complex health issue for Ileostomates, however, there is a decided lack of clarity around the ideal content and timing of interventions for Ileostomates to prevent or at least decrease the incidence of dehydration. Some studies have aimed to address this issue but their focus, interventions and results are many and varied. These studies also highlight the paucity of high quality research regarding ileostomy-related dehydration. Clinicians and patients need a thorough understanding of the risk of dehydration and safe effective interventions to prevent this serious health issue.

PURPOSE OF THE RESEARCH

This integrative review aimed to identify, analyse and synthesise evidence related to interventions that decrease risk of dehydration in patients with an ileostomy, and to evaluate the efficacy of these interventions. These can then be incorporated into the care of this cohort to enable provision of evidence based care and facilitate and improve the experience for Ileostomates.

ILEOSTOMY RELATED DEHYDRATION

In New Zealand and Australia, the majority of patients who undergo resection of rectal cancer with anastomosis have formation of a defunctioning stoma (1). Ileostomies divert chyme from the absorptive properties of the colon. Approximately 9-10 L of fluid passes through the duodenojejunal flexure each day, which consists of oral, gastric, duodenal, biliary and pancreatic secretions and oral intake. Normally the jejunum absorbs an estimated 6L and the ileum absorbs 2.5L. In a healthy individual the colon absorbs 1.0-1.5 L of fluid and the electrolytes within, resulting in approximately 100 mls of fluid excreted in faeces in a 24 hour period (2).

Consequently, when the faecal stream is diverted at the ileocecal valve with an ileostomy, the output would be expected to be 1.0 - 1.5 L of chyme per day. These losses of water and electrolytes leave Ileostomates at a significant risk of dehydration and electrolyte imbalance (2 & 3). With an increased risk of dehydration comes the increased risk of acute kidney injury (AKI), with one study identifying ileostomy as an independent risk factor for AKI (4). It is clear that ileostomy and dehydration are inextricably linked. This produces challenges for the patient and the clinician and necessitates diligent management (5). If not managed well, the potential for further and more severe morbidity is inevitable.

FINDINGS

This integrative review evaluated, extracted and analysed the data of six studies to enable the identification and development of categories and themes (6-11).

Categories	Themes
Patient Education	• Pre-Operative • Post-Operative
Post Discharge Follow-Up	• Clinician Oversight • Patient Initiated Contact
Treatment	• Prophylactic • Reactive

PATIENT EDUCATION

Insufficient stoma education has been identified as an independent risk factor for Ileostomate unplanned readmission (12). Furthermore, stoma specific perioperative education including dehydration avoidance actions, was highlighted as necessary in a systematic review of process measures of intestinal surgery to decrease unplanned readmission (13). Thus, interventions to decrease or prevent ileostomy-related dehydration will likely include some form of education. And this is reflected within this review with patient education a common reoccurring theme, with five out of six of the studies including patient education of some form in their interventions.

Pre-operative Education

Four studies include specific pre-operative education in their interventions, with all being delivered by Specialist Stoma Nurses. The education included; an explanation of the purpose and function of an ileostomy, the management of ileostomy output with diet and medications and a demonstration of a pouching system. Only two out of the six studies refer to pre-operative siting of the ileostomy. No studies discuss the likelihood that a lack of pre-operative education can be a factor for patients undergoing emergency surgery. This is worth consideration as not only a measure of the efficacy of pre-operative education but also as stoma formation can be frequently attended in emergency surgery. One New Zealand study analysing readmission rates post ileostomy

formation reported 40% of their Ileostomate population receiving surgery in an emergency setting (14). Therefore, for the purpose of this review, it is difficult to determine the efficacy of specific pre-operative education in decreasing or preventing ileostomy-related dehydration. And further research in this area is recommended.

However, it is important to keep in mind that clinical practice guidelines for colorectal surgery make a strong recommendation centred on moderate quality evidence that pre-operative ileostomy education is essential (15) and should include material on dehydration avoidance (16). It has been suggested the success of pre-operative education on both immediate and long-term outcomes for patients is due to a reduction in anxiety which facilitates early post-operative independent stoma care. Anxiety interferes with the brains attention processes, affecting the patient's ability to listen, learn and apply knowledge. Resulting in pre-operatively educated patients having less anxiety post-operatively, which provides a better learning environment (17).

Pre-operative Education
Five of the six studies included in this review had some form of post-operative education in their interventions to decrease or prevent ileostomy-related dehydration (6,7,9,10 &11). The focus of the educational interventions of the various studies can be divided into six topics. These included; fluid intake, dietary advice including its impact on output, specific dehydration education including signs and symptoms of dehydration, provision of written educational material, medication management of output and quantifying output volume.

Four of the five studies included dehydration specific education in their inventions and all of these showed a reduction in dehydration (6,7,10 & 11). This could suggest that dehydration in Ileostomates may be preventable with specific dehydration-related education. Essentially, if a patient can understand the cause of dehydration and has the ability to avoid or mitigate these causative factors they can better maintain adequate hydration levels. Therefore, a clear recommendation can be made. Interventions to prevent dehydration should consider including specific dehydration-related education.

A systematic review of 51 randomised control trials (RCT) identified that interventions that allow for easier transition from hospital to home have more success in decreasing unplanned readmissions. The authors advocate for these interventions to; commence as an inpatient and continue after discharge and should focus on and encourage patient self-care and empowerment (18). While this meta-analysis is not ileostomy specific and therefore somewhat limited in its use here, it is nevertheless one of the more authoritative articles due to its size and rigour. In addition, the findings here are directly transferable to the outcomes needed for Ileostomates. The conclusions of this meta-analysis explains why all but one study in this review included some form of inpatient education in their intervention.

Specialised Stoma Nurse vs Non-specialised Nurse
The stoma nurse is an autonomous specialised practitioner whose role includes patient counselling, advocacy, and expert knowledge and skills in consultation, diagnosis and therapy (18). The stoma nurse plays a vital role in the transition through all stages of treatment, from the acute care setting into the community for short or long term follow up (19 & 20). All the studies that had inpatient education had involvement with a specialised stoma nurse (6, 7, 9, 10 &11). This is not surprising as stoma nurse input is advocated for in numerous studies and practice guidelines (15,16 & 21). However, this review does highlight further specific research in the involvement of stoma nurses in preventing ileostomy-related dehydration.

Patient Independence and Self-efficacy
Two studies that had a significant decrease in dehydration-related readmission use a concept of 'patient ownership' of their stoma as a fundamental component of their pathways, with emphasis on patient self-management post-operatively (10, 11). A systematic review showed education interventions that focus on patient empowerment are more effective compared with patient education in a more traditional form (22). With another study identifying that inpatient education and autonomy are interconnected and concomitant with improved self-care. In Ostomates, improved self-care has been linked with better adjustment, enhanced quality of life and decreased unplanned readmissions (23).

POST-DISCHARGE FOLLOW UP

Post-discharge follow up in some form was incorporated in all of the studies in this review, which is unsurprising due to the risk of complications in this cohort. One study has identified the difficulties patients have with adapting their dietary and fluid requirements and monitoring their weight (23). This highlights the need for close post discharge follow up to support and encourage patients in their adjustment to life with a stoma.

Clinician Oversight
In one of the studies included in this review (7), 100% of the participants who completed the study, required clinician counselling regarding input and output and dehydration avoidance. And 91% of the participants needed adjustments to medication to attain a positive fluid balance. Of which, 60% of these needed daily counselling and medication adjustments while 40% required medication adjustment every second or third day. The medication adjustments were more concentrated immediately post discharge with most participants (80%) achieving positive fluid balance by day six post discharge.

The same study measured patient satisfaction with a survey at the conclusion of their study. This gives unique insight into the patients perspective on what is important to include into any post-discharge follow up intervention. Many participants completed the survey (78%) with the average score being 4.69 on a Likert scale of 1-5 (1=poor to 5=excellent). Interestingly, all participants rated the information, treatment and medical follow up that was provided a grade of five. This indicates rigorous clinician oversight post-discharge is welcome, warranted and effective especially in the initial stages post-discharge. Therefore, it can be recommended from the patients perspective that rigorous clinician follow-up is effective and welcome.

Patient Initiated – Patient Self-Monitoring
Four studies in this integrative review had elements of patient self-monitoring (6,7,10, 11). The Wound Ostomy and Continence Nurses Society Guideline Development Task Force (21) report it is reasonable to perform patient self-monitoring interventions for management of high ileostomy output. While this is based on expert opinion, due to the lack of evidence to support or negate it, the success of the interventions of this study using patient self-monitoring suggest there may be some merit in it. However, further research is recommended.

TREATMENT

Two studies had excellent examples of treatment of dehydration as an intervention. One addressed this issue prophylactically (8) and one reactively (7). Both studies had success in decreasing dehydration in their populations. Therefore, integrating some form of prophylactic and reactive treatments into a pathway of care would be advised.

Prophylactic Treatment
In the study for prophylactic treatment of ileostomy-related dehydration. The intervention group where given 1 L of an isotonic oral hydration solution to drink every day for 40 days post discharge. They were also asked to restrict oral hypotonic and hypertonic fluids to 1 L per day. The hydration solution was based on the World Health Organisation's rehydration solution used for cholera. However, they altered some ingredients to make it more palatable with the rationale that it was being used as a preventative measure not treating already dehydrated patients. The control group, Ileostomates with standard dietary advice and no rehydration solution, had a 24% readmission rate within the first 20 days of discharge with symptoms of dehydration. They also had a significant rise in serum creatinine and urea levels above normal and a significant decrease in estimated Glomerular Filtration Rate (eGFR) at 20 days post discharge compared to those in the intervention group or those in the non-ileostomy group. The intervention group retained normal serum creatinine and urea levels throughout the study with no readmissions for dehydration. The control groups serum creatinine and urea levels improved over the period of the study but remained elevated compared to the two other groups. The authors report that there was no significant difference in ileostomy output volume between the groups and all ileostomy output remained below 1200mls per 24 hours (8).

This study demonstrates three very important factors for the aim of this review. Firstly, ileostomy impairs renal function and can cause symptoms of dehydration even in the absence of high output. Secondly, simple, preventative actions can decrease the incidence of dehydration in an Ileostomate population. Lastly, renal impairment in Ileostomates can improve over time due to the adaptive processes of the small bowel. Therefore, prophylactic treatment of Ileostomates with oral hydration solution is effective in preventing dehydration and should be included in the care for this cohort.

Reactive Predetermined Treatment
Two studies used anti-motility medication for output >1200mls/day using a dosing schedule (10 & 11). Another two studies (6 & 7) had similar procedures in their interventions in which their overseeing clinicians would follow predetermined protocols dependent on the patients reports of their daily weight, output volume and signs and symptoms of dehydration. These protocols included; dietary and fluid advice for avoidance of dehydration and maintaining output volume within reasonable levels and direction on anti-motility medication administration. One study (7) also had extra input from the surgeon or a nurse practitioner, if the patient had a volume deficit or an ileostomy output > 1500mls per day. The other study (6) included in their protocol outpatient Intravenous fluid (IVF) administration or referred their participants to the emergency department if patients reported >1.0 L/d output, >1.0 kg/d weight loss and dehydration signs. Both studies demonstrated a significant decrease in ileostomy-related dehydration readmission. Also, demonstrated was that of the patients that were readmitted with dehydration, the intervention participants needed significantly less IVF in the first 24 hours of readmission despite having similar severity of dehydration to the control group (7).

The most detailed reactive treatment protocol in this review for medication adjustments had phoning clinicians following a protocol when adjusting their participants medication with the aim of attaining oral intake greater than ileostomy output and ileostomy output remaining under 1.5L/day (7). The success of this study demonstrates the importance of managing ileostomy output consistency and volume in preventing dehydration readmission, which suggests it is necessary in the care of Ileostomates.

Interestingly, one study report a decrease in use of anti-motility medication at discharge over the years their pathway has been used. They attribute this to their Ileostomates thorough understanding and confidence in dehydration risk and prevention and their subsequent management of their input and ileostomy output (11). This suggests that further research related to the use of anti-motility medication is warranted.

IMPORTANT TO NOTE

The aims of all the studies in this integrative review have been related to **readmission** associated with dehydration, not specifically dehydration. While readmission rates and their impact on healthcare utilisation and costs are an important factor to consider in the care of any cohort, focusing solely on readmission rates and the interventions to decrease them does not ensure provision of high quality care. Therefore, focus should also be on avoiding kidney injury in Ileostomates in the outpatient setting with pre and perioperative education, regular assessments in ostomy clinics and regular monitoring of hydration status.

RECOMMENDATIONS FOR FUTURE PRACTICE

Dehydration and the subsequent renal function impairment is an important factor to consider when a temporary defunctioning stoma is needed to protect a colorectal anastomosis. The surgeon and patient need to weigh up the risks and benefits of loop ileostomy compared with colostomy and address any modifiable risk factors that may be present. However, if an ileostomy is unavoidable, this integrative review has identified some interventions that are effective in preventing dehydration readmission and would be beneficial in incorporating these into a pathway of care for this cohort. These include: Dehydration specific education, rigorous and proactive clinician follow up and monitoring post discharge and finally, prophylactic treatment with oral hydration solution. However, these recommendations are made from studies of low to moderate rigour and will need further rigorous and high quality research such as randomised control trials for more conclusive results. Nevertheless, preventative measures are cost effective and successful and should be incorporated into the care of Ileostomates to prevent dehydration in the meantime.

REFERENCES

1. Grupa, V. E. M., Kroon, H. M., Ozmen, I., Bedrikovetski, S., Dudi-Venkata, N. N., Hunter, R. A., & Sammour, T. (2020). *Current practice in Australia and New Zealand for defunctioning ileostomy after rectal cancer surgery with anastomosis: analysis of the binational colorectal cancer audit*. Colorectal Disease, 23, 1421-1433. https://doi.org/10.1111/codi.15607
2. Rowe, K. M., & Schiller, L. R. (2020). *Ileostomy diarrhea: pathophysiology and management*. Baylor University Medical Center Proceedings, 33(2), 218-226. https://doi.org/10.1080/08998280.2020.1712926
3. Phillips, S. F., & Giller, J. (1973). *The contribution of the colon to electrolyte and water conservation in man*. The Journal of Laboratory and Clinical Medicine, 81(5), 733-746. https://doi.org/10.5555/uri:pii:0022214373902540
4. Li, L., Lau, K. S., Ramanathan, V., Orcutt, S. T., Sansgiry, S., Albo, D., Berger, D. H., & Anaya, D. A. (2017). *Ileostomy creation in colorectal cancer surgery: risk of acute kidney injury and chronic kidney disease*. Journal of Surgical Research, 210, 204-212. https://doi.org/10.1016/j.jss.2016.11.039
5. Seo, Y., Bailey, K., Aguayo, E., Juo, Y.-Y., Sanaiha, Y., Dobaria, V., Benharash, P., & Lin, A. (2018). *Readmissions after ileostomy creation using a nationwide database*. The American Surgeon, 84(10), 1661-1664. https://doi.org/10.1177/000313481808401025
6. Gonella, F., Valenti, A., Massucco, P., Russolillo, N., Mineccia, M., Fontana, A. P., Cucco, D., & Ferrero, A. (2019). *A novel patient-centered protocol to reduce hospital readmissions for dehydration after ileostomy*. Updates in Surgery, 71, 515-521. https://doi.org/10.1007/s13304-019-00643-2
7. Iqbal, A., Raza, A., Huang, E., Goldstein, L., Hughes, S. J., & Tan, S. A. (2017). *Cost Effectiveness of a Novel Attempt to Reduce Readmission after Ileostomy Creation*. JSLS : Journal of the Society of Laparoendoscopic Surgeons, 21(1). https://doi.org/10.4293/JSLS.2016.00082
8. Migdanis, A., Koukoulis, G., Mamaloudis, I., Baloyiannis, I., Migdanis, I., Kanaki, M., Malissiova, E., & Tzovaras, G. (2018). *Administration of an oral hydration solution prevents electrolyte and fluid disturbances and reduces readmissions in patients with a diverting lieostomy after colorectal surgery: a prospective, randomized, controlled trial*. Diseases of the colon and rectum, 61(7), 840-846. https://doi.org/10.1097/DCR.0000000000001082
9. Munshi, E., Bengtsson, E., Blomberg, K., Syk, I., & Buchwald, P. (2020). *Interventions to reduce dehydration related to defunctioning loop ileostomy after low anterior resection in rectal cancer: a prospective cohort study*. ANZ Journal of Surgery, 90, 1627-1631. https://doi.org/10.1111/ans.16258

10. Nagle, D., Pare, T., Keenan, E., Marcet, K., Tizio, S., & Poylin, V. (2012). *Ileostomy pathway virtually eliminates readmissions for dehydration in new ostomates*. Diseases of the colon and rectum, 55(12), 1266-1272. https://doi.org/10.1097/DCR.0b013e31827080c1

11. van Loon, Y.-T., Poylin, V. Y., Nagle, D., & Zimmerman, D. D. (2020). *Effectiveness of the ileostomy pathway in reducing readmissions for dehydration: does it stand the test of time?* Diseases of the Colon & Rectum, 63(8). https://doi.org/10.1097/DCR.0000000000001627

12. Iqbal, A., Sakharuk, I., Goldstein, L., Tan, S. A., Qiu, P., Li, Z., & Hughes, S. J. (2018). *Readmission After Elective Ileostomy in Colorectal Surgery Is Predictable*. Journal of the Society of Laparoendoscopic Surgeons, 22(3), 1-8. https://doi.org/10.4293/JSLS.2018.00008

13. Halverson, A. L., Sellers, M. M., Bilimoria, K. Y., Hawn, M. T., Williams, M. V., McLeod, R. S., & Ko, C. Y. (2014). *Identification of process measures to reduce postoperative readmission*. Journal of Gastrointestinal Surgery, 18(8), 1407-1415. http://dx.doi.org/10.1007/s11605-013-2429-5

14. Liu, C., Bhat, S., O'Grady, G., & Bissett, I. (2020). *Re-admissions after ileostomy formation: a retrospective analysis from a New Zealand tertiary centre*. ANZ Journal of Surgery, 90, 1621-1626. https://doi.org/10.1111/ans.16076

15. Hendren, S., Hammond, K., Glasgow, S. C., Perry, W. B., Buie, W. D., Steele, S. R., & Rafferty, J. (2015). *Clinical Practice Guidelines for Ostomy Surgery*. Diseases of the Colon & Rectum, 58(4), 375-387. https://doi.org/10.1097/DCR.0000000000000347

16. Carmichael, J. C., Keller, D. S., Baldini, G., Bordeianou, L., Weiss, E., Lee, L., Boutros, M., McClane, J., Steele, S. R., & Feldman, L. S. (2017). *Clinical practice guideline for enhanced recovery after colon and rectal surgery from the american society of colon and rectal surgeons (ASCRS) and society of american gastrointestinal and endoscopic surgeons (SAGES)*. Surgical Endoscopy, 31(9), 3412-3436. https://doi.org/10.1097/DCR.0000000000000883

17. Harris, M. S. (2019). *Does Preoperative Ostomy Education Decrease Anxiety in the New Ostomy Patient?* San Jose State University. DOI: https://doi.org/10.31979/etd.f9qt-4fd4

18. Barnwell, A. (2015). *Advanced nursing practice in colorectal and stoma care*. Gastrointestinal Nursing, 13(1), 42-48. https://www.magonlinelibrary.com/doi/abs/10.12968/gasn.2015.13.1.42

19. Foskett, K. (2012). *The role of the colorectal and stoma clinical nurse specialist*. Journal of Community Nursing, 26(6), 11-12. http://ezproxy.eit.ac.nz/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=108080720&site=ehost-live

20. Lataillade, L., & Chabal, L. (2020). *Therapeutic patient education; A multifaceted approach to healthcare*. World Council of Enterostomal Therapists Journal,, 40(2), 35-42. https://doi.org/10.33235/wcet.40.2.35-42

21. Wound Ostomy and Continence Nurses Society Guideline Development Task Force. (2018). *WOCN Society Clinical Guideline, Management of the Adult Patient With a Fecal or Urinary Ostomy—An Executive Summary*. Journal of Wound, Ostomy and Continence Nursing, 45(1), 50-58. https://doi.org/10.1097/WON.0000000000000396

22. Braet, A., Weltens, C., & Sermeus, W. (2016). *Effectiveness of discharge interventions from hospital to home on hospital readmissions: a systematic review*. JBI Database of Systematic Reviews and Implementation Reports, 14(2), 106-173. http://doi.org/10.11124/jbisrir-2016-2381

23. Giordano, V., Nicolotti, M., Corvese, F., Vellone, E., Alvaro, R., & Villa, G. (2020). *Describing self-care and its associated variables in ostomy patients*. Journal of Advanced Nursing(76), 2982-2992. https://doi.org/10.1111/jan.14499

Coloplast

Coloplast® Professional

As a Stomal Therapy Nurse how do you consider treatment, do you follow the status quo?

An Innovative approach to the treatment of Mucocutaneous Separation
An Expert Panel Discussion

Coloplast Professional is an educational and collaborative network to deepen clinical knowledge

On Wednesday 14th of September Coloplast hosted a Coloplast professional educational webinar. This event provided an opportunity to showcase the innovative thinking required to treat and manage Mucocutaneous separation.

What is Mucocutaneous Separation

Mucocutaneous Separation is a postoperative complication where a separation of sutured junction between the stoma and skin which can occur in patients with a colostomy, ileostomy, or urostomy. It may be identified in patients with compromised healing.

Meet the expert panel of Stomal Therapy Nurses

It was a pleasure to host an expert panel of stomal therapy nurses which included Ms Margaret Reid, a Stoma and Wound Nurse consultant from Northern Adelaide Local Health Network, Ms Eli Robjohns a Stoma Nurse from the Royal Adelaide Hospital, SA and Ms Monique Smith, a Stoma Nurse from The Queen Elizabeth Hospital, SA.

Margaret Reid presented the complex and fascinating case study, enlightening us to the traditional treatment approaches, the flaws of these traditional approaches, and then proceeded to deliver an elegant new approach to treatment which has been successful within her practice to advance and speed up healing of this condition.

The complex case presented by Ms Reid was a 61-year-old man

- Medical History: Hypertension, Chronic Obstructive Pulmonary Disease, Ischemic Heart Disease, Obesity, and current Smoker.
- Admitted to hospital with what was believed to be a malignant mass at the splenic flexure.
- Previous multiple laparotomies and end ileostomy.
- When admitted the patient had a Hartmann's Procedure and end colostomy.

To discover more about the exact treatment strategies used watch the webinar on demand in which Ms Reid and our expert panel discuss the innovative approach.

"How fascinating it was to discover this innovative way to treat Mucocutaneous Separation thinking beyond the traditional treatment techniques."

Scan the QR code to watch on demand.

Look out for more Coloplast Professional events

Stay connected with your peers and stomal therapy nurses through our Coloplast Professional Network. Our next event will occur soon in December 2022. Keep your eyes peeled in your emails for the invitation to register.

To learn more about our Coloplast Professional Events feel free to contact Dr Rachel Duckham - AURADU@coloplast.com

CeraPlus™ Ostomy Products — Protection Where it Matters Most

Peristomal skin deserves advanced protection. CeraPlus™ Products provide a secure and comfortable fit to protect against leakage and help keep healthy skin healthy.

Infused with ceramide, the body's own defense against damage and dryness, CeraPlus™ Products protect skin from Day 1.

For more information contact your Hollister representative or call Customer Service: 0800 678 669

Prior to use be sure to read the Instructions For Use for information regarding Intended Use, Contraindications, Warnings, Precautions, and Instructions.

*Contains the Remois Technology of Alcare Co., Ltd.

CE Remois

CeraPlus™
Ostomy Products

Hollister®

Ostomy Care
Healthy skin. Positive outcomes.

3M Science. Applied to Life.™

More comfort. Better outcomes.

What if you could offer more relief – and help restore dignity – to the ostomy patients in your care?

You know the challenges: Adhesive trauma, bodily fluids, and friction can quickly break down skin. And patients with a problem stoma and/or high output are especially vulnerable.

3M™ Cavilon™ No Sting Barrier Film is ideally suited for peristomal skin care. Its unique polymer formulation creates a breathable, waterproof coating, clinically proven to provide long-lasting protection against urine, stool, adhesive irritation and friction. Cavilon No Sting Barrier Film offers a simple, proven solution that can help improve your patients' quality of life.*

For more information, and to request sample packs for your patients, please visit our website: **3M.co.nz/ostomy**

3M New Zealand Limited
94 Apollo Drive
Rosedale, Auckland 0632
Phone 0800 80 81 82

*3M data on file

Paediatric Nurses walk in their patients' shoes!

OLIVIA MORAN, CLINICAL NURSE
WOUND AND STOMAL THERAPY, QUEENSLAND CHILDREN'S HOSPITAL
QUEENSLAND, AUSTRALIA

National Stomal Therapy Awareness Week 2022.

National Stomal Therapy Awareness Week (NSTAW) is a designated week in June to acknowledge those living with a stoma and to provide awareness and to support the health professionals who care for those patients. As part of this year's stomal therapy awareness week 20-26 June 2022, the stomal therapy team at the Queensland Children's Hospital (QCH) engaged ward staff to become stoma aware.

The Queensland Children's Hospital in South Brisbane is the major specialist paediatric hospital for Queensland and Northern New South Wales and is a centre for teaching and research. Within QCH the wound and stomal therapy department consists of 5 clinical nurses engaging in over 3500 patient encounters each year. QCH also provide stomal care and education for our newest and smallest patients at the Mater Mothers Neonatal Intensive Care Unit (ICU). The Mater Mothers hospital is located adjacent to the QCH and share the same paediatric surgical teams. The wound and stomal therapy team manage a variety of complex health needs including, but not limited to, bladder stomas and bladder management, surgically placed gastrostomies, MACE and CHAIT's, bowel stomas, pressure injuries and complex surgical wounds. The stomal therapy team are also responsible for collaborating with other health professionals within the hospital setting and working in partnership with other health facilities to coordinate the provision of care for patients as close to home as possible. For the purpose of stomal therapy week, the stomal therapy nurses (STN's) put a focus on bowel stomas.

The everyday challenges and stressors experienced by people living with a bowel stoma are well documented as being physical, psychological and social, but at the QCH these challenges and stressors can be different for paediatric patients, and these are primarily a factor for the parents and carers of the paediatric patient. Patients admitted for planned stoma formation have access to preoperative education which is greatly received by parents and carers. Families have the opportunity to ask questions, seek advice and receive information about stoma support services and to help prepare, understand and adjust to coping with life after a stoma. Most bowel stomas in paediatric patients are unplanned and are a result of a medical emergency. Unplanned stoma formations at the Mater Mothers NICU have a lot of emotional and psychological effects on new parents.

Preparing to become new parents doesn't usually include having to manage a stoma. QCH also manage several teenagers with bowel stomas which again have different factors which include educating on self-care, including how to manage odour, leaking, appearance of a stoma, friendships and perceptions of others towards them, body image disturbances, which may result in lower self-esteem, altered sexual relationships and limitations on social and physical activities. These are just a few stressors and challenges which patients with a stoma face daily.

During stomal therapy awareness week 2022, QCH STN'S decided to set an innovated challenge for ward staff to engage them in how to manage, and how it may feel to live with a bowel stoma for 48hrs. The main aim was to try and provide a small insight into how our paediatric patients and their families manage a stoma after they have been discharged from the ward, and how it effects their everyday lives physically, socially and psychologically.

The STN's approached staff from the surgical inpatient ward which manage and care for patients who have had a stoma formation at QCH. Staff were asked to wear a stoma bag for 48hrs and to continue with their daily lives. They were asked to attach a stoma bag to their abdomen and requested to wear it continuously for the 48hrs. They were asked to continue to work, go to the gym, play sports, socialise, shower, sleep and to discuss their challenge with their family, friends, partners and work colleges.

Four surgical staff members agreed to become involved in stomal awareness week. Each staff member was set a slightly different challenge to complete. The aim of this was to have a final discussion which each other and each one of them to try and understand different daily stressors which they may not have encountered within their own challenge. The variety of challenges set were bag changes to experience skin issues, cereal in the bag to act as a weighted output, choice of bags for a psychological approach, one piece and two-piece bags to discuss ease of changing and emptying bags.

Case 1 was asked to wear a two-piece stoma bag with a base plate. They were asked to fill their bag with cereal to mimic stool and they were asked to change their bag without removing the base plate.

Case 2 was asked to wear a one-piece, black stoma bag. They were asked to fill their bag with cereal and empty, but no changes required.

Case 3 was asked to wear a one-piece stoma bag with an eakin seal underneath, cereal inside the bag and a total of four bag changes within the 48hrs. They were also supplied with remove wipes and cavilon skin barrier wipes.

Case 4 was supplied with a variety of bags to choose from and to use cereal inside to make a stool consistency. They were not asked to empty or change their bag.

To evaluate this initiative, each staff member involved was asked to provide their feedback in the form of a questionnaire which included their initial thoughts and feelings about the challenge.

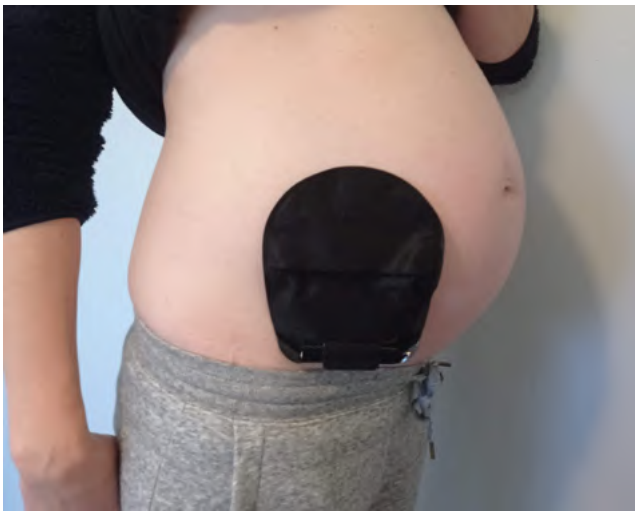
The STN's within QCH are very experienced and have extensive knowledge in caring for paediatric patients with a stoma but found it very interesting that recruiting staff for this challenge was more difficult than expected. The stoma week challenge was offered to over 40 staff members and only four staff members were willing to participate. Some nursing staff immediately declined and were not willing to engage and some nursing staff were reluctant to participate and said they would think about it, but eventually declined with reasons of "I am going to a friend's wedding this weekend", "I have a dinner with family tonight", "I have too many things scheduled this week, and the timing doesn't suit me".

From the four staff members who did participate, two staff members were quite excited to be involved with the challenge, and two members were happy to participate as a support for their patients and one in support of a friend who had recently had a stoma formation, but both a little anxious about it. **Case 1** wore her bag during a 12hr shift and stated she "barely even noticed I was wearing it" But also didn't empty her bag during working hours in case she spilt it but made her very mindful that if she had a real stoma with reel output then she may not have the choice to just leave her bag untouched for over 12hrs. **Case 1** did have concerns during the night and stated "it did bother me a bit and I was very conscious that I had a stoma bag on and I was defiantly worried that my bag would leak into the bed. Also, I am a tummy sleeper and I had to sleep on my side because I was so worried".

Case 2 stated she liked the feel and look of her bag but found it difficult to empty her bag by herself without messing her clothes. "Honestly, I'd probably be gloving up and putting a bunch of protection all over myself not to mess up my clothes". "It was tricky to bend down to be close to the toilet and can only imagine what it would be like in a public place". **Case 3** also wore her bag during a 12hr night shift and had the biggest challenge for the week with regular changes. "After only 24hrs my skin was red and sore and that was without any acid stool on my skin–I can't imagine what it would be like if there was some. Changing the bag was nerve wracking because I was worried just how sore my skin would be today". **Case 4** choose the grey Sensura Mio one piece bag as it 'looked the best'. There were no issues with her bag and no changes/emptying was completed. **Case 4** liked how her bag sat slimline and folded up under her clothes, but once cereal was put into the bag, she realised it didn't stay folded up and hung the full length down and made it more obvious.

Although each was given a slightly different challenge, there were some similar themed responses to their feedback. All 4 cases mentioned their anxiety around going out in public, choosing loose fitting clothing to hide the bag, concerns about how their family and friends would react. All stated their bags felt heavier than expected once cereal was inserted, so put extra stressors on them about leaking whilst out in public. All cases stated they showed their family members and partners their bags which opened a maze of discussions into stomas. There was lot of discussion around physical and psychological challenges there must be for people living with real stomas. Those with partners were surprised with the reactions and responses during their discussions. One staff member stated she was shocked and unexpected as her partner had stated 'If you had a real stoma when we first started dating, I don't think we would be dating very long". His main concern was having to sleep next to someone with "poo in a bag". This highlighted to the nurses the difficult and vulnerable position people would be in when starting new relationships.

On a positive note, all participants found the NSTAW very exciting, interesting and a unique challenge which they were all pleased to have taken part in. The experience has definitely changed the way they will support and care for their patients and families in the future.



The STN's involved with this stomal therapy awareness challenge have achieved their aim, by giving ward staff an insight into the daily challenges of the paediatric stoma patients which they care for on the ward. They have more empathy and more of an understanding of stoma challenges, which also resulted in staff expressing their wishes to try and have a greater understanding of why their patients require a stoma in the first place, and what is involved in the aftercare once discharged home from the ward. Those staff involved in the challenge have also engaged in discussions with their colleges who choose not to be involved, which has highlighted the daily challenges to most staff who care for stoma patients.

The biggest challenge for the STN was recruiting staff to become involved in the challenge, which has highlighted the potential need for earlier promotion and potentially more detail and information to staff prior to NSTAW. Aiming for a wider audience and possibly involving more wards and departments and not only those actively involved in caring for the post operative stoma patient may result in more active involvement and more awareness. The reactions observed when trying to recruit staff for the challenge highlights there is still an ongoing need to break down the stigma and negative attitudes towards stomas.

How do we prove that stomal therapist nurses add value to the New Zealand health care system?

HOLLY DORIZAC, DISTRICT NURSE
TE WHATU ORA COUNTIES MANUKAU

In 2020 the New Zealand Nurses Organisation put out a position statement about Adanced Nursing Practice to help nurses develop role legitimacy & support.

Advanced practice nursing is described as a highly developed range of clinical nursing skills and judgements acquired through a combination of nursing experience, research, and post graduate education incorporating professional leadership, education and research into practice[1]. The Nursing Council of New Zealand state the importance of 'gathering evidence that health outcomes will be improved' when developing expanded practice roles [2]. The NZNO college of stomal therapy working group developed the Stomal Therapy Knowledge and Skills Framework to support nurses working in the specialist area. They define the role of a "Stomal Therapist Nurse (STN) provides individualized care to the person with a stoma and their whanau/family across the care continuum, promoting self-care for long-term health gain. A STN draws on their knowledge, skills and experience to create a plan of care that optimizes a patient's quality of life and abdominal health. STN's respect the uniqueness, rights and choices of the person with a stoma and their whanau/family" [3].

The healthcare environment is ever changing; and chaos is inherent in the nursing profession [4]. The New Zealand health system is facing increasing pressure with historical underfunding of health infrastructure, as well as an ever changing, growing and aging populations [5]. In July NZNO president Anne Daniels commented on current nursing shortages stating, "Decades of poor planning, inadequate funding and outright neglect have led us to a time of absolute crisis in terms of pay, staffing resources and morale across the nursing sector" [6].

In a health system that has already been outstripped in its ability to deliver effective health care, opportunities for funding are limited. Historically the development and growth of nursing roles was used to address short term problems, but this has resulted in ad hoc planning, and a vast array of roles [8]. In 2020 the Health and Disability System Review was comprehensive and integrated, seeking to future proof the health and disability services.

One of the recommendations was that more active leadership is needed on all levels. Hankins et al. [9] discuss the importance of empowering staff and providing more opportunities for staff development and leadership, such as into advanced practice roles as this will help staff to stay engaged leading to better job satisfaction. This leads to higher staff retention, resulting in higher patient satisfaction, - efficient and productive patient contact, and optimised patient outcomes. This has a flow on effect of a general reduction in costs and better overall health outcomes. One way this could be addressed is by increasing the development of more STN roles, but how can we prove the STN role helps retain staff and provide good value for money?

Research has been completed internationally with interventions effectively implemented to increase the number of STN roles, create a more effective service, and improve patient outcomes.

In Iran, Khalilzadeh Ganjalikhani et al.[10] completed a randomized clinical trial with the aim to evaluate the effect of structured ostomy care training in the quality of life and anxiety of patients with a permanent ostomy. Prior to this study there were very few nurses trained in ostomy and usual care relied mostly on written material as education for ostomates from ward nurses. In the intervention group ostomates had a training session with a trained ostomy nurse. It was found that both quality of life was improved and anxiety levels decreased more in the intervention group. This allowed the authors to provide strong recommendations for more structured training by nurse specialists.

In Spain, Montesionos Galvez et al.[11] discuss the need for maximizing value in health care, shifting from the traditional view of focusing on the volume of health care provided to the value of health results obtained from each monetary unit. They completed an observational exploratory analytical prospective study with the aim to evaluate the efficiency of a model of organizational innovation based on advanced practice nurse in the care of people with ostomies in comparison to usual care. Prior to the new management model being developed, usual care consisted of patients being referred to health professionals on a as needs basis and did not have a primary point of care service to follow the patient from diagnoses to discharge planning and home care. In the new model an advance practice nurse in the care of people with ostomies would be there to follow patients' progress and provide support and planning of care for the entire patient journey.

The study followed patients up six months after initial diagnosis and confirmed that advanced practice nurses are efficient and prevent poor use of devices and accessories and reduce admissions to other specialized services such as ED, primary care or hospital specialists. The study summarized that although there is an increased cost associated with developing the advanced practice nurse in stoma roles, the overall cost to the healthcare system was significantly improved with optimised patient outcomes in comparison to usual care.

In South East Queensland, Australia, Schuler & Sinasac [12] recognized that there was limited access to expert STN. To address this, they developed an evidence-based model of care through a two phased project. In the first phase they investigated what the community needs were by collecting local data in the form of surveys from STN's based in the hospital, ostomates living in the community, and collated data from hospital emergency departments for acute stoma presentations. A literature review was completed to support the findings. The hospital-based STN reported that their time was often consumed with inpatients, so they had very little capacity for community patients. The patients in the community, however, reported that their most common support link had been the hospitals. They also noted they would prefer care by a STN rather than a generalist. The ED data showed that there had been many ostomy related presentations that did not require admission and could have been better supported in the community. The literature review demonstrated the benefits of a nurse run clinic and mentioned that ostomates do not always recognize peristomal skin complications themselves, so there is a need for regular follow ups and more education in the long term. From this review they were able to develop evidence.based model of care for community STN services.

Working as a district nurse based in South Auckland, I am very privileged to work alongside some very experienced and dedicated STN's. Becoming an STN is something I aspire to and am currently working towards. However, the availability of roles is limited. There are approximately 8000 ostomates in New Zealand who deserve expert care but are restricted by stomal therapy services that have heavily reduced capacities due to underfunding [3]. To improve on this, I would propose a starting point of highlighting the role of the STN via wider promotion of the stomal therapy knowledge and skill framework document. This would then be further supported by conducting New Zealand based qualitative research, surveying a variety of groups such as district nurses, STN's, clinical specialty nurses, and ostomates views on their experience of support and care and areas for improvement. This research would further support the development and expansion of the STN role in New Zealand that ultimately results in improved patient outcomes.

STNs are extremely valuable in today's healthcare system, providing support to ostomates to not only improve their independence and quality of life but also reduce complications and overall health costs. With the current nursing crisis, New Zealand is facing, the development of more STN roles will help to improve staff morale and improve patient outcomes however, more local research is needed to support this development.

REFERENCES

1. New Zealand Nurses Organisation. (2020). *Position Statement: Advanced Nursing Practice*. New Zealand Nurses Organisation. https://www.nzno.org.nz/LinkClick.aspx?fileticket=iQHfOskJEyw%3D&tabid=109&portalid=0&mid=4918
2. Nursing Council of New Zealand. (2011). *Guideline: Expanded practice for Registered Nurses*. Nursing Council of New Zealand. https://www.nursingcouncil.org.nz/NCNZ/nursing-section/Registered_nurse.aspx
3. NZNO College of Stomal Therapy Nursing (2021). *Stomal Therapy Knowledge and Skills Framework*. https://www.nzno.org.nz/LinkClick.aspx?fileticket=QfNY_-2Aqwl%3d&tabid=109&portalid=0&mid=4918
4. Scully, J. (2015). *Leadership in nursing: The importance of recognising inherent values and attributes to secure a positive future for the profession*. Collegian, 22(4), 439-444.
5. Ministry of Health. (2020). District Health Board Sector Asset Management Framework: Strategy 2020-2030. Ministry of Health. https://www.health.govt.nz/system/files/documents/publications/district-health-board-sector-asset-management-framework-strategy-2020-2030-nov20.pdf
6. New Zealand Nurses Organisation. (20/07/2022). 2700 Heartfelt pleas to Health Minister by members of NZNO. NZNO Nursing reports. https://www.nzno.org.nz/resources/nursing_reports/pid/4779/ev/1/categoryid/25/categoryname/nursing-shortages
7. Gardner, G., Duffield, C., Doubrovsky, A., & Adams, M. (2016). Identifying advanced practice: A national survey of a nursing workforce. International Journal of Nursing Studies, 55, 60–70. https://doi.org/10.1016/j.ijnurstu.2015.12.001
8. Health and Disability System Review. (2020). Health and Disability System Review- Final Report- Purongo Whakamutunga. HDSR. https://www.systemreview.health.govt.nz/assets/Uploads/hdsr/health-disability-system-review-final-report.pdf
9. Hankins, A., Palokas, M. & Christian, R. (2021). Advanced practice nurse professional advancement programs: a scoping review. JBI Evidence Synthesis, 19 (4), 842-866.
10. Khalilzadeh Ganjalikhani, M., Tirgari, B., Roudi Rashtabadi, O., & Shahesmaeili, A. (2019). Studying the effect of structured ostomy care training on quality of life and anxiety of patients with permanent ostomy. International Wound Journal, 16(6), 1383. https://doi.org/10.1111/iwj.13201
11. Montesinos Gálvez, A. C., Jódar Sánchez, F., Alcántara Moreno, C., Pérez Fernández, A. J., Benítez García, R., Coca López, M., Bienvenido Ramírez, M. P., Cabrera López, M., Vázquez Burrero, L., Jurado Berja, P., Sánchez García, R., Cebrián, J. M., Hervas García, M. L., López Fernández, R., Pérez Jiménez, C., Reyes Vico, M. A., Vargas Villegas, A. B., García-Agua Soler, N., & García Ruiz, A. J. (2020). Value-Based Healthcare in Ostomies. International Journal of Environmental Research and Public Health, 17(16). https://doi-org.cmdhb.idm.oclc.org/10.3390/ijerph17165879
12. 12. Schluter, J. E., & Sinasac, P. A. (2020). Community stomal therapy services: a needs analysis and development of an evidence based model of care. Journal of Stomal Therapy Australia, 40(1), 8–13. https://doi.org/10.33235/jsta.40.1.8-13

Skin health is so much more than just leakage and fit

Stoma Skin Soul


Amanda, Stoma Advocate


Darren, Colitits Champion


Rob, Colostomy Legend

NovaLife TRE barriers are available in 1 piece and 2 piece Flat • Soft Convex • Convex

Why is skin health important to you and your patients?

Patient: Peristomal skin conditions may affect up to two-thirds of certain ostomy populations.* It has been shown that “any visible disfigurement of the cutaneous surface can have a negative impact on body image”.

Clinician: Peristomal skin complications are estimated to account for 26% to 40% of all ostomy-related visits to a stoma specialist nurse.*

Dansac TRE™ Technology offers 3 levels of protection to help keep your patient’s skin healthy. To order a sample, call **0800 678 669** or visit **www.dansac.co.nz/tretechnology** to learn more.

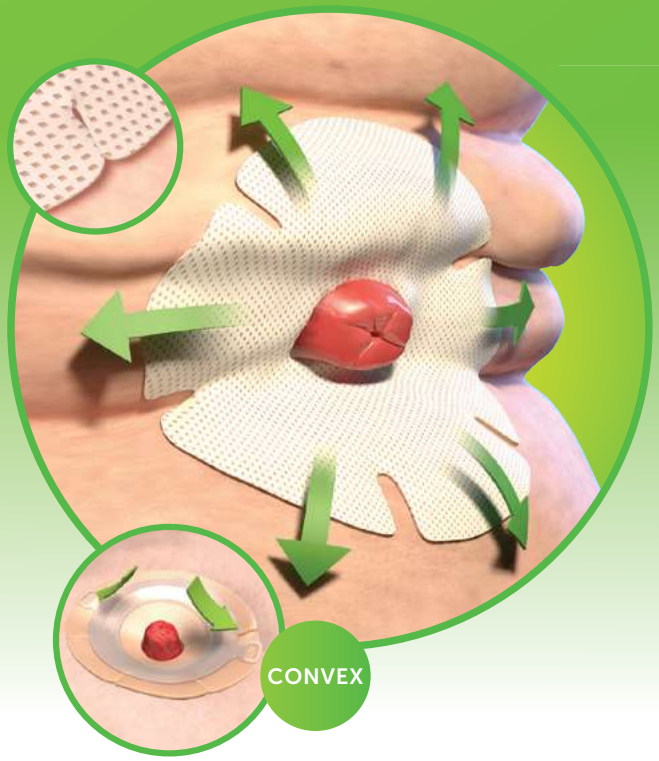
The Burden of Peristomal Skin Complications on an Ostomy Population as Assessed by Health Utility and the Physical Component. Thom R. Nichols, MS, MBA, Gary W. Inglese, RN, MBA

Prior to use, be sure to read the Instructions for Use for information regarding Intended Use, Contraindications, Warnings, Precautions, and Instructions.

CE

dansac

THE NATURAL CHOICE FOR PREVENTING PROBLEMS.



87% **87% of people living with a stoma who try Confidence® Natural decide to stay on it and never look back.****

- Skin-friendly hydrocolloid infused with Aloe extracts to help soothe and protect patient's skin
- Made with a unique blend of elastomers, the five- sided Flexifit® wafer technology provides flexibility for secure adhesion to help minimise leaks
- 30% stickier* than our original adhesive

CONFIDENCE® NATURAL

The natural choice for preventing problems

salts HEALTHCARE

AinsCorp

Toll Free 1300 784 737
(NZ 0800 100 146)
www.ainscorp.com.au

GIVE BACK TIME

eakin dot®

Because you can with eakin **dot®**
1-piece drainable pouches
- a **new** skin friendly range that
stays on securely for longer[1,2]

... so your patients can stay out for longer

Try the NEW
eakin dot® 1-piece pouches
with *skinsmart*™ hydrocolloid

Call **0800 440 027**
Email **info@omnigon.com.au**
Visit **www.omnigon.com.au**

OMNIGON

1. T.G. Eakin Product Evaluation, eakin dot® 1-piece soft convex drainable pouches, (n=29) 2020 (Data on file) **2.** T.G. Eakin Product Evaluation, eakin dot® 1-piece flat drainable pouches, (n=20) 2020 (Data on file)

Writing in The Outlet

PURPOSE

The Outlet is the journal representing the New Zealand Nurses Organisation College of Stomal Therapy Nursing (NZNOCSTN), and has a strong focus on the specialty nursing area of Stomal Therapy. Local input is encouraged and supported. The editors of The Outlet are appreciative of the opportunity to assist and mentor first time publishers or to receive articles from more experienced writers. The guidelines below are to assist you in producing a clear, easy to read, interesting article which is relevant.

The main goal of writing for the Outlet is to share research findings and clinical experiences that will add value and knowledge to clinical practice of others. The essence of writing for The Outlet is a story or research study, told well and presented in a logical, straight forward way.

Readers of The Outlet are both generalist nurses and specialist Stomal Therapists. Articles should be focused on what a nurse/patient does; how a nurse/patient behaves or feels; events that have led to the situation or on presenting your research methodology and findings. Linking findings to practice examples often increases comprehension and readability. Addressing questions related to the who, what, why, when, where, and/or how of a situation will help pull the article together.

GUIDELINES

Writing Style
Excessive use of complicated technical jargon, acronyms and abbreviations does not add to the readability of an article and should therefore be avoided if possible. Short sentences rather than long running ones are more readable and generally promote better understanding. The Outlet has a proofing service to assist with spelling, grammar etc.

Construction of the Article
It may help in planning your article if you bullet point the key concepts or points, format a logical paragraph order and then write the article from that plan.

Article Length
There are no word limits for publishing in The Outlet. First time writers may like to limit themselves to 2500-3000 words which is approximately three published pages.

Photographs, Illustrations, Diagrams, Cartoons
These are all welcome additions to any article.
Please email these with your article providing a number sequence to indicate the order in which you wish them to appear and a caption for each.

Copyright
The NZNOCSTN retains copyright for material published in The Outlet. Authors wanting to republish material elsewhere are free to do so provided prior permission is sought, the material is used in context and The Outlet is acknowledged as the first publisher. Manuscripts must not be submitted simultaneously to any other journals.

Referencing
The preferred referencing method for material is to be numbered in the body of the work and then to appear in the reference list as follows:

1) North, N.& Clendon, M. (2012) A multi-center study in Adaption to Life with a Stoma. Nursing Research 3:1, p4-10

Most submitted articles will have some editorial suggestions made to the author before publishing.

Example Article Format Title
As catchy and attention grabbing as possible. Be creative.

Author
A photo and a short 2-3 sentence biography are required to identify the author/s of the article.

Abstract
Usually a few sentences outlining the aim of the article, the method or style used (e.g. narrative, interview, report, grounded theory etc.) and the key message of the article.

Introduction
Attract the reader's attention with the opening sentence. Explain what you are going to tell them and how a literature review must be included.

Literature Review
If publishing a research paper.

Tell Your Story
Ask yourself all these questions when telling your story. Who was involved, history of situation, what happened, your assessment and findings, why you took the actions you did and the rationale for these? Your goals/plan. The outcome. Your reflection and conclusions. What did you learn? What would you do differently next time?

Remember there is valuable learning in sharing plans that didn't achieve the goal you hoped for.

Patient stories are a good place to start your publishing career and nurses tell great stories. As editors we encourage you to experience the satisfaction of seeing your work in print and we undertake to assist in every way that we can to make the publishing experience a good one.

NB: Written in conjunction with NZNO Kai Tiaki Publishing Guidelines

Policy for Bernadette Hart Award

PROCESS

- The Bernadette Hart Award (BHA) will be advertised in the NZNOCSTN Journal The Outlet
- The closing date for the BHA applications is 30 November each year
- The NZNOCSTN Executive Committee will consult and award the BHA within one month of the closing date
- All applicants will receive an email acknowledgement of their application
- All applicants will be notified of the outcome, in writing, within one month of the closing date
- The monetary amount of the award will be decided by the NZNOCSTN Executive Committee. The amount will be dependent on the number of successful applicants each year and the financial status of the BHA fund
- The name of the successful applicants(s) will be published in the NZNOCSTN Journal The Outlet
- The BHA Policy will be reviewed annually by the NZNOCSTN Executive Committee.

CRITERIA

- The applicant(s) must be a current member of the NZNOCSTN and have been a member for a minimum of one year
- Successful applicant(s) must indicate how they will use the award. The award must be used in relation to Stomal Therapy nursing practice
- The applicant(s) previous receipt of money (within the last five years) from the NZNOCSTN and/or the BHA will be taken into consideration by the NZNOCSTN Executive Committee when making their decision. This does not exclude a member from reapplying. Previous receipt of the BHA will be taken into account if there are multiple applicants in any one year
- The funds are to be used within 12 months following the receipt of the BHA.

FEEDBACK

- Submit an article to The Outlet within six months of receiving the BHA. The article will demonstrate the knowledge gained through use of the BHA

and/or

- Presentation at the next NZNOCSTN Conference. The presentation will encompass the knowledge/nursing practice gained through the use of the BHA.

Application for Bernadette Hart Award

CRITERIA FOR APPLICANTS

- Must be a current full or life member of the NZNO College of Stomal Therapy Nursing (NZNOCSTN) for a minimum of one year
- Present appropriate written information to support application
- Demonstrate the relevance of the proposed use of the monetary award in relation to stomal therapy practice
- Provide a receipt for which the funds were used
- Use award within twelve months of receipt
- Be committed to presenting a written report on the study/undertaken or conference attended or write an article for publication in The Outlet or to present at the next national conference

APPLICATIONS CLOSE 30 NOVEMBER (ANNUALLY)

SEND APPLICATION TO:

Email: emma.ludlow@middlemore.co.nz

BERNADETTE HART AWARD APPLICATION FORM

Name: _____

Address: _____

_____

Telephone Home: _____ Work: _____ Mob: _____

Email: _____

STOMAL THERAPY DETAILS

Practice hours Full Time: _____ Part Time: _____

Type of Membership ◯ FULL ◯ LIFE

PURPOSE FOR WHICH AWARD IS TO BE USED

(If for Conference or Course, where possible, please attach outlined programme, receipts for expenses if available)

• Outline the relevance of the proposed use of the award to Stomal Therapy

_____

_____

EXPECTED COSTS TO BE INCURRED

Fees: (Course/Conference registration)
$ _____

Transport: $ _____

Accommodation: $ _____

Other: $ _____

Funding granted/Sourced from other Organisations

Organisation:

_____ $ _____

_____ $ _____

_____ $ _____

PREVIOUS COMMITMENT/MEMBERSHIP TO NZNOSTS

_____

_____

Have you been a previous recipient of the Bernadette Hart award within the last 5 years? ◯ No
◯ Yes (date) _____

Please Indicate ONE of the below: (please note this does not prevent the successful applicant from contributing in both formats).

◯ Yes I will be submitting an article for publication in 'The Outlet' (The New Zealand Stomal Therapy Journal).

◯ Yes I will be presenting at the next National Conference of NZNOCSTN.

Signed: _____
Date: _____

The Outlet

NEW ZEALAND STOMAL
THERAPY NURSES

NGĀ MIHI NUI