

# Advancing Stoma Care Services: evidence-based proposals for a best practice pathway

In the UK, an estimated **160,000–205,000** people live with a stoma and **21,000** people are thought to require stoma formation surgery each year.<sup>1,2</sup> Various NHS Foundation Trusts have developed their own stoma care management pathways covering the pre-operative period, hospital care, returning home and life with a stoma.<sup>3,4</sup> However, they may not reflect recent evidence-based findings, and there is still no national, standardised, comprehensive stoma care pathway that all Integrated Care Boards can use.

## A fully integrated stoma care pathway would:

- be based on, and consistently followed according to, a set of evidence-based guidelines or standards that ensure patients receive consistent, high-quality care regardless of where they receive treatment
- include a structured approach to treatment, management and follow-up provided by a multidisciplinary team

A cohesive and holistic approach to stoma care is needed that also incorporates the prevention and health inequalities agenda promoted by the NHS Long Term Plan.<sup>5</sup> Preventive public health helps reduce the burden of healthcare in the longer term and ensures patients can access the right care in the right place at the right time.



## The unmet need

**A national, standardised, evidence-based, comprehensive stoma care pathway**



## What we did

We undertook a rapid appraisal of the evidence using a selection of identified literature, directed by keyword search, and a set of grey literature accrued over the past decade, to identify the evidence to enable the essential components of a stoma care pathway to be explicated. Our review aimed to reveal unmet needs of individuals with a stoma during their pre and post-operative journey, and to outline some criteria and considerations for an optimal standard stoma care pathway



## What we found

There is significant variation in hospital and home stoma care services across the country.

The key unmet needs of people living with a stoma, and their care teams are diverse, and are influenced by the regional and local pressures that impact funding and subsequent service decisions. There is a clear need for continuous care interventions that integrate patient-centeredness, evidence-based practice, multidisciplinary teamwork and a drive towards continuous quality improvement<sup>6</sup>

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*Whilst Coloplast are the catalyst for getting this project off the ground, this is not a 'Coloplast owned' project – Coloplast plan to continue its involvement but to let others take the lead.*



Association of Stoma Care Nurses UK



Ileostomy & Internal Pouch Association



# Key recommendations and considerations



## Specialist stoma care nurses (SCNs)

- SCNs should be the central figure in a care pathway for patients. SCNs provide holistic care that caters for individual patient needs, with quantitative cost-effective and cost-efficient benefits<sup>7</sup>
- There is a need for more high quality, specialised training in stoma care for the continuing professional development of SCNs,<sup>8</sup> whose expertise arises from a combination of formal education and experiential learning<sup>7</sup>



## Patients

- People living with a stoma should receive accessible information at all stages of their care, and access to essential education through SCNs. Web-based resources, patient organisations and peer support groups should be improved<sup>6,17-19</sup>
- Patients need urgent access to SCNs when necessary. Prompt intervention can prevent or minimise stoma complications, avoiding the need for more expensive treatment and thereby reducing the healthcare burden<sup>6,20-22</sup>
- Patient activation and patient self-care facilitates improvements, helps adjustment to the new condition, increases feelings of empowerment, and reduces negative outcomes. There should be a balance between promoting independence, ensuring regular follow-up, and providing flexible and patient-centred access to care<sup>6,23</sup>



## Flexibility of care provision

- After discharge, patients should have regular reviews and monitoring to ensure they receive care appropriate to their needs and preferences<sup>6,9</sup>
- A variety of modalities for follow-up should be offered, including patient and SCN-led options, to ensure equitable access and continuity of care<sup>10</sup>
- Multi-modal education that accommodates cultural and demographic factors can facilitate patient empowerment, with positive prognostic outcomes and reduced healthcare burden<sup>11</sup>
- Patient-informed product choice helps mitigate physical and psychological impacts of living with a stoma<sup>6,12</sup>
- Stoma management must be dynamic: stoma care needs change during a patient's lifespan<sup>8</sup>
- Telemedicine, virtual clinics, email, web and text-based services should be considered where appropriate<sup>6,13-16</sup>



## Additional priority actions

1. Strategic decisions about service delivery must increasingly be made at local and regional levels for improved outcomes<sup>6</sup>
2. Product decisions should ensure that the type and quantity of product supplied is in line with patients' needs<sup>6</sup>
3. Commissioners and managers should ensure appropriate resourcing to meet staffing requirements for the stoma team, with regular meetings of the leadership<sup>24,25</sup>
4. A registry for stoma patients should be created and should allow self-reporting: registries have the potential to improve or redesign stoma care, enhance patient inclusivity and engagement, and facilitate clinical practice and research, healthcare utilisation and product innovation<sup>26-29</sup>

Please scan the QR Codes below for the full document and two page project summary



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Project summary

## References

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