



Admission and Retention of People Living with an Ostomy in Assisted Living Residences Frequently Asked Questions

This document is intended to answer some frequently asked questions that owners or staff of assisted living facilities may have concerning people with an ostomy who wish to reside in an assisted living facility (ALF). Daily ostomy management is a simple process of toileting, an activity of daily living. People living with an ostomy should be welcomed and treated as any person seeking potential residence.

BACKGROUND

What is an ostomy and why is it needed?

People living with an ostomy have undergone life-saving surgery to remove their bladder or part of their bowel, which impairs their ability to store and eliminate bodily waste. They have a surgically-created opening (stoma) in their abdomen for the discharge of waste and a prosthetic 'pouching system' is continuously worn over the stoma to replace the lost functions of storage and elimination. Simply put, it is just an alternative way of toileting. There are a variety of reasons why an individual may need an ostomy including living with colorectal cancer, bladder cancer, Crohn's disease, ulcerative colitis, birth defects, and other intestinal or urinary medical conditions. They are also necessary in cases of severe abdominal or pelvic trauma as a result of an accident including those sustained during military service. An ostomy can be temporary or permanent. There are between 725,000 - one million people in the United States living with an ostomy or continent diversion¹.

There are three types of ostomies: a colostomy has intestinal waste exiting through the colon (large bowel), an ileostomy has intestinal waste exiting through the ileum (small bowel), a urostomy (or ileal conduit) has urine exiting through a section of small bowel.

Ostomy Myths

There are many myths which persist about people who live with ostomies. Some people believe that anyone living with an ostomy will have an odor. The historic basis for that myth came from the primitive devices that were originally used to pouch ostomies, which were made of rubber and did absorb odors. Today ostomy pouches are odor resistant, equipped with charcoal filters and when properly fitted there is no odor. Another myth is that ostomy pouches frequently leak. Accidents happen, they happen to all people whether they are living with an ostomy or not. Ostomies sometimes leak, but leaks are not the norm. There are solutions to this problem just as there are for people without ostomies who may experience incontinence.

Daily Management

Just as people without ostomies need to empty their bowels or bladder on a regular basis, ostomates need to empty their pouches. The pouches are emptied into toilets. Ostomates with mobility impairments may need assistance to the bathroom. Ostomates who have trouble adjusting clothing for toileting may need assistance with their clothing. Ostomates who have memory problems may need to be reminded to empty their pouches on a regular basis and observe toileting hygiene just as another person without an ostomy may need toileting reminders.

Routine Care

Misunderstandings exist regarding the changing of the ostomy appliance. One misunderstanding is that the stoma is a wound and requires a sterile procedure for care. However, a stoma is not sterile as it represents the inversion of the intestine, or the inside layer of the intestine. It is red/pink in color but is NOT a wound. The ostomy “appliance” or pouching system requires a complete change once or twice a week. This is not a complex medical procedure. The process of changing a pouch is individualized and usually multistep; however, once a routine has been established the act of changing a pouch is not defined as a skilled care activity. The act of instructing a new ostomate or caregiver on how to change the pouching system is a skilled activity. Assessing the skin around an ostomy or assessing for pouching problems is a skilled activity but not the process of changing the ostomy appliance itself.^{2,3}

FAQ's

Does emptying and/or changing an ostomy pouch require continuous nursing care or skilled care?

NO. The Centers for Medicare and Medicaid Services (CMS) definition of “continuous nursing care” is around the clock care only during periods of crisis at home *to achieve palliation or management of acute medical symptoms*.⁴ In addition, CMS’s definition of “skilled care” is a type of health care given when skilled nursing or rehabilitation staff is needed to manage, observe, and evaluate care^{5,6}. *Any service that could be safely done by a non-medical person (or by self) without the supervision of a nurse isn't considered skilled care.*^{5,6}

Explanation of Personal Care Services: In addition to not meeting the standard of care for skilled nursing services, CMS considers ostomy maintenance a ‘personal care service.’ According to 42 CFR 409.33 CMS regulations define “personal care services as those which do not require the skills of qualified technical or professional personnel and are not skilled services except under the circumstances specified in § 409.32(b). The regulation specifies that personal care services include, but are not limited to “**general maintenance care of colostomy and ileostomy**”⁷.

Ostomy pouches may require emptying numerous times during a 24-hour period but they do not require skilled care or continuous management of acute medical symptoms, or observation and evaluation around the clock.

Is changing an ostomy pouching appliance system an “invasive procedure”?

NO. CMS defines an invasive procedure “as operative procedures in which skin or mucous membranes and connective tissue are incised or an instrument is introduced through a natural body orifice⁸.” Changing a pouching system is not an operative/invasive procedure.

How do you categorize daily management of an ostomy?

Daily management of an ostomy is custodial care included in the activities of daily living under assistance with toileting. Medicare’s definition of “custodial care” is “non-skilled personal care like help with activities of daily living (like bathing, dressing, using the bathroom, and eating) or personal needs that could be done safely and *reasonably without professional skills or training.*”⁹ Assisted living facilities which offer assistance with activities of daily living should note that assisting an ostomate with ostomy care is comparable with assisting a non-ostomate with toileting activities.

When does ostomy care require skilled care?

There are aspects of ostomy care that require skilled care: for the initial education and evaluation for type of pouch postoperative, when a peristomal skin problem exists, when the pouching system requires reevaluation due to wear time issues or skin integrity problems, when a person has a knowledge deficit regarding management of diet or hydration. All of these needs can be addressed with skilled intermittent care, which can be provided by home health care or by outpatient care.

When should someone with an ostomy seek medical assistance?

An ostomate should call the doctor or a certified ostomy care nurse when they experience anything out the ordinary or have:

- severe cramps lasting more than two or three hours
- a deep cut in the stoma
- excessive bleeding from the stoma opening (or a moderate amount in the pouch at several times of being emptied)
- continuous bleeding at the junction between the stoma and skin
- severe skin irritation or deep ulcers
- unusual change in stoma size and appearance
- severe watery discharge lasting more than five or six hours from ileostomy or colostomy
- continuous nausea and vomiting; or
- the ostomy (ileostomy or urostomy) does not have any output for four to six hours and is accompanied by cramping and nausea; this may be due to an obstruction which can be quite serious and often times requires admission to an emergency room

Are there resources for ALFs to help them better understand what ostomy care requires?

United Ostomy Associations of America (ostomy.org)

Wound, Ostomy, and Continence Nurses Society (wocn.org)

What's the final word?

Ostomates should be welcomed and treated as any potential ALF resident. They don't need to be separated from their partners or spouses. They can remain in their communities, and not be forced to live at a higher level of care than is necessary because of lack of knowledge of their needs.

References:

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3. American Collage of Surgeons(2013) Ostomy Home Skills Kit. Chicago IL.: Author
4. https://www.cgsmedicare.com/hhh/coverage/coverage_guidelines/continuous_home_care.html#. Accessed April 3, 2020.
5. <https://www.medicare.gov/homehealthcompare/Resources/Glossary.html>. Accessed April 2, 2020
6. <https://www.medicare.gov/coverage/skilled-nursing-facility-snf-care>. Accessed April 22, 2020
7. "42 CFR § 409.33 - Examples of Skilled Nursing and Rehabilitation Services." *Legal Information Institute*, Legal Information Institute, www.law.cornell.edu/cfr/text/42/409.33. Accessed May 4, 2020
8. CMS Manual Systems Pub 100-03 Medicare National Coverage Determinations. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R101NCD.pdf>. Published June 12, 2009. Accessed April 2, 2020.
9. <https://www.medicare.gov/coverage/nursing-home-care#>. Accessed April 2, 2020.

See for additional information: <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/infograph-CustodialCarevsSkilledCare-%5BMarch-2016%5D.pdf>