

United Ostomy Associations of America (UOAA) Supports Outpatient Ostomy Clinics

Background

UOAA is a national 501(c)(3) non-profit organization that supports, empowers, and advocates for the 725,000 to 1,000,000 people living with an ostomy or continent diversion in the United States as well as the approximate 100,000 new patients facing ostomy surgery annually¹. People living with an ostomy have undergone surgery to remove their bladder or part of their bowel due to a disease process or trauma. Ostomy surgery changes their ability to store and eliminate bodily waste. People with ostomies have a surgically created opening (stoma) on their abdomen for the elimination of waste and a 'pouching prosthetic² system' is continuously worn over the stoma to collect the waste, sometimes for the rest of their life.

People living with ostomies adapt to the physical and psychosocial challenges of living with the loss of normal function of the gastrointestinal and/or urinary system. However, to live life fully, to work, to play, to contribute to their communities they require a properly fitted pouching system and access to long term ostomy care. This patient population requires a health care professional's ongoing assessment and recommendations for selection and fitting of ostomy systems, education in device use, and assessment of patient adaptation. Reassessment is necessary to respond to new medical needs and the changes of aging.

As the voice and leading organization advocating for people living with an ostomy, UOAA is witness to the stories and experiences communicated by ostomates and understands the vital importance of access to quality ostomy care.

Challenges

- Hospital stays are shorter, and patients are overwhelmed by the amount of information they need to learn after experiencing major surgery. Patients need access to follow-up teaching and care.
- Post-acute care facilities and homecare services are often not prepared to provide specialized ostomy education.
- Patients may experience ostomy surgery at regional medical centers which employ nurses, who are educated to provide ostomy education, only to return home to communities with no access to nurses with specialized ostomy education.
- There is a staggering gap in access to care between the patients who need a certified ostomy nurse and the number of available certified ostomy nurses. According to the National Council of State Boards of Nursing (NCSBN) in 2022 there are 4.3 million registered nurses in the United States of which 65.2% (2.8m) have a Bachelor of Science in nursing. There are 6086 nurses certified in ostomy care through the Wound Ostomy and Continence Nurses Certification Board. *Less than 1% of nurses are ostomy nurses.*
- There is no clear path to establishing outpatient ostomy services. Each hospital facility has their own criteria and structure for billing, coding, and definition of what can and cannot be considered outpatient services/clinic. Providers for the service must fall within the billing guidelines, such as being able to directly bill or incidence to billing. There are also specific criteria as to where services can be located within the hospital system.

Ostomy education and care is a continuous process, not a one-time task. Reassessment of pouching systems may be necessary with weight gain or loss, with pregnancy, with changes common to aging, or changes from disability.

Impact on Patients

Many patient care needs can be met in an ostomy clinic in the outpatient setting. These include:

- Preoperative stoma site marking, counseling and education, which are standards of care that have resulted in significantly better quality of life, decreased emotional stress, and lower postoperative complications compared to those who did not receive preoperative stoma site marking³
- As the stoma matures, particularly in the weeks following surgery, it will change in size, and it is necessary to reassess the pouching needs and indications for new types of supplies
- Ensuring that patients have a properly fit pouching system to avoid leakages and effluent on the skin, thus improving patient outcomes and quality of life
- Assessment and treatment of peristomal skin and stoma complications that can result in hospital readmissions and emergency room visits
- Counseling and education on diet and nutrition especially to prevent and assess dehydration. Patients with ileostomies are twice as frequently readmitted to the hospital within 30 days after discharge compared to those with no stoma or colostomy after surgery⁴
- Assessment of adaptation to the stoma and assist with psycho/social/emotional needs and refer to community resources
- Review if supplier is meeting the patient's needs, timely delivery of products and the correct products

Without access to care ostomy patients experience decreased quality of life, increased peristomal skin and stoma complications and poor adaptation to the ostomy.

From the patient perspective:

"It is one thing to recognize a problem, but quite another to be empowered to find a solution. The Ostomy and Continent Diversion Patient Bill of Rights empowered me to fight harder for the creation of an Outpatient Ostomy Center to support ostomates after leaving the hospital. We knew there would be an adjustment necessary, and our fear was lessened by the establishment of this center devoted to our care." – Elynn M.

Why Facilities Should Open an Outpatient Ostomy Clinic and Add Value to their Services

- Improved patient quality of life
- Improved patient satisfaction
- Improved patient outcomes
- Decreased incidence of stoma and peristomal skin complications leading to decreased hospital readmission rates and emergency department visits and decreased costs on healthcare system
- Decreased frequency of pouch changes and out of pocket costs for ostomy supplies
- Fulfills the Ostomy and Continent Diversion Patient Bill of Rights
- Helps those facilities who need to meet Magnet status

CALL TO ACTION

Health care facilities must deliver high quality ostomy patient-centered care as well as improve patient outcomes and ensure patient satisfaction. Delivery of care should include access to outpatient ostomy clinics and certified WOC nurse/ostomy specialists.

UOAA's mission is to promote quality of life for people with ostomies and continent diversions through information, support, advocacy, and collaboration. UOAA is of the opinion that access to an outpatient ostomy clinic improves quality of life and ensures an ostomate can achieve goals of care for prosthetic function to maintain health and wellness physically, emotionally, and financially.

United Ostomy Associations of America, Inc. (UOAA) supports increasing outpatient services and ostomy clinics to fill the gap in care available to people living with ostomies.

¹Ostomy 101 - Provided by United Ostomy Associations of America. (2017). Retrieved June 1, 2022, from https://www.ostomy.org/wp-content/uploads/2019/03/ostomy_infographic_20170812.pdf

²Title XVIII, §1861 (s)(8) of the Social Security Act defines prosthetics as those, which replace all or part of an internal body organ, including colostomy bags and supplies directly related to colostomy care, and replacement of such devices.

³Burgess-Stocks, Joanna; Gleba, Jeanine; Lawrence, Kathleen; Mueller, Susan Ostomy and Continent Diversion Patient Bill of Rights, *Journal of Wound, Ostomy and Continence Nursing*: May/June 2022 - Volume 49 - Issue 3 - p 251-260
doi: 10.1097/WON.0000000000000876

⁴Berti-Hearn L, Elliott B. Ileostomy Care: A Guide for Home Care Clinicians. *Home Healthc Now*. 2019;37(3):136-144.
doi:10.1097/NHH.0000000000000776