

QSC

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Quality and Safety Conference
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#ACSQSC24

Cancer Abstract Session 2
July 20, 2024

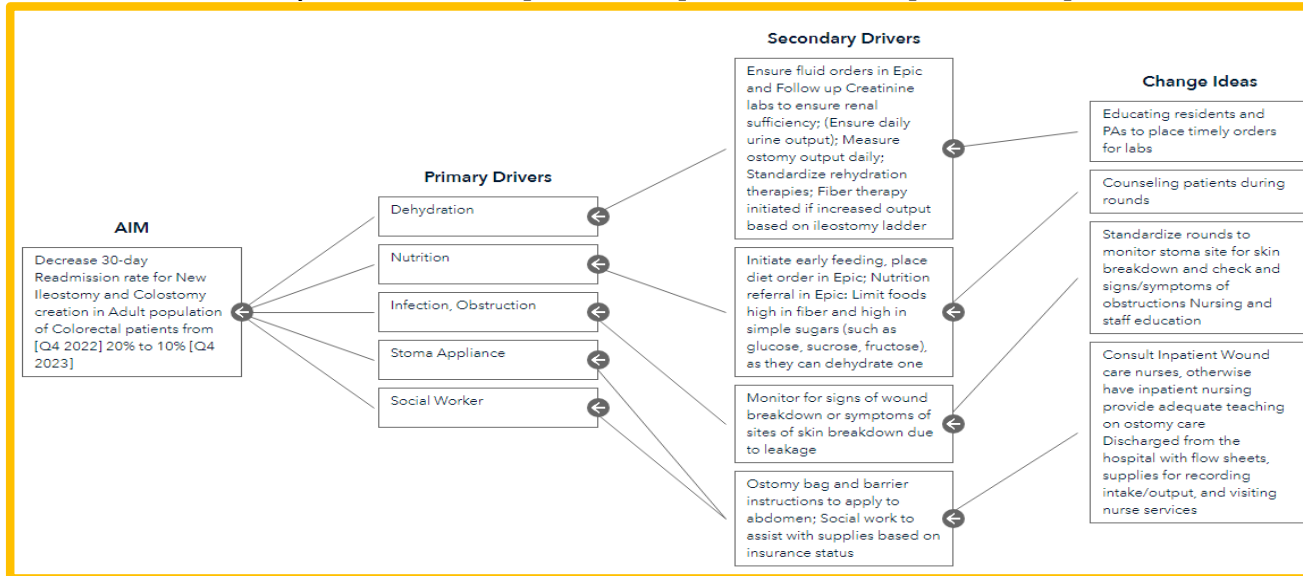
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Disclosures

- I do not have any potential conflicts of interest to disclose.



Aim Statement: Decrease 30-day Readmission rate for New Ileostomy and Colostomy creation in Adult population of Colorectal patients from [Q4 2022] 20% to 10% [Q4 2023]



Picture Source: www.nounproject.com

Overview

Ostomy creation for patients can occur in an elective surgery for benign disease, colorectal cancer or in an emergency setting



This surgical procedure is created for fecal diversion, can be temporary or permanent

New ostomy creations can afflict physical and psychological adaptations for patients

Education has shown to decrease stoma complications and increase quality of life

★ Goal was to create an effective ostomy pathway to reduce readmission rate, lessen financial strain, facilitate patient education and well-being

Picture Source: www.ostomy.org

Overview: Ostomy Pathway



POD #0

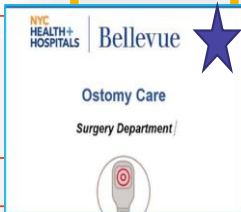
- Diet: Lactose free low residue diet
- Stat labs (BMP to follow Creatinine)
- Order Daily labs
- Continue IVF
- Use **Smartphrase for Checklist as part of progress note every day (.OstomyPathwayChecklist)**

POD #1

- Change Maintenance fluids in morning
- DC IV fluids in evening rounds if patient is tolerating diet
- Initiate ostomy teaching with nursing
- Social work to assist with ostomy VNS if patient has insurance or free Hollister kit paperwork initiated
- Document the above

POD #2

- Continue ostomy teaching to include demonstration on how to empty and change ostomy bag and barrier (utilize use of stoma powder)
- Return demonstration should be done by patient or family member if present
- Evaluation of patient's stoma, peristomal skin, ability to achieve a seal, ability to keep skin without breakdown
- Lifestyle adjustment discussion
- Nutrition referral to educate on Limit foods high in fiber and high in simple sugars (such as glucose, sucrose, fructose), as they can dehydrate one
- Document the above



POD #3

- Reinforcement of recommended ostomy care education and support
- If difficulties with ostomy, consult inpatient wound care nurse to assist with ostomy teaching at extension:
- Provide teaching on hydration monitoring and expected volume of ostomy, oral fluid intake and urine volume (use **smartphrase (.Ileostomyandcolostomyavoiddehydrationtips)**)
- Discuss signs/symptoms of obstruction which include abdominal pain, cramping, distension, high watery output or no output, and/or vomiting
- If increased ostomy output (place on ileostomy ladder)

POD #4

- Discuss steps to avoid dehydration, use **smartphrase to document (.Ileostomyandcolostomyavoiddehydrationtips)**
- Supplies for recording intake/output, and visiting nurse services (if insurance) vs. charity visits
- If insurance, list of ostomy vendors provided
- Provide Discharge medications if high ostomy output based on ileostomy ladder

POD #5

- Continue to reinforce above teaching if patient still admitted
- Discharge call (PA) within 1-2 days to ensure adequate ostomy output
- Discharge clinic appointment in 2 weeks in-person
- Place outpatient social work referral to assist ongoing ostomy assistance after discharge
- Place Nutrition referral to assist with ongoing nutrition goals

Picture Source: www.Hollister.com

Methods

NSQIP Data:

Readmission rate reported by NSQIP [2022] identified us as outliers, 11% for readmission rate for colorectal resections

Deep dive review of new ileostomy and colostomy creations was done to better understand reasons for readmission

Analysis revealed readmission rate as high as 20% [Q4 2022]

PDSA Method:

Pathway was reviewed with Surgical team members helping with execution of orders in EMR on a daily basis



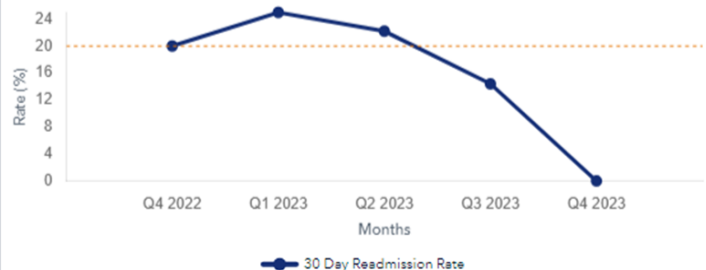
Picture Source: www.ostomy.org

Data Analysis

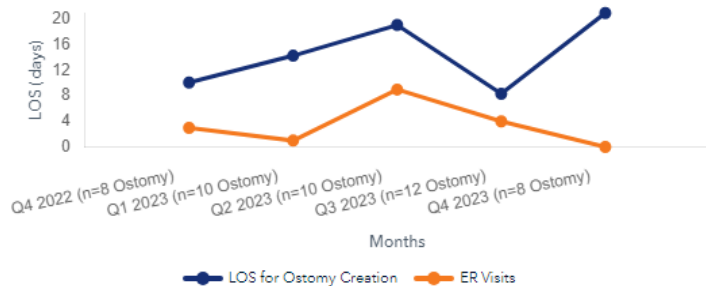
Process Measure: Compliance of Ostomy Pathway Post-operatively [%]



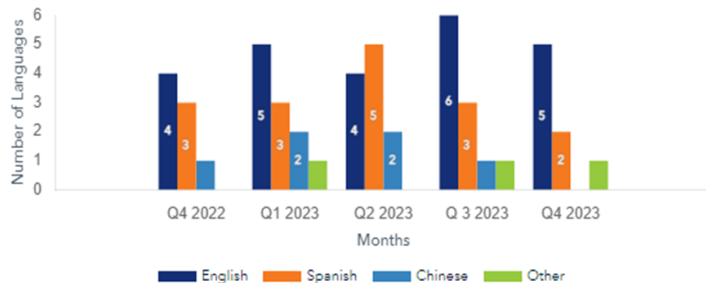
Outcome Measure: 30 day Readmission Rate



Balancing Measure: Length of stay for Ostomy Creation



Equity Lens: Languages



Results

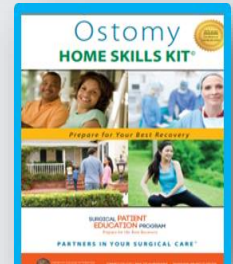
- Decrease in 30-day readmission rates from 25% [Q1 2023] to 0 readmissions [Q4 2023] of adult male and female population of patients with new ostomy creation
- Length of stay increased from 10 days [Q4 2022] to 21 days [Q4 2023] due to various medical factors
- Compliance with ostomy pathway increased
- Decreased ER visits



Picture Source: www.nounproject.com

Highlights

- Increase Patient satisfaction
- Reduce Readmission rates
- Reduce Post-operative complications
- Ensure delivery of evidence-based practices
- Allowed Surgical team to be engaged in the clinical integration of quality patient measures
- Benchmark for Standardization
- Effective care in a diverse and vulnerable patient population
- Allowed to advocate for an Ostomy Nurse
- QI project led to apply and be awarded an nccPA grant for Ostomy Supplies to assist the underserved population of patients
- Additional hospital-based grant assisted with obtaining ACS Ostomy home skill education kits



1-Picture Source: nccPA Health Foundation
2-<https://www.facs.org/for-patients/recovering-from-surgery/home-skills-for-patients/ostomy/>

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Thank you!

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