INTRODUCTION

• Over 100,000 patients undergo creation of an intestinal stoma (i.e. colostomy, ileostomy, urostomy) each year in the US which conveys tremendous implications to patient well-being.

• New ostomates are frequent users of the healthcare system. New ileostomy and colostomy patients experience some of the highest 30-day readmission rates among all major surgeries in the US.

• Stoma education programs improve well-being and decrease healthcare resource utilization for new ostomates but the relationship between patient factors, educational effectiveness and patient outcomes is poorly characterized.

• Goals of this study were:
  • To characterize stoma-related, skill-based, educational practices and preparedness for homegoing ostomates transitioning from inpatient care (all patients)
  • To identify early patient-reported outcomes and resource utilization needs for outpatient with new stomas (all patients)
  • To determine associations between patient/educational factors (e.g. kit use, among others) with patient-reported outcomes and resource utilization for homegoing ostomates

METHODS

• Retrospective analysis of assessments from 1178 ostomates in conjunction with the American College of Surgeons Ostomy Home Skills Kit program (ACS OHSK).

• Composite Confidence Score (CSS) and Composite Problem Score (CPS) created to characterize each patient’s confidence with stoma care skills and early post-operative stoma-related problems.

• Associations between patient factors, CSS, CPS, and healthcare resource utilization were determined in the early postoperative period using univariate and multivariate logistic regression modeling.

RESULTS

• In the two weeks after surgery, 77% of patients needed a home care nurse visit, 18% needed to visit the ER, and 61% needed to visit their surgeon. The mean care satisfaction rating was 2.49 (Range 0-5)

• Over half of respondents reported as having a permanent stoma, however nearly 15% of overall respondents were uncertain of their stoma’s intended permanency

• Among the skills evaluated, patients were most confident emptying their pouch (61% were confident or very confident), and least confident troubleshooting a leaking pouch (26%). Among the problems evaluated, patients most frequently reported frequently feeling uncomfortable leaving home (32%)

• On multivariate analysis, patients with low problem scores had higher confidence scores, fewer home care nursing visits, fewer ostomy nurse visits, and higher overall care satisfaction (p < 0.05 for all)

• On multivariate analysis, patients requiring physician rescue had more home care nursing visits and more need for an ostomy nurse visit (p < 0.05 for both)

• Patients who reported high overall satisfaction with care received more hours of inpatient ostomy education (median 2 vs 1 hour) more inpatient ostomy nurse meetings (median 2 vs 1), had higher OHSK (12.0 vs 7.6), lower CPS (14.5 vs 23.9), and were more likely to have used the ACS OHSK (92.8 vs 70.8%). (p < 0.001 for all)

• Patients who used the ACS OHSK had higher OHSK (11.9 vs 9.4, p < 0.001), lower CPS (15.1 vs 18.3, p < 0.001), and higher satisfaction scores (2.5 vs 1.8 (range 0-3) p < 0.001)

CONCLUSION

• Ostomy related problems are common, and healthcare utilization is high among this population

• Perioperative stoma education should focus on establishing confidence and technical proficiency through “hands-on” skills-based training, rather than verbal or text-based didactic resources to achieve optimal outcomes

• Women and older patients may require tailored stoma education strategies to overcome disparities in stoma care confidence

American College of Surgeons Home Ostomy Kit

Patient Assessment Form

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