Inter-disciplinary Collaboration between Wound & Stoma Team and Occupational Therapy Department to Enhance Patient Outcome

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Introduction

Patients suffering from colorectal cancer were in increasing trend. The number of new cases had reached 4,450 in 2011, thus the numbers of patients had stoma were also increasing. Studies showed that patients had stoma will properly suffer from parastomal hernia and stomal prolapse sooner or later. The first-line management for these two complications was to apply a soft corset to prevent further deterioration. Generally, patients need to attend surgical specialist out-patient clinic to receive the referral of Occupational Therpy. However, patients had to wait for a long time, even more than 6 months to get a soft corset. Moreover, many patients complained the existing soft corsets were not well-fitted and uncomfortable.

Objectives

(1) To prevent further deterioration of patient’s parastomal hernia and stomal prolapse
(2) To help patients return to normal daily lifestyle
(3) To reduce the numbers of unplanned admission due to stomal care problem
(4) To provide better soft corset by collaboration with Occupational Therapy Department
(5) To shorten the waiting time

Methodology

(1) Strived for support from COS of Surgery and head of Occupational Therapy Department. Hence nurse of Wound and Stoma Team could make referral directly to Occupational Therapist for stomal complication
(2) Special quotas for patients with parastomal hernia / stomal prolapse were granted by Occupational Therapy Department to further shorten the waiting time
(3) Regular inter-disciplinary meetings were held to clarify needs, problems and strive for better services
(4) Link persons of Wound & Stoma Team and Occupational Therapy Department were designated to
facilitate communication between two teams.

**Result**
Firstly, total 18 patients were recruited in this program in 6 months; they all had their first Occupational Therapy appointment within 1 month. Then, the soft corset will be available within 1 month after the first appointment. Moreover, if the soft corsets need further adjustment, the next appointment of Occupational Therapy usually could be made within 2-4 weeks. Furthermore, the doctor attendance was reduced since the referral to Occupational Therapist could be made by the Wound Nurse directly. Secondly, most of the patients expressed that the design and quality of the soft corsets were much improved. Most importantly, no unplanned admission for these patients due to stomal problems was found. Lastly, we plan to have formal evaluation by using the "SF 12 health survey" in the near future.