



SHARING ON TELE-STOMA CARE IN LOCAL EXPERIENCE

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Background:

Due to COVID-19 pandemic, inpatient post-operative stoma care training session with relatives' attendance is affected at a certain level because of suspension of hospital visiting under the emergency response. The consequence is relatives may not know how to care patient on stoma care after discharge especially to those aged stoma patients. Certainly it may affect their quality of life, increase stress on stoma care after discharge, and the impression toward expected hospital care. Thus there is a need to explore and adopt an innovative stoma care model in department.

Introduction:

In Hong Kong Hospital Authority (HA), development on healthcare technology and its application is a key investment on enhancing hospital variety service outcomes. In Jul 2020, HA has launched the TeleVisit App via Zoom meeting for allowing video visiting to all inpatient. In Sep 2020, a pilot project on post-operative stoma care teaching, the Tele-Stoma Care is launched in one local acute care setting, department of surgery with over 230 inpatient beds. Selected stoma patients will be taught on self-stoma care at bedside while their relatives can stay at home on learning it through this electronic platform.

Tele-Stoma Care Design :

This pilot project is designed like case studies; it consists of nursing implementation provide to the selected cases in inpatient setting then follow with self-developed questionnaire survey and evaluate participants' performance on the date of outpatient follow-up visit.

Tele-Stoma care Workflow

The proposal of this new care model was approval and supported by Department Chief of Service, Consultants, and Department Head Nurses. This pilot project was implemented by the Stoma and Wound (S&W) nurse in September to December 2020. Ward nurses or surgeons were advised to send an e-referral as usual, S&W Nurse selected suitable cases and to contact patient and relatives to prepare for the related arrangement.

Selection criteria were patients with new created stoma, aged 18 or above; understand Cantonese and communicable; at least patient or relative know how to operate Zoom meeting App in their smartphone; they agree with performing nursing consultation via electronic platform; and they agreed to attend a voluntary-based survey two weeks after the final Tele-Stoma Care teaching session.

On the Tele-Stoma Care day, S&W Nurse informed ward in-charge nurse for the scheduled activity; posted up the signal; fixed I-pad on the bedside table and sent a Zoom meeting link to relative. After completed one to two Tele-Stoma Care sessions, Stoma & Wound out-patient follow-up appointment where be arranged prior to patient discharge.



Outcomes

At around 2 weeks after the last session of Tele-Stoma Care, a patient satisfaction survey was conducted by a trained supporting staff via phone or Zoom meeting with participants' verbal consent. Total 9 patients were recruited and completed the surveys.

The survey questionnaire was designed into part A, B and C. Part A included questions in demographic data. Part B and C included 15 questions designed in 5-point Likert scale; point 1 is the least agree while point 5 is the most agree. The overall questionnaire response score was 4.26/5 in average.

In part A: 9 stoma patients were recruited, 3 males and 6 females, their mean age was 78.4. Total 10 sessions of Tele-Stoma Care were conducted. Total number of participation times was 26 peoples. Total number of S&W Nurse participation times was 10. Total number of hours consumed was 16.5. All the stoma patients did not know how to use Zoom meeting while the responsible person in connecting to electronic platform was patient's son or daughter.

In part B: it consisted of 6 questions asking participants' understanding on the nursing consultation/ intervention/ management plan/ stoma care products selection and its application, and their perception to S&W Nurse's knowledge, skills and understand stoma patient's need. The range of questionnaire response score was 3 – 5/5; average scoring was 4.4 – 4.5/5.

In part C: it consisted of 11 questions; 9 were 5-point scaled and 2 were open-end questions. The 9 questions were asking participants' perception to Tele-Stoma Care such as whether they could participate in patient's treatment plan; could achieve their learning goals; could enhance their confident on performing stoma care; would this learning format saving their time on travel or working and expenditure; and would they like to use this service or in future again. The range of questionnaire response score was 2 – 5/5; average scoring was 3.8 – 4.6/5. One of the open-end questions was asking how they knew the Tele-Stoma Care service with all of them replied that they got known of it from S&W Nurse or ward nurse. The last question was asking participants' other comments which were extracted as following with translation to English:

“非常時期用此方法可以接受”

"This method is acceptable in the extraordinary period" [Participant A]

“姑娘講解造口護理過程十分清晰,令到本人好有信心可以幫媽媽護理造口”

"Nurse has explained the stoma caring steps very clearly, which made me so confident on assisting my mother to take care of the stoma" [Participant B]

“多謝造口護士的用心教導,令我更有信心護理造口”

"Thank you Stoma Nurse's attentive teaching, which makes me have more confident on stoma care" [Participant C]

“姑娘講解清晰”

"Nurse can explain clearly" [Participant D]

“不能錄影”

"No recording" [Participant E]

“影像不清晰,不熟悉用視像的應用程式,親身到醫院教學會明解護理過程和技巧”

"The image is not clear and not familiar with the application of Zoom; go to the hospital for receiving teaching in person would understand the nursing process and skills" [Participant F]

Evaluation:

All the 9 patients and relatives had attended outpatient follow-up in the S&W Nurse Clinic after discharge. Patient or relative's stoma care technique was assessed by S&W Nurse through return demonstration and simple questioning. By observation, 8 patients could perform self-stoma care satisfactory; 1 patient's stoma care was done by her daughter because she claimed of post-operative weakness.

From the data analysis, learning post-operative stoma care via electronic platform is quite accepted by participants especially under the extreme circumstances. Although the mean age of patient was 78.4 and did not know Zoom meeting at all, they accepted to new learning method and expressed with happy faces to see their relative in the screen during the session. S&W Nurse do carry a unique role with competence knowledge, skill and ability on teaching and supporting participants on the stoma care learning pathway.

Their performances are recognized by participants. Despite the overall response score is 4.26/5, it has to address some participants' comment on unfamiliar to using Zoom meeting and preferred to have in-face learning session. Actually Zoom is also new to healthcare providers, nurses may not keen on its operation. Some operation error was not uncommon to appear in the teaching sessions. S&W Nurses had spent up to 30 minutes to help the relative to solve this problem before starting the teaching session. It can explain that the time of each session was 1.65 hours in average. More S&W Nurse found that there were limited eye-touching to relative whom had no direct touching on stoma care products and lack of hand-on practice.

Conclusion:

Application of new or innovative technology on enhancing nursing care outcome is a direction in-line with the organizational service development plan in this local setting. Make use of the existing electronic platform in a new model of stoma patient care is accepted by participants. Since this pilot project has recruited a small scale of selected cases, further exploration on its effectiveness is recommended.

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NEGATIVE PRESSURE WOUND THERAPY (NPWT) CAN MAKE A GREAT DIFFERENCE FOR SPLIT THICKNESS SKIN GRAFT (STSG) WOUNDS



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AIM

Negative Pressure Wound Therapy (NPWT) is an advanced therapy for complicated wound management. This method not only applies to an acute or chronic open wound, but it is also a treatment to provide reliable fixation of split thickness skin graft (STSG) to assist skin graft intact and enhance its survival rate.

METHOD

The medical records of three patients that were using the method of NPWT intraoperatively with STSG from January to May 2019 were analyzed retrospectively.

RESULTS / DISCUSSION

Two patients had necrotizing fasciitis involving lower limb at the ages of 28 and 38. The other patient was 60 years old man who had Paget's disease over the suprapubic, left groin and penile skin. All cases had undergone several excisional debridement, antibiotic treatment and started NPWT before STSG for wound bed preparation. The surface area of wounds on the day of STSG were from 189cm² to 420cm². The NPWT was kept intact for one week after post STSG. The average time of NPWT application was 2 weeks for treatment then change to usual dressing until the wound healed.

The skin graft taken rate for 2 cases with STSG for necrotizing fasciitis were 95%. The patient of Paget's disease with skin graft taken rate was 85%. No cases showed to have sign of wound infection. The patients' pain levels were all well tolerated with NPWT.

CASE SHARING

A 38 years old man was admitted for necrotizing fasciitis over the right inner thigh with repeated excisional debridement done (Pic 1). The patient was referred to Wound Care Nurse for further management. Negative pressure wound therapy was given to promote wound healing. One month later, an Orthopedic surgeon had performed STSG for wound closure with NPWT intraoperatively (Pic 2-5). Wound healing was in good progress and inspected wound at 1 week after STSG operation. The outcome of the wound had 95 % graft taken (Pic 6). NPWT was applied for one more week then change to the usual dressing till the wound healed

CONCLUSION

STSG is a method for a patient with a large area of wound defect to provide early wound closure. Combined with NPWT and skin grafting is an effective adjunct treatment that can enhance skin graft survival rate and promote wound healing.



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