

Evaluation of an Existing Ostomy Product Formulary: A Pilot Study

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Overview

Our facility is a large tertiary care facility in New York City. Recently two physicians were added for a total of six surgeons on our colorectal service. In addition, other services perform procedures which increased the volume and complexity of the ostomy patients cared for in our hospital. The WOC Nurse is involved in teaching and product selection for both the adult and pediatric population. We rely heavily on the nursing staff to assist with pouching procedures, and to reinforce education for the ostomy patients and their families.

Statement of Problem

Being the only WOC Nurse, I was being paged frequently to see patients who had stomas that were retracted, flush, in deep skin folds, and for peristomal skin irritation. In my teaching sessions with the patients, they would often express their fears and concerns regarding the failure of their pouching system. To resolve these situations I often needed to use a Hollister pouching system; one which offered pinpoint convexity to resolve the leakage problems. Since this was not part of our formulary stock, it caused confusion for the patient and the staff.

After discharge, we were often referring our patients to the **Secure Start** Program which provided different products than our in-house products. We felt this continuum of care program met our needs by improving patient satisfaction and patient outcomes. As a result, products used in the hospital did not always match our discharge products.

The existing ostomy formulary in our hospital, which was limited and had been utilized for a number of years, was also not meeting the needs of the patients and staff. A majority of the post-op pouches were not lasting more than 24 hours, and a number of them were leaking within 12 hours. With our facility’s commitment to the total well-being of each patient, we knew we had to reevaluate our ostomy product formulary. We believed that some of these problems could be addressed through the evaluation of a different pouching system.

The key issues which prompted this product evaluation are summarized in Table 1.

Table 1
Key Issues

Patient	<ul style="list-style-type: none">✓ Fear of leakage✓ Lack of confidence in living with a stoma✓ Skin irritation✓ Confusion✓ Lack of product continuity across the care continuum
Staff	<ul style="list-style-type: none">✓ Frustration✓ Increased workload✓ Lack of comfort in managing difficult stomas
Product Formulary	<ul style="list-style-type: none">✓ Inflexibility of the two-piece skin barrier and flange✓ Difficulty “snapping” the pouch and skin barrier together after application to the patient✓ Excessive use of supplies✓ Limited options

Clinical Approach and Process

My approach in resolving the problems mentioned in Table 1 was to reach out to my representative from Hollister Incorporated. Since we were utilizing the Secure Start Program heavily, Hollister products were widely used as a secondary pouching system. In our facility, doing a product conversion requires several steps.

We first examined which products we felt would best meet our patient's needs. These included selected products from the **New Image** Two-Piece Pouching System, the **Premier** One-Piece Pouching System, and **Adapt** Accessories (Table 2). We then had to present to the Clinical Evaluation Committee to gain approval to start the evaluation. The stated reasons for wanting to change ostomy products included: an integrated floating flange, the Secure Start Program that the hospital was already using, and a projected cost savings. With this, we obtained their approval and chose two surgical units with a large quantity of new ostomy patients. We decided to run the pilot study for six weeks.

Table 2
Hollister Ostomy Product Guide

Prior to the beginning of the product evaluation, the professional and ancillary staff attended an educational program, which included an overview of ostomy surgery, descriptive terminology, postoperative pouching options, pouch emptying techniques, and discharge

planning needs. It was required that 80% of the staff participating in the evaluation attend this educational series. Once this was completed, the existing ostomy formulary items were removed, and the new items were placed in a cart on each unit for easy access.

During the product trial, staff was asked to complete a simple evaluation tool with a 5-point Likert-type scale. The sample evaluation form is shown in Table 3.

Table 3
Ostomy Evaluation Tool

After the evaluation, we had to once again present to the Clinical Evaluation Committee. As the WOC Nurse, I presented the clinical findings which demonstrated a strong clinical preference for the New Image Two-Piece Pouching System. Refer to Table 4 for results. Overall, the staff and patient satisfaction from the evaluation was rated as excellent or very good. In addition, quality, safety, efficacy, and care coordination improved. Based on the results of this product evaluation, there was a decrease in ostomy leakage, and an increase in staff and patient satisfaction.

The financial analyst from procurement presented a positive financial story. He estimated 35% in overall savings. In addition, by working

collaboratively with my ostomy manufacturer's representative, we compiled a binder which summarized the entire evaluation findings.

This provided a very compelling story for consideration by the committee. It was our recommendation that the evaluated ostomy products be used hospital-wide. The committee agreed to approve the conversion.

Table 4
Summary of Evaluations by Clinical Staff

Ease of cutting using cutting guides to correctly size the barrier – 100% rated Excellent or Very Good
Ease of attaching the pouch to the skin barrier via floating flange – 100% rated Excellent or Very Good
Ease of application of skin barrier – 97% rated Excellent or Very Good
Adherence of skin barrier/wear time – 92% rated Excellent or Very Good
Patient satisfaction/comfort – 97% rated Excellent or Very Good
Patient education materials – 100% rated Excellent or Very Good
Did you attend an in-service on the use of these products? 92% said yes
Would you recommend these products for hospital-wide use? 97% said yes

Implementation

The next steps to implement this decision required the coordination of many departments. We had to work with our purchasing group, product distributor, ostomy product manufacturer, discharge planner, and nursing services. Some key steps to implement a product conversion were: getting the national contract agreements signed, setting par levels for nursing units and OR, processing Lawson numbers for products not already in the system, entering product codes, placing and receiving our initial stocking order, removing the previously stocked ostomy product, and in-servicing staff on all units.

Conclusion

A well-organized evaluation of our ostomy formulary resulted in a selection of the Hollister Ostomy product line which provided better outcomes for our staff and patients. In addition, the institution has a significant projected savings with the implementation of a new ostomy formulary.

The process of a product evaluation can be an arduous one especially in a large facility with many internal steps to consider. In our large facility this particular process has taken one year. The WOC Nurse plays an integral leadership role in the evaluation process. However, it is not necessary for the WOC Nurse to do everything alone, especially during the implementation phase. Partnering with the manufacturer's representative can greatly decrease the workload and allow for the WOC Nurse to focus on patient care. Communication with all involved is also critical.

The WOC Nurse has many roles and responsibilities, and changes in healthcare mean less time to do them. However, it is important that we do not become complacent and that we continue to evaluate new products and services which can improve our patient outcomes and overall satisfaction with the healthcare experience. We plan to continue to evaluate the impact of our decision, and feel confident we will meet our facility's commitment to the total well-being of each ostomy patient.

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