Evidence Implementation Training Program (EITP)

Increasing the rate of preoperative stoma marking in patients with intestinal ostomy: a best practice implementation project

Eni Shehu, Charlotte Kugler, Robert Prill, Dawid Pieper

Brandenburg a.d.H,12.05.2023

Introduction

- Preoperative stoma site marking (*stoma-marking*): selecting the appropriate location in an area for surgical placement of a stoma.

- A successful *stoma-marking* (Ambe & Kugler et al. 2022):
  - prevents the post-operative complications;
  - improves HRQoL.

- However, evidence shows that is not always conducted.

Aims

Project Aim:
To increase the rates of preoperative stoma-marking in the three collaborating centres.

Secondary

- Explore the barriers that hinders the 100% compliance;
- Identifying the strategies that might help increasing the marking rate (needs).

Methods

Settings

Surgery Department –Immanuel Klinik Rüdersdorf, Germany.

Clinic for General and Visceral Surgery – University Clinic Brandenburg a.d.H, Germany.

Clinic for General, Visceral, Thoracic and Vascular Surgery – University Clinic Ruppin-Brandenburg, Germany

Sample

Patients with intestinal ostomy

- Elective and emergency surgery cases (insertion of a stomatata)
- No age limit
- All stoma types were included.

Methods

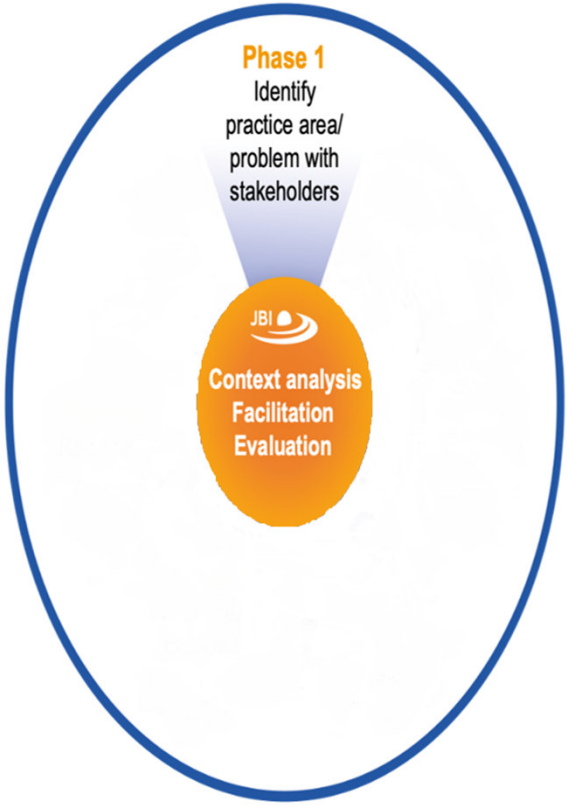
JBI Implementation strategy approach

Phase 1: Development and Baseline Audit.

Phase 2: Strategy for Getting Research into Practice (GRiP).

Phase 3: Follow- up Audit and Dissemination.

Methods: Phases of evidence implementation

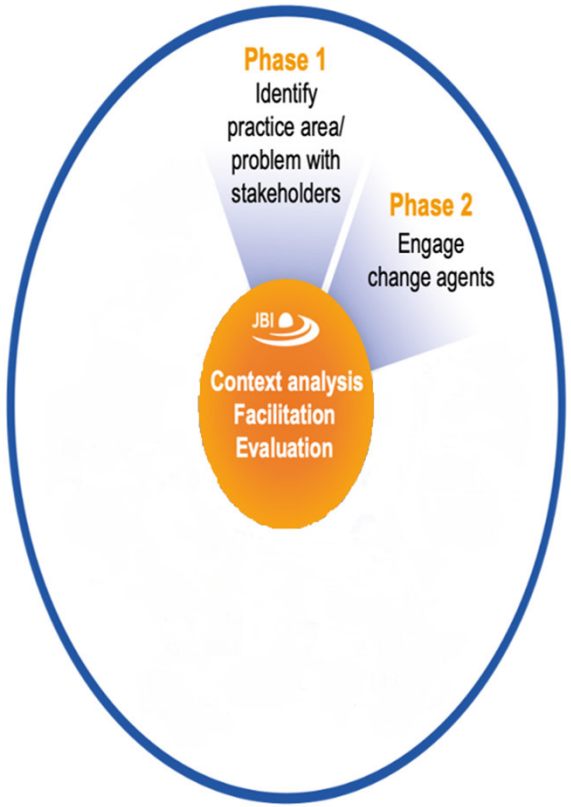


Phase 1: Dissemination of a recent systematic review.

Strategy

- Communication with the head of departments about the clinical problem and the current rate of the stoma marking.
- No rates provided.
- The heads of department accepted to be part of the implementation programme and presented us to the key stakeholders (senior surgeons).

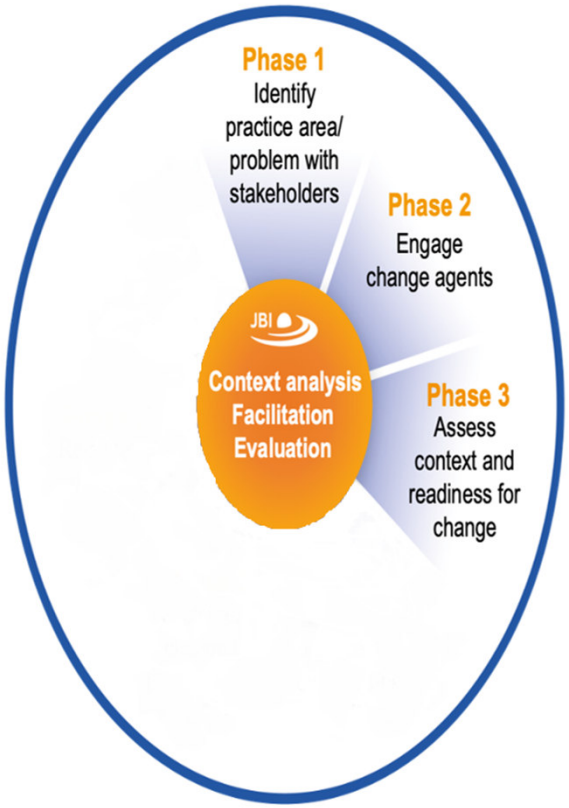
Methods: Phases of evidence implementation



Phase 1: Dissemination of a recent systematic review.
Phase 2: one senior surgeon per centre.

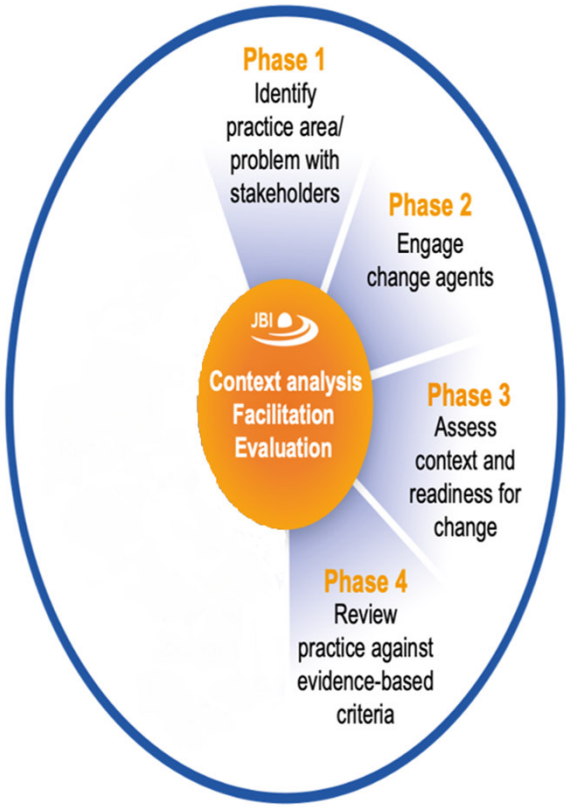
Level of involvement
Data collection; Analysis; Presentation of pre-audit results; Discussion about uncertencies.

Methods: Phases of evidence implementation



Phase 1: Dissemination of a recent systematic review.
Phase 2: one senior surgeon per centre.
Phase 3: Involvement in the project was translated as „willing to change“.

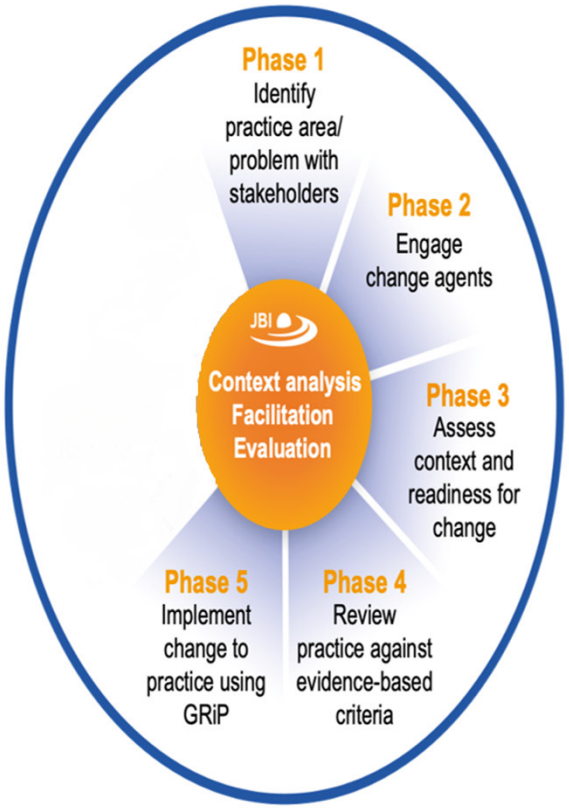
Methods: Phases of evidence implementation



Phase 1: Dissemination of a recent systematic review.
Phase 2: one senior surgeon per centre.
Phase 3: Involvement in the project was translated as „willing to change“.
Phase 4: Audit: Number of stoma marking in the last 1-5 years.

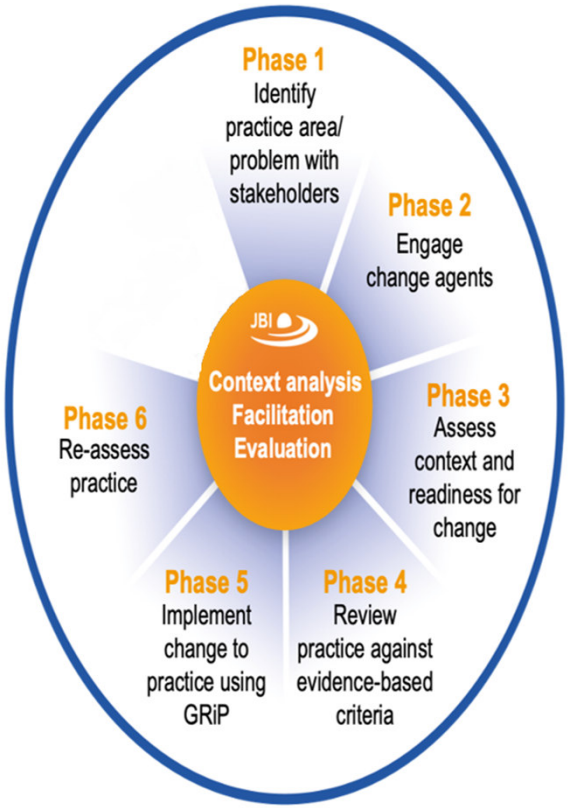
Audit Question: What is the rate of stoma site marking in the last 1-5 years in the collaborative centers?		
Audit criterion	**Sample**	**Method to measure % compliance**
Stoma marking rate	Population: Number of patients that had stoma during the 1-5 years ago 1. Audit size : n= 304 records	Clinical documentation · “yes”- marked · “no” - unmarked

Methods: Phases of evidence implementation



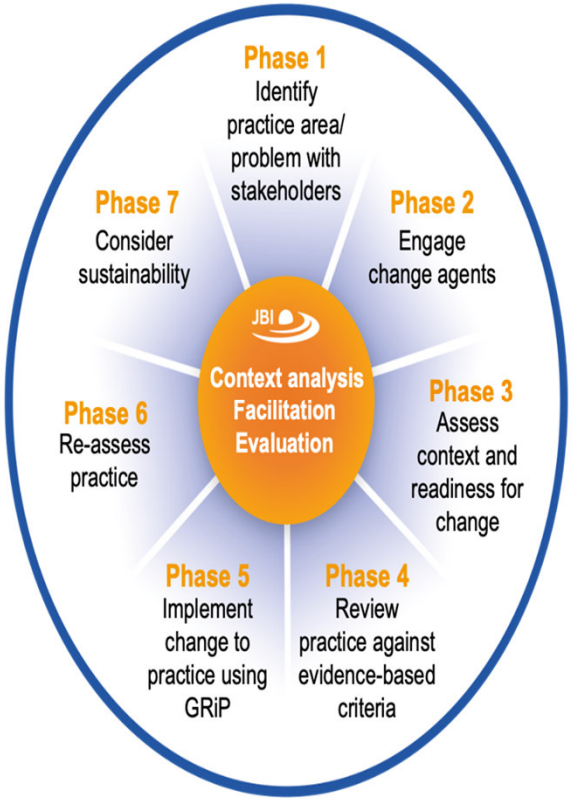
Phase 1: Dissemination of a recent systematic review.
Phase 2: one senior surgeon per centre.
Phase 3: Involvement in the project was translated as „willing to change“.
Phase 4: Audit: Number of stoma marking in the last 1-5 years.
Phase 5: Round-table with stakeholders and workshops with the medical team (surgeons).

Methods: Phases of evidence implementation



Phase 1: Dissemination of a recent systematic review.
Phase 2: one senior surgeon per centre.
Phase 3: Involvement in the project was translated as „willing to change“.
Phase 4: Audit: Number of stoma marking in the last 1-5 years.
Phase 5: Round-table with stakeholders and workshops with the medical team (surgeons).
Phase 6: Re-audit: Number of stoma marking during the next year.

Methods: Phases of evidence implementation

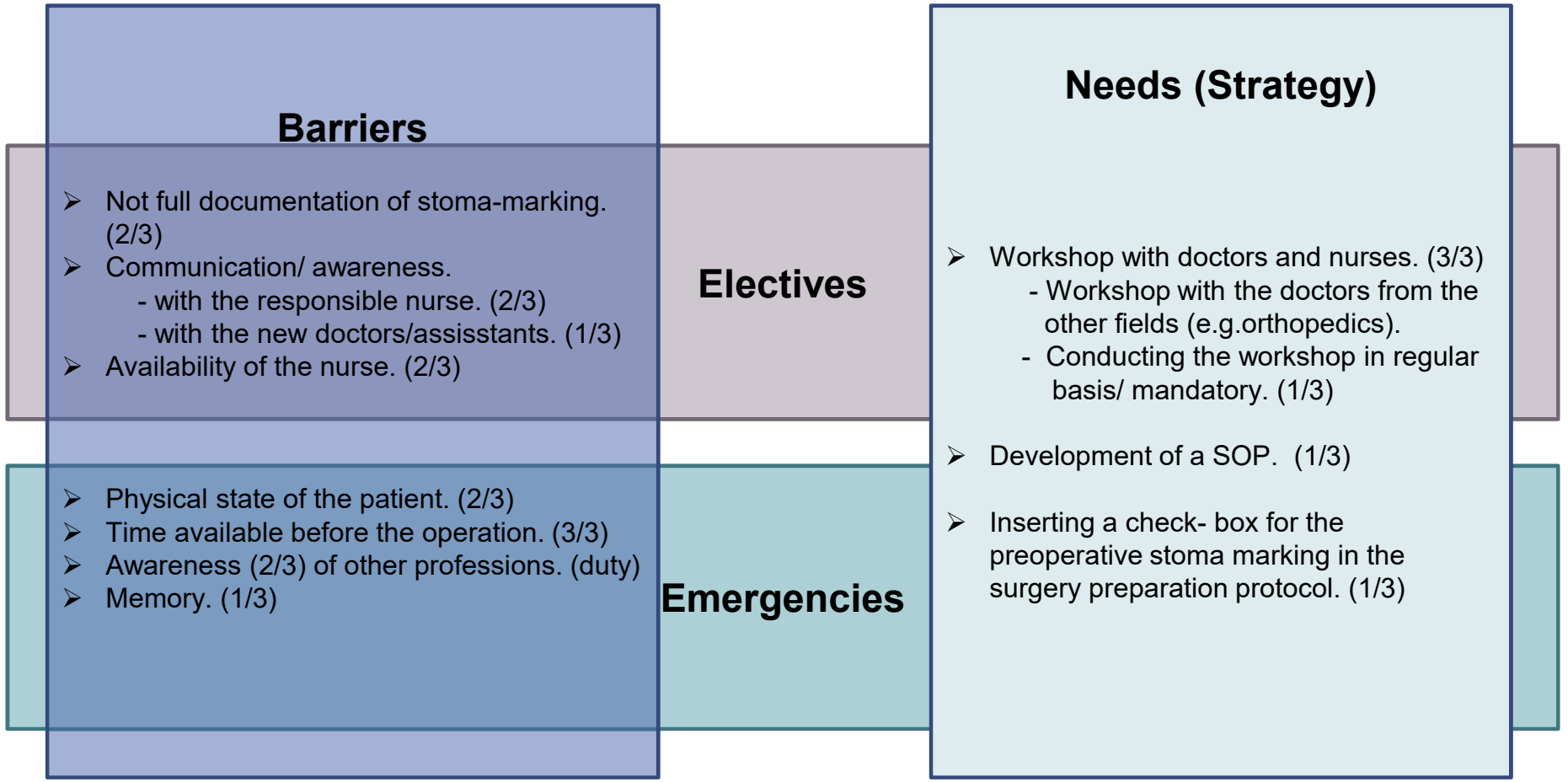


Phase 1: Dissemination of a recent systematic review.
Phase 2: one senior surgeon per centre.
Phase 3: Involvement in the project was translated as „willing to change“.
Phase 4: Audit: Number of stoma marking in the last 1-5 years.
Phase 5: Round-table with stakeholders and workshops with the medical team (surgeons).
Phase 6: Re-audit: Number of stoma marking during the next year.
Phase 7: Identified from the round table - continous education.

Results: Baseline audit

		Clinic A	Clinic B	Clinic C
2017	emergency			0/13
	elective			20/33
2018	emergency			0/10
	elective			13/21
2019	emergency		5/9	0/10
	elective		14/14	9/20
2020	emergency		4/5	0/4
	elective		29/29	6/16
2021	emergency	5/43	3/6	0/2
	elective	17/23	18/18	14/20
2022	emergency			1/2
	elective			5/6

Results: Barriers and Needs



Discussions

- The baseline audit showed that stoma marking was not fully implemented in daily clinical basis (improvement potential for elective and emergeny cases).
- The rate of the stoma marking differes strongly among clinics.
- Logistics of stoma-marking procedure differed across clinics, therefore tailoring the intervention for each clinic was needed.
- For the topic of „stoma marking“, longer follow-up period is needed.

Thank you for your attention!

Eni Shehu
Institute for Health Services and Health Systems Research
Faculty of Health Sciences Brandenburg
Brandenburg Medical School

Seebad 82/83
15562 Rüdersdorf bei Berlin
Eni.Shehu@mhb-fontane.de

	Clinic 1	Clinic 2	Clinic 3
Electives % (N)	73.9 (17/23)	100 (61/61)	57.6 (67/116)
Emergencies % (N)	11.6 (5/43)	60 (12/20)	2.4 (1/42)
Total % (N)	33.3	90	43