



Stomal Therapy Knowledge and Skills Framework

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Glossary of terms

Anecdotal evidence

Experience gathered over time that provides and adds to the registered nurse's critical reasoning and thinking. There is no evidenced based literature to back this process other than the registered nurses experience of seeing the phenomenon many times

Bowel cancer

A malignant tumour found anywhere from the duodenum to the anus

Clinical reasoning

An extension of critical thinking where a decision is made that would benefit the patient and generate a positive patient outcome

Colorectal cancer

A malignant tumour found in the colon or rectum

Colostomy

A piece of bowel brought to the surface of the abdomen that originates from the colon. It is generally sited on the left side of the abdomen

Critical thinking

Objective analysis and evaluation of an issue, where all factors are considered to form a judgement

Entero-atmospheric fistula (EAF)

A small catastrophic subset of ECF where the bowel (entero) migrates to the skin surface and is visible to the atmosphere. In most cases, Duodenal, Jejunal and proximal ileal bowel tissue are generally the locations of this catastrophic event due to the high flow nature of the chyme passing through

Entero-cutaneous fistula (ECF)

Umbrella term for an abnormal tract created between bowel (entero) and skin (cutaneous). EAF fall under this term

Enterostomal therapist

Another term used to describe a qualified stomal therapist. This term is generally used internationally

Equity

Fairness or justice in the way people are treated. Equity means treating people differently dependent on need. This is different to equality where everyone is treated the same and provided the same resources irrespective of what barriers each person experiences

Experiential learning

The process of learning through experience

Gastro- intestinal system or digestive tract

All of the hollow organs that make up the continuous tract from mouth to anus

Glossary of terms continued

Holistic

Treatment of the whole person which considers the person's spirituality and mental health to provide a complete "picture" of the whole person

Ileostomy

A piece of bowel brought to the surface of the abdomen that originates from the ileum in the small intestine. It is generally sited on the right side of the abdomen

Inflammatory bowel disease (IBD)

An umbrella term used to describe a group of disorders that cause chronic inflammation in the digestive tract. It is generally Crohn's and Ulcerative Colitis

Kāwanatanga

Governance, rule authority, governorship

Manaakitanga

Generosity and care of others

Medical adhesive related skin injury (MARSI)

Peristomal skin that is erythemic, epidermal stripping or skin tears, erosion, bulla, or vesicle observed after removal of an adhesive ostomy pouching system

Ministry of Health Service Specifications

Guiding document for ostomy services throughout New Zealand DHB's on ostomy appliance allowances, patient review and other pertinent information

Moisture associated skin damage (MASD)

Moisture damage to skin that leads to extensive skin breakdown +/- wound

Ōritetanga

Equity (See Equity previous page)

Ostomy

A general term used to describe a patient with a stoma or service within a DHB

Ostomy appliance

A term used to describe a stoma bag

Participation (Te Tiriti article)

Involving Māori in all levels of the health care sector from decision making, planning, development, and delivery of health care initiatives

Partnership (Te Tiriti article)

The Crown is required to work with Māori in partnership to deliver health and disability services to Māori. This includes partnerships in the governance, design, delivery and monitoring of health and disability services

Pharmacokinetics

What the body does to the drug. This includes absorption, bioavailability, distribution, metabolism, and excretion

Glossary of terms continued

Pharmacodynamics

What the drug does to the body. Examples include, but are not limited to, resolve or control symptoms or eliminate bacteria

Protection (Te Tiriti article)

The Crown is required to actively protect, to the fullest extent possible, equitable health outcomes for Māori. Active protection is an extension of this principle. It describes the documented practises that are undertaken to achieve the protection of Māori and their health outcomes.

Rangatiratanga

Similar to description for tino rangatiratanga, it is sovereign independence. In the context of nursing, rangatiratanga is about leadership, self-determination, and the ability to empower others

Stoma

Is the Greek word for opening or mouth. An artificial opening surgically created to access a hollow organ. Examples are tracheostomy, colostomy, ileostomy, urostomy

Stoma nurse

A registered nurse working in a nominal role with ostomy patients but does not have accredited post graduate study in stomal therapy

Stoma resource nurse

A registered nurse that has a special interest in ostomy care

Stomal Therapist

A registered nurse who has completed accredited post graduate study in stomal therapy

Te Tiriti o Waitangi

This is the foundation document of Aotearoa New Zealand. It was signed between the British Crown and Māori chiefs on February 6th, 1840 that sought to bring together the British and Māori to live together under common law and be ruled by a government. There are different versions and interpretations of te Tiriti (the Māori version) the Treaty (English version) which have different meanings to both parties. The Ministry of Health working in the in the health and disability system is committed to fulfilling the special relationship between Māori and the Crown under te Tiriti o Waitangi.

Te Whare Tapa Whā

Is the Māori model of health developed by Sir Mason Durie in 1984. It encompasses the four dimensions of wellbeing: Taha hinengaro, Taha tinana, Taha wairua and Taha whānau.

Taha hinengaro

Mental wellbeing. Your mind, heart, thoughts and feelings. Taha hinengaro is about how you feel, communicate, and think in everyday life

Glossary of terms continued

Taha tinana

Physical wellbeing. How your body grows, develops, feels, and moves. Nourishing and strengthening your Taha tinana, will help you deal with the ups and downs of life

Taha wairua

Spiritual wellbeing. Your life force, who you are, where you belong and where you are going. Nourishing your Taha wairua is about following your own spirituality or faith and belief in a higher power

Taha whānau

Family wellbeing. Your family you belong with and who make you feel comfortable and care about you. Taha whānau is about spending time with your whānau to create purpose, connection, and direction

Tino Rangatiratanga

Sovereign independence. It is the absolute chieftainship and unconditional sovereignty

Urostomy/Ileal Conduit

An incontinent urinary diversion where a piece of small bowel is removed from the intestinal tract and brought out as a stoma so that the ureters can drain urine into it and out into an ostomy appliance

Wairuatanga

Distinctive and essential to Māori spirituality to health and vital to the wellbeing and identity of Māori

Waitangi Tribunal Hauora inquiry report (2019)

The first of three reports detailing discrepancies and severe inequity in the health standards and wellbeing of Māori

Foreword

Stomal therapy nursing and care of the patient with a faecal and/or urinary stoma is a challenging, yet deeply rewarding working partnership between a patient and nurse. A Stomal Therapist (STN) provides individualised care to the person with a stoma and their family or whānau across the care continuum, promoting self-care for long-term health gain. STNs draw on their knowledge, skill and experience to create a plan of care that optimise a patient's quality of life and abdominal health. STNs respect the uniqueness, rights, and choices of the person with a stoma and their family or whānau. A graduate certificate in stomal therapy encompasses continence, wound, and ostomy however, this document focuses on ostomy.

Rationale for Knowledge and Skills Framework

The New Zealand Nurses Organisation College of Stomal Therapy Nursing (NZNOCSTN) recognise the need to have a well-educated, skilled, and responsive stomal therapy nursing workforce to meet the needs of patients and their family or whānau in Aotearoa New Zealand. The College recognises the necessity to develop and promote the skills and knowledge of nurses working in stomal therapy. All nurses working in stomal therapy are professionally bound to maintain a high level of skill working in partnership with this unique patient group.

This framework is designed to provide a nationally consistent set of competency and assessment for registered nurses with a special interest through to nurse specialists in stomal therapy. The framework will support education, professional development and contribute toward the development of innovative models of care and improve the overall health outcomes for people with stomas and their family or whānau. The framework will be reviewed every 5 years to reflect the development and promote up-to-date evidenced-based knowledge and practice.

Document contributors

This framework was developed through a process of consultation and peer review with expert clinical nurse specialist stomal therapists and the NZNOCSTIN before being circulated to all stakeholders for endorsement. The basis of this document was developed from the New Zealand Endoscopy Knowledge and Skills Framework, New Zealand Emergency Nursing Knowledge and Skills Framework and the New Zealand Adult Inflammatory Bowel Disease Nursing Knowledge and Skills Framework who kindly gave permission to use their documents. The framework should be read alongside the NZNOCSTIN Standards of Practice, 2015. We acknowledge and thank the NZNO policy analysts (Māori).

DOCUMENT AUTHOR

Emma Ludlow, CNS Stomal Therapy

NZNOCSTIN WORKING GROUP

- Leeann Thom, CNS Stomal Therapy
- Nicky Bates, CNS Stomal Therapy
- Katrina Neiman, District Nurse
- Dawn Birchall, CNS Stomal Therapy
- Angela Makwana, CNS Stomal Therapy
- Rochelle Pryce, CNS Stomal Therapy
- Christina Cameron, CNS Stomal Therapy

Stomal Therapy in Aotearoa New Zealand

There are approximately 30 STNs in Aotearoa New Zealand with a recognised post graduate qualification working in stomal therapy. There are 50 - 100 registered nurses working as clinical specialty nurses in ostomy who do not have a recognised post graduate qualification but are employed by their District Health Board (DHB) to care for people with stomas. The first year long enterostomal therapy course was offered in Aotearoa New Zealand in 1984 and ended in 2001. Since then, New Zealand trained nurses have had to undertake education overseas, usually through Australia.

Our nurse leaders

Ruth Wedlake was the first New Zealand nurse to complete her stomal therapy training at the Cleveland clinic in the United States. She brought this skill back with her and was the first New Zealand enterostomal therapist employed at Dunedin Hospital in 1971. Over several years, a committee was established and in 1980 they approached the New Zealand Nurses Association (NZNA) to become an affiliated section. The NZNA executive approved the sections aim and rules that year and the name was changed from Enterostomal Therapy Section to the NZNA Stomal Therapy section. The section changed to the NZNOCSTIN in 2015.

Bernadette Hart was a dedicated and passionate nurse who worked as a surgical nurse and ward sister in Southland and whose career spanned from the early 1950's through to the mid 1980's. Bernadette had a keen interest in patients with stomas and would regularly attend enterostomal conferences and higher education to help and support the patients in her community. She was one of the first people to be enrolled in the New Zealand enterostomal therapy course in 1984. However, she sadly passed away before she was able to start. In honour of Bernadette, a scholarship in her name is offered through the NZNOCSTIN to any deserving nurse with a passion for stomal therapy to help them complete higher education.

Commitment to Te Tiriti o Waitangi

Despite Aotearoa New Zealand bicultural history, and acknowledgement of Māori as Tāngata whenua, the New Zealand health care system is a long way from achieving holistic or bicultural health care outcomes. These inequities in Māori health have been clearly and consistently documented (Lee, 2009).

The recent Waitangi Tribunal Hauora inquiry stage one report (2019) shows compelling evidence of funding inequities, institutional racism, structural barriers that impact whānau, hapū, and iwi accessing health and wellbeing services in Aotearoa New Zealand.

This ground-breaking report (2019) has been influential on the health and disability sector. The recommendations indicate to stop using the 3 P's and to use the articles of te Tiriti o Waitangi only (explained further in the *Glossary*):

- Tino Rangatiratanga
- Partnership
- Active protection
- Equity
- Options

STNs are committed to te Tiriti o Waitangi articles and as health professionals, we are serious in demonstrating our active protection roles with patients, their family, and whānau. When working with Māori, the STNs knowledge and skills framework seeks to reflect the requirements for STNs as documented in the NZNOCSTIN Standards of Practice 2015, including Kāwanatanga, Rangatiratanga, Ōritetanga and Wairuatanga.

We have chosen an inclusive health model, Te Whare Tapa Whā, to demonstrate this in the stomal therapy knowledge and skills framework. Te Whare Tapa Whā model (MoH, 2017) focuses on holistic wellbeing and include the following dimensions that are explained further in the *Glossary*:

- Taha tinana (physical wellbeing)
- Taha wairua (spiritual wellbeing)
- Taha whānau (family wellbeing)
- Taha hinengaro (mental wellbeing)

Underpinning these dimension's is the land and the environment. The challenge for STNs is reflecting health equity and active protection in our day to day clinical practice role.

Ostomy services across Aotearoa New Zealand

Ostomy services, across Aotearoa New Zealand DHBs, structure varies, with each DHB operationalising their ostomy services differently to meet the individual needs of each demographic region. However, all DHBs are governed and operate from the same Ministry of Health (MoH) service specifications for ostomy services (MoH, 2012).

STNs provide holistic assessments to treat and review patients with stomas, their families and whānau across the lifespan, from neonates to centenarians including patients with complex enterocutaneous fistula. The STN role provides care of the person with a stoma in hospital and community settings, both public and private. Extensive literature demonstrates the long-term benefits of early intervention from STNs for patients with a stoma (Davenport, 2015). Post-operatively they are involved with initial pouching solutions, psychological support, education for the patient and their family or whānau and on-going discharge planning and staff education. Once discharged home, STNs are involved with optimising pouching solutions, psychological support, and education for the patient, family or whānau, and colleagues.

The STN also recognises there are physical, social and psychological implications of having a stoma for any individual and their family or whānau. An approach to care that is holistic, acknowledges health and spirituality for most patients, are interconnected (Gulam, 2003; MoH, 2017). The STN recognises the skill in delivering psychosocial care to patients. STNs have a unique ability to facilitate the life adjustment of a person with a stoma, considering the interrelation of social factors on a patient's thoughts and

behaviours within their environment. The ability of an STN to incorporate a high level of psychosocial care is identified as an innate, intuitive skill which cannot always be learnt. The committee believe it is important for a nurse entering the field of stomal therapy to have innate passion and skill in delivering care which encompasses the psychosocial health of their patient and family or whānau. Utilising this skill in everyday nursing practice will empower, enhance, and strengthen the ability of a person to live with their stoma.

Collaboration between hospital and community STNs, alongside multidisciplinary teams, is key to a seamless transition for the patient with a stoma, from hospital to home. STNs provide individualised care to patients with a stoma across the care continuum in their homes and community clinics. Recognising quality of life adjustments are patient and environment specific. The role of the STN in supporting patients through their treatment and transition to resuming their everyday life activities is invaluable. STNs prevent, recognise, and treat short and long term complications patients encounter. Community STNs provide holistic assessment, treatment and problem solving strategies for the duration patients have their stoma (temporary or lifelong) for ongoing positive health outcomes and to maximise quality of life.

The stomal therapy knowledge and skills framework recognises specialist practice requires advanced knowledge and skills in the field of stomal therapy. This framework will provide a measurable means of evaluating practice and guide development of career pathways for nurses who wish to pursue nursing in the specialty of stomal therapy.

People with Stoma's

There are approximately 8000 people living with a stoma in New Zealand (Ostomy NZ), this includes Colostomy's, Ileostomy's, and Ileal Conduits (Urostomy's). People undergo stoma forming surgery for many reasons such as cancer, inflammatory conditions, congenital and trauma. They can be formed at any time in the lifespan, from neonates through to centenarians. The prevalence of bowel cancer and inflammatory bowel disease (IBD) is steadily increasing. It remains unknown why there is an increase in the incidence in bowel cancer however, a link has been made to poor diet and sedentary lifestyle (BPAC, 2020). The advent of a national bowel screening programme in New Zealand is a welcomed tool in the fight against bowel cancer. Diagnoses of IBD is increasing by almost 6% annually in New Zealand with just over 20,000 people with IBD in 2016 (Kahui, Snively, & Ternent, 2017).

Stoma forming surgery brings about significant life adjustment for the person. The support and guidance from their families, whānau, friends, STNs and New Zealand wide patient support groups contribute and help provide people with skills to maximise their quality of life and limit their reliance on the health system. Across New Zealand, people with stoma's return to work, form and sustain relationships, raise their families or whānau, participate in sport, and contribute to society. Aside from finding a pouching system that works for them, a large aspect of a person's rehabilitation is the psychological acceptance. Increased societal awareness in New Zealand is being led by the people themselves with support from health professionals.

Burden of bowel cancer on the population of Aotearoa New Zealand

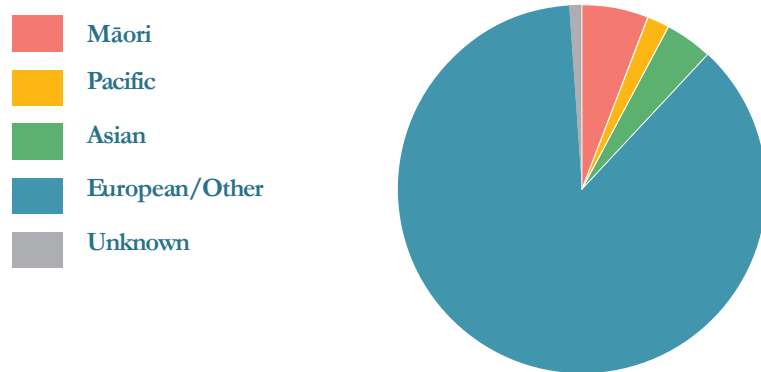
Aotearoa New Zealand has one of the highest rates of bowel cancer in the world and it is the second highest cause of cancer death (Best Practice Advocacy Centre (BPAC), 2020; Ministry of Health, 2019). This section will focus specifically on bowel cancer as it is the main reason someone would receive a stoma as part of their treatment plan. Men have a slightly higher incidence or burden of bowel cancer than women (BPAC, 2020).

Every year 40 in every 100,000 New Zealanders are diagnosed with bowel cancer, compared with 94 for breast cancer, and 103 for prostate cancer in men. Although the diagnosis rates of bowel cancer appear lower, the mortality rates are higher in comparison (BPAC, 2020). The Aotearoa New Zealand national bowel cancer working group's (NBCWG) quality improvement report is a guiding document because it highlights the current state of bowel cancer statistics and modelling for New Zealand (Ministry of Health, 2019).

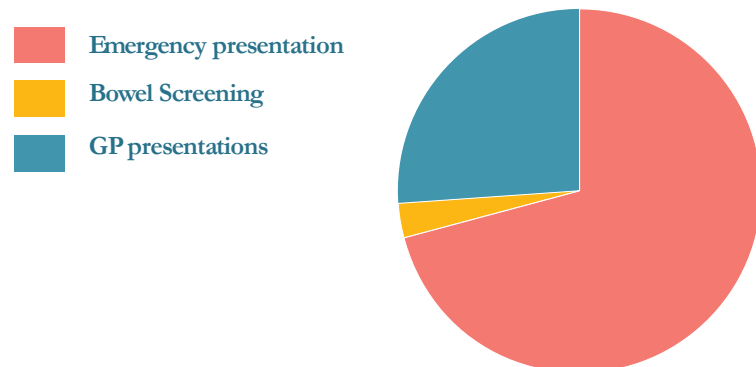
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Burden of bowel cancer on the population of Aotearoa New Zealand continued

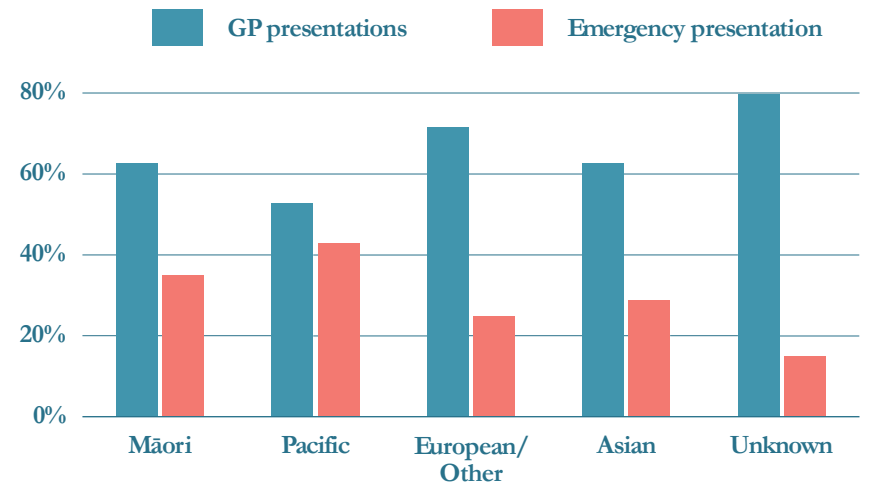
PRESENTATIONS PER ETHNICITY (11,428 PATIENTS)
(MINISTRY OF HEALTH, 2019)



TOTAL PRESENTATIONS OF BOWEL CANCER IN NEW ZEALAND (2013-2016) (11,428 PATIENTS) (MINISTRY OF HEALTH, 2019)



GP VERSUS EMERGENCY PRESENTATIONS PER ETHNICITY
(MINISTRY OF HEALTH, 2019)



These statistics highlight that initial presentations to their GP are much lower for Māori and Pacific groups who are more likely to present as an emergency which can significantly affect their outcomes and mortality. Emergency presentations of bowel cancer have poor 5 year health outcomes due to the nature of the symptoms that the patient is likely presenting to emergency with (Ministry of Health, 2019). How each ethnic group presents for investigation and treatment, portrays an unsettling picture that is currently being investigated by the NBCWG (Ministry of Health, 2019).

Reducing inequity in the Māori population

Protecting, acknowledging and promoting Māori health and wellbeing is tantamount to reducing inequity and improving Māori health outcomes (Sharples et al., 2018). Ensuring STNs understand, demonstrate and practise Manaakitanga, (through supporting, caring for and promoting active listening, and cultural safety) as directed by the Māori patient, will continue to reduce inequity (Lee, 2009). Being deemed as culturally competent should be defined by the patient that is receiving the care (Sharples et al., 2018). Establishing individual rapport with Māori patients to generate a sense of trust, will elicit improved health outcomes because barriers to health will be able to be removed (Sharples et al., 2018). As evidenced above, Māori do not have a high incidence of bowel cancer, rather they have poorer outcomes due to late presentations that is likely linked to barriers to their health care (Sharples et al., 2018).

To ensure cultural safety is upheld, here are some practical steps for STNs to follow:

- **Tapu** – Understanding and protecting what is sacred. Collecting faecal or urinary waste in a bag on their stomach is an abomination to a Māori patient. Keeping an ostomy pouch on for extended periods of time, which keeps the waste close to the skin, is offensive. This can be minimised by offering multiple shorter wear time solutions depending on the type of stoma they have (Lee, 2009).
- **Attending appointments** – A Māori patient and their whānau may have many surgical and oncological appointments as part of their treatment while having a stoma. Ensuring barriers are removed for them to attend these appointments is paramount to them successfully completing treatment (Lee, 2009).
- **Ostomy care** – Any ostomy care that is carried out should be away from food and food preparation areas and in an area of the house that is agreeable to the Māori patient and their whānau. Maintaining privacy and dignity is of greatest importance to a Māori patient (Lee, 2009).
- **Discarding ostomy appliances** – Disposable wipes that are kept separate to other wash cloths used on the body is essential to maintaining cleanliness for a Māori patient. Discarding these disposable cloths and used ostomy appliances in sealable rubbish bags that are kept on the ground is required (Lee, 2009).
- **Whānau involvement** – Whānau is one of the four dimensions of the Te Whare Tapa Whā model of Māori health (Sharples et al., 2018). The inclusion of Whānau members is at the discretion of the Māori patient. Offering the opportunity to have Whānau involved is appreciated by Māori patients.
- **Diet** – There are some minor diet modifications that are required with some stomas to maintain a healthy gut and good patient outcomes. Discussing these and providing options that fit with a traditional Māori diet or diet of choice for the Māori patient is essential to reducing barriers and preventing hospital admissions (Lee, 2009).
- **Support groups and access to Kaumātua** – Each DHB has their own Māori advocacy group. At the discretion of the individual Māori patient, assist them in gaining access to this support (Lee, 2009).
- **Listening** – Most importantly, actively listen and engage with your Māori patient to understand their concerns and questions so that a resolution can be found that benefits them specifically. Creating a partnership with your Māori patient to overcome barriers and reduce inequity will benefit them and their whānau (Lee, 2009).

The Knowledge and Skills Framework will provide:

- A platform for equity and equality in obligation with te Tiriti o Waitangi
- Self-assessment to guide best practice for nurses to function in the speciality area of stomal therapy
- A base for the development of policy and procedures for stomal therapy specialists
- The provision of quality nursing care for people with stomas
- A mechanism for nurses to measure health outcomes and the effectiveness of their practice
- Assist in the development of orientation programmes, job descriptions and support for education programmes
- A mechanism for portfolio development for local Professional Development Recognition Programmes (PDRP) and Nursing Council of New Zealand (NCNZ) requirements for on-going competency

- Promote and strengthen recognition of stomal therapy specialist nursing
- Advice to employers developing services and ensure appropriate knowledge and skills within the nursing workforce
- Support for professional development pathways for those currently working in the specialty

In particular, the framework has been developed for use by:

- Nurses who work in the stomal therapy field, new or advanced stomal therapy nurses
- Health organisations - managers or employers
- Educational institutions

The Knowledge and Skills Framework assessment

The purpose of the stomal therapy knowledge and skills framework is multifactorial:

- Allows structured assessment so a nurse can review their progress and evaluate their learning needs, with the goal of improving the quality of the learning experience for the nurse
- Showcases the unique and holistic assessment STN's undertake every day for people with stomas
- Provides advice for managers developing services for their regions
- Provides a working assessment critical to raising the level of nursing skill in stomal therapy

Assessment is part of the teaching and learning process, designed to assist the nurse to evaluate their own progress, facilitate feedback, assist with identification of learning needs, and establish the nurse has achieved the required level of knowledge and skills. The process of assessment is a positive and open experience that assists the nurse to successfully complete their programme of learning. It requires active participation by the nurse, preceptor, and nurse educator. Competency based practice will be assessed using the Bondy (1983) assessment tool. A variety of methods will be utilised to assess learning outcomes, including but not exclusive to demonstration of clinical competencies, assessment and care planning, presentations in the form of case review and reflection on practice. These activities assist the nurse to reflect on practice, develop new knowledge and plan their further development.

Levels and Domains of Practice

Three levels have been defined to guide an aspiring STN.

Skill levels

1. **Competent**
A nurse with a special interest in stomal therapy.
Resource nurse within their place of work.
2. **Proficient**
Active mentorship from expert. Advanced knowledge of abdominal anatomy and physiology and care continuum of patient with a stoma.
3. **Expert**
Experienced in ostomy patient management. Undertaking higher education, mentoring, part of professional body and contributing to advancement of STN role and evidenced based practice.

It is understood that one level needs to be completed to advance to the next.

Process for completing the Stomal Therapy Knowledge and Skills Framework

Nurses are required to work through the sections at their own pace. Summarise the evidence you obtained to assist you in meeting the identified knowledge and skill requirement. Discuss/ demonstrate with your preceptor and have them sign in relevant sections.

The following rating scale is used for evaluating competency. The criteria for clinical evaluation cluster into three major areas:

- Professional standards and procedures
- Quality aspects of the performance
- Assistance needed to perform the activity

The Bondy five levels of competency are identified:

Independent, Supervised, Assisted, Marginal and Dependent.

Independent means meeting the criteria identified in each of the three areas above. It does not mean without observation, as the performance must be observed to be rated as independent by someone other than the nurse carrying out the procedure.

Quality of performance includes the use of time, space, equipment, and expenditure of energy. If assistance is required, cues can be supportive or directive. Cues such as 'that's right' or 'keep going' are supportive or encouraging but do not change or direct what the nurse is doing. Directive cues, which can be verbal or physical, indicate either what to do or say next or correct an on-going activity.

The x(not observed) category is provided to identify when the opportunity to demonstrate a competency was not available to the nurse in the setting. This is only used for those skills/competencies which are infrequently used in the setting. It is, however, expected that all competencies are addressed (Bondy, 1983).

Competent performance in any area is practice that is independent, proficient, co-ordinated, safe, and accurate on every occasion, without supporting cues.

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Process for completing the Stomal Therapy Knowledge and Skills Framework continued

SCALE	SCORE	STANDARD PROCEDURE	QUALITY OF PERFORMANCE	ASSISTANCE
Independent	5	<ul style="list-style-type: none"> • Safe • Accurate • Achieved intended outcome • Behaviours appropriate to outcome 	<ul style="list-style-type: none"> • Proficient • Confident • Expedient 	<ul style="list-style-type: none"> • No supporting cues
Supervised	4	<ul style="list-style-type: none"> • Safe • Accurate • Achieved intended outcome • Behaviours appropriate to outcome 	<ul style="list-style-type: none"> • Efficient • Confident • Reasonably expedient 	<ul style="list-style-type: none"> • Requires occasional supportive cues
Assisted	3	<ul style="list-style-type: none"> • Safe • Accurate • Achieved most objectives for intended outcome • Behaviour generally appropriate to content 	<ul style="list-style-type: none"> • Proficient throughout most of performance when assisted 	<ul style="list-style-type: none"> • Required frequent verbal and occasional physical directive in addition to supportive ones.
Marginal	2	<ul style="list-style-type: none"> • Safe only with guidance • Not completely accurate • Incomplete achievement of intended outcome 	<ul style="list-style-type: none"> • Unskilled • Inefficient 	<ul style="list-style-type: none"> • Requires continuous verbal and frequent physical cues
Dependent	1	<ul style="list-style-type: none"> • Unsafe • Unable to demonstrate behaviour • Lack of insight into behaviour appropriate to context 	<ul style="list-style-type: none"> • Unable to demonstrate procedure/ behaviour • Lacks confidence, coordination and efficiency 	<ul style="list-style-type: none"> • Requires continuous verbal and physical cues
X not observed	0	<ul style="list-style-type: none"> • Not observed 		
Recognition of prior learning		Certifications gained, demonstration, oral presentation, and/ or challenge test may be used as evidence		

The Bondy Assessment Tool

Bondy, K.N. (1983) 'Criterion-Referenced Definitions for Ratingscales in Clinical evaluation', *Journal of nursing education*, 22(9), 376–382.

W	Written evidence e.g. PDRP
D	Demonstration/Practice based assessment e.g. DOPs
C	Case review/case study presentations
CA	Competence assessed in practice
I	Interview assessment e.g. RN describes/answers specific question related to STN KSF
E	Exemplar
S	Simulated scenario: where known knowledge and skills are evaluated in a simulated setting
T	Challenge test
RP	Reviewed policy/resource documents
ED	Education session attended/clinical teaching delivered
R	Reflection on practice
RPL	Recognition of prior learning certificates
O	Other (explain)

Validation Key

SELF-ASSESSMENT RATING SCALE	
1	Induction
2	With supervision
3	Work unsupervised
4	Train others

Competent Level of Stomal Therapy Knowledge and Skills Framework

	MET (PROVIDE EXAMPLE)	NOT MET (PROVIDE EXAMPLE)
<p>Role models the application of the te Tiriti o Waitangi articles and Kawa Whakaruruhau (cultural safety), in nursing practice including tikanga/kawa/customs and local Māori health supports and social services.</p> <p>Understands Māori health inequities and the social determinants of health</p>		
<p>Culturally safe conversation, incorporating manaakitanga, with Māori patients and their whānau ensuring all domains of Te Whare Tapa Whā are met</p>		
<p>Nursing practise conducted in a manner that the person with a stoma determines as culturally safe</p>		
<p>Assess and interpret clinical indicators of general health status</p>		
<p>Accurate documentation of a holistic clinical assessment of patient and their stoma utilising a stoma assessment tool</p>		
<p>Identify a patient and their whānau level of health literacy and document intervention.</p>		
<p>Is a resource within their practice setting for colleagues, patients, and families or whānau</p>		
<p>Accurate documentation of a clinical assessment, care plan recommendations and evaluation of response</p>		

Competent nurse

BASIC ASSESSMENT (PHYSICAL WELLBEING)				
Level Of Knowledge And Skill	Evidence	Self-Assessment	Validation Key	Assessor Sign & Date
Describe anatomy and physiology of gastro-intestinal system (GI)				
Describe where the following stomas are generally located: <ul style="list-style-type: none"> • Ileostomy • Colostomy • Ileal Conduit/Urostomy 				
Discuss conditions which may lead to stoma forming surgery				
Discuss the rationale for the location in the GI tract of a stoma pertaining to a patient's diagnosis				
Describe how a faecal and urinary stoma is formed				
Discuss normal parameters for consistency and volume for <ul style="list-style-type: none"> • Ileostomy • Colostomy • Urostomy 				
Complete basic stoma assessment. Two examples of ostomy assessment are provided in Appendix 1 and 2				
Be able to identify risk/emergent stoma related issues and discuss the potential solutions				
Discuss the signs and symptoms of a person with dehydration				
Discuss the signs and symptoms of a person with a kidney infection				

Competent nurse continued

APPLICATION OF POUCH				
Level Of Knowledge And Skill	Evidence	Self-Assessment	Validation Key	Assessor Sign & Date
Identify use of closed pouch, drainable pouch and urostomy pouch				
Correctly measure the template of stoma				
Discuss rationale and teach templating to the patient and whānau				
Outline the rationale for accurate templating				
Discuss how to prepare the peristomal skin for application of pouch				
Supervise patient to apply pouch to stoma				
CLINICAL INVESTIGATIONS				
Discuss the significance and implications of normal and abnormal ranges of the following: <ul style="list-style-type: none"> • Haemoglobin • C-reactive protein (CRP) • Renal function 				
Understand local referral process for: <ul style="list-style-type: none"> • Stomal Therapists • Dieticians • Rehabilitation/Physiotherapy • Cancer Society • Health Psychologist • Social Worker • Accident Compensation Commission (ACC) 				

Competent nurse continued

PHARMACOLOGY				
Level Of Knowledge And Skill	Evidence	Self-Assessment	Validation Key	Assessor Sign & Date
Explain the safe administration of medication <ul style="list-style-type: none"> • Anti- motility • Laxatives • Opioids 				
Demonstrate ability to access policies and guidelines related to medication administration				
Awareness of medication interactions				
STOMA TROUBLE-SHOOTING				
Able to identify: <ul style="list-style-type: none"> • Moisture associated skin damage (MASD) • Medical adhesive related skin injury (MARS) 				
Discuss/demonstrate how to resolve MASD and MARS				
Discuss the safe use of a convexity. Soft versus firm appliances				
Discuss/demonstrate appropriate use of hydrocolloid seals				
Discuss/demonstrate appropriate use of a skin barrier				
Discuss/demonstrate appropriate use of stoma powder				

Competent nurse continued

OSTOMY MANAGEMENT				
Level Of Knowledge And Skill	Evidence	Self-Assessment	Validation Key	Assessor Sign & Date
Discuss fluid intake for a person with an: <ul style="list-style-type: none"> • Ileostomy • Colostomy • Ileal Conduit/Urostomy 				
Discuss and provide rationale for fluid and electrolyte education for a person with an Ileostomy				
Discuss the acceptable parameters for the output levels of an ileostomy patient				
Identify a patient with a high output ileostomy and seek advice from expert practitioner				
Provide specific dietary education for patients with: <ul style="list-style-type: none"> • Ileostomy • Colostomy 				
Describe an ostomy prescription, in line with Ministry of Health specifications, of consumables, including rationale, for: <ul style="list-style-type: none"> • Ileostomy • Colostomy • Ileal Conduit/Urostomy 				
Identify and discuss behaviours causing concern for a patient with a stoma with an experienced Stomal Therapist				

Competent nurse continued

PSYCHOSOCIAL (PSYCHOLOGICAL WELLBEING)				
Level Of Knowledge And Skill	Evidence	Self-Assessment	Validation Key	Assessor Sign & Date
Identify/have an awareness of psychosocial issues which may impact on the adaptation to life with a stoma				
Demonstrate awareness of the potential impact of psychosocial issues for the patient and their family or whānau				
SPIRITUAL WELLBEING				
Listen and respond appropriately to Māori patients sharing their wairua, whanaungatanga and personal cultural expectations on how their care should be delivered				
WHĀNAU WELLBEING				
Considers how issues can be resolved, involve whānau and engages with appropriate Māori health care support as appropriate				
Seek guidance resolving psychosocial issues from appropriate networks/MDT				

Proficient Level of Stomal Therapy Knowledge and Skills Framework

	MET (PROVIDE EXAMPLE)	NOT MET (PROVIDE EXAMPLE)
Practices as part of a larger healthcare team, understands role in stomal therapy as a member of a multidisciplinary team		
Consults with experts/other health professionals as required		
Wide reading on Māori health equity and implementation strategies to reduce Māori health inequities.		
Routinely assesses and accurately documents Māori patient's self- assessment of their Te Whare Tapa Whā wellbeing		
Actively participating in quality activities		
Contributes to the development of guidelines, policies and procedures in the clinical setting		
Provides information and education to individuals, their families or whānau and community groups		
Accurately documents objective clinical assessment, care plan recommendations and evaluation of response		
Evaluates treatment outcomes and refers to appropriate services when necessary		

Proficient nurse

ANATOMY AND PHYSIOLOGY (PHYSICAL WELLBEING)				
Level Of Knowledge And Skill	Evidence	Self-Assessment	Validation Key	Assessor Sign & Date
Describe function and general anatomy and physiology of: <ul style="list-style-type: none"> • Stomach • Duodenum • Jejunum • Pancreatic enzymes • Bile • Ileum • Colon • Rectum • Anus 				
Explain basic pathophysiology of: <ul style="list-style-type: none"> • Ulcerative Colitis • Crohn’s disease • Diverticulitis 				
Explain the signs and symptoms of bowel cancer				
Explain the signs and symptoms of bladder cancer				
Explain how entero-cutaneous (ECF) fistulae develop				
Explain the most common reasons why an ECF would form				

Proficient nurse continued

PRE-OPERATIVE CARE (IF APPLICABLE)				
Level Of Knowledge And Skill	Evidence	Self-Assessment	Validation Key	Assessor Sign & Date
Explain the importance of STN involvement pre-operatively				
Explain the importance of siting a stoma				
Describe the factors to consider when siting a stoma				
Describe the education provided to a patient and their family or whānau prior to stoma forming surgery, with consideration of health literacy skills and potential language barrier				
Encourage Māori patients and their whānau to express their concerns and find solutions that are culturally appropriate to their Hauora				
Have an awareness of support groups/networks available for new or existing people with stomas, e.g. websites, social networks, support groups. Discuss and advise patients in line with their requests				
Demonstrate a comprehensive pre-operative session with a patient				

Proficient nurse continued

PHARMACOLOGY				
Level Of Knowledge And Skill	Evidence	Self-Assessment	Validation Key	Assessor Sign & Date
Discuss the significance and implications for patients taking the following medication: <ul style="list-style-type: none"> • Anti-motility • Laxative • Opioids • Antibiotics • Steroids 				
Discuss the significance and implications for patients taking immunosuppressant medication <ul style="list-style-type: none"> • Patients with cancer • Patients with IBD 				
Demonstrate knowledge of medication interactions				
CLINICAL INVESTIGATIONS				
Explain a colonoscopy procedure and when a patient may have one across the care continuum				
Explain anastomotic imaging and when a patient may have one across the care continuum				
Explain a flexible sigmoidoscopy and when a patient may have one across the care continuum				

Proficient nurse continued

INPATIENT OSTOMY MANAGEMENT (IF APPLICABLE)				
Level Of Knowledge And Skill	Evidence	Self-Assessment	Validation Key	Assessor Sign & Date
Explain the importance of a clear pouch post-operatively				
Explain the process of re-introducing diet and fluids				
Explain the signs, symptoms, and management of an ileus				
Explain fluid and electrolyte nursing management for a high output ileostomy, including pouching				
Explain and demonstrate provision of education to a patient and their family or whānau for the following: <ul style="list-style-type: none"> • Individualised diet and fluid management with consideration to stoma type • Hernia prevention • Skin management • Pouch application 				
Explain the transition of care to the community and level of information required in referral				
Demonstrate provision of both opportunistic and formal teaching for colleagues covering topics which may include but not limited to: <ul style="list-style-type: none"> • Anatomy and physiology • Pouching • Troubleshooting • Ostomy support and referral to community 				
Explain and demonstrate management of ECF to include: <ul style="list-style-type: none"> • Pouching • Fluid balance • Nursing medication management 				

Proficient nurse continued

OSTOMY MANAGEMENT				
Level Of Knowledge And Skill	Evidence	Self-Assessment	Validation Key	Assessor Sign & Date
Explain and demonstrate management and considerations of a mucocutaneous separation				
Explain and demonstrate maintenance of healthy peristomal skin including abdominal hair maintenance				
Explain and demonstrate the management of a flat and/or retracted stoma				
Explain and demonstrate management of: <ul style="list-style-type: none"> • Leaking pouch • Parastomal hernia • Prolapsed stoma • Stenosed stoma • Retracted stoma • PMASI • Granulomas/ hypergranulation 				
Demonstrate comprehensive hernia prevention education to patient and their family or whānau including support garments. Ascertain patients understanding.				
Explain and demonstrate removal of ileal conduit stents and demonstrate comprehensive nursing assessment prior and post removal				
Explain and demonstrate comprehensive assessment and teaching of irrigation for appropriate patients with colostomy's				
Explain and demonstrate comprehensive assessment and teaching of irrigation for appropriate patients with Caecostomy's				

Proficient nurse continued

OSTOMY MANAGEMENT — CONTINUED				
Level Of Knowledge And Skill	Evidence	Self-Assessment	Validation Key	Assessor Sign & Date
Explain and demonstrate comprehensive assessment and teaching of irrigation for appropriate patients with colostomy/s				
Explain and demonstrate comprehensive assessment and teaching of irrigation for appropriate patients with Caecostomy/s				
Outline the Ministry of Health guidelines for the provision of ostomy consumables				
Outline the MoH guidelines for conducting ostomy reviews for both short and long term ostomates with consideration to the complexity of the stoma				
Identify normal and abnormal stoma appearance and seeks clarification				
Discuss and demonstrate management for ECF patients in the community: <ul style="list-style-type: none"> • Pouching • Fluid balance • Medication management 				
PROFESSIONAL				
Member of a recognised professional body e.g. NZNOCSTN, Australian Association of Stomal Therapy Nurses (AASTN)				
Supervision and mentorship from an expert STN				
Practices evidenced based ostomy care				

Proficient nurse continued

HEALTH PROMOTION AND EDUCATION				
WHANAU AND PSYCHOLOGICAL WELLBEING				
Level Of Knowledge And Skill	Evidence	Self-Assessment	Validation Key	Assessor Sign & Date
Demonstrate assessment of a patient’s family/social/cultural/financial influences which impact on their decision-making behaviour related to ostomy and general ostomy management. Be guided by patients requests and their culture				
Able to promote local ostomy support groups				
SPIRITUAL WELLBEING				
Discusses and undertakes holistic assessment of patient with a stoma including continence, sexual and psychosocial factors				
PSYCHOSOCIAL WELLBEING				
Identifies multiple psychosocial issues impacting on adaptation to life with a stoma				
Understands the impact on the patient and their whānau and can help resolve some issues.				
Identifies psychosocial issues early in the patient journey				
Involves appropriate networks /MDT (Multi-disciplinary Team) members early in the patient care to minimise impact of psychosocial issues				

Expert Level of Stomal Therapy Knowledge and Skills Framework

	MET (PROVIDE EXAMPLE)	NOT MET (PROVIDE EXAMPLE)
Leads or assists multidisciplinary team with prevention initiatives as appropriate for ostomy patients		
Leads active protection and participation initiatives, to reduce Māori health inequities and improve the social determinants of Māori health		
Consistently assesses and actively encourages Te Whare Tapa Whā wellbeing with Māori patients		
Leads, develops, and contributes to the development of guidelines, policies and procedures in the ostomy setting		
Conducts comprehensive holistic health assessment utilising advanced clinical assessment skills and diagnostic reasoning		
Assesses and correctly interprets clinical indicators of general health status		
Accurately documents clinical assessment, care plan recommendations and evaluation of intervention		
Evaluates treatment outcomes and refers to appropriate services		
Consults with fellow experts/other health professionals as required		

Expert nurse

PHYSIOLOGY WELLBEING AND PATHO-PHYSIOLOGY				
Level Of Knowledge And Skill	Evidence	Self-Assessment	Validation Key	Assessor Sign & Date
Demonstrate knowledge and comprehensive understanding of anatomy and physiology of the gastrointestinal and genitourinary systems as evidenced by completion of a post-graduate paper				
Demonstrate knowledge and comprehensive understanding of ostomy formation, conditions leading to ostomy formation and assessment of a stoma as evidenced by completion of a post- graduate paper in Stomal Therapy				
Demonstrate knowledge and comprehensive understanding of fistula formation, conditions leading to fistula formation and assessment of a fistula as evidenced by completion of a post- graduate paper. This includes but is not limited to: <ul style="list-style-type: none"> • ECF/EAF • Abnormal tract between organs 				
PHARMACOLOGY				
Demonstrate knowledge of the pharmacodynamics and pharmacokinetics of: <ul style="list-style-type: none"> • Anti-motility • Laxative • Opioids • Antibiotics • Steroids 				

Expert nurse continued

OSTOMY MANAGEMENT				
Level Of Knowledge And Skill	Evidence	Self-Assessment	Validation Key	Assessor Sign & Date
<p>Demonstrate comprehensive knowledge, application, and ability to educate both patient and their family or whānau, care facilities and colleagues of the following as evidenced by completion of a post-graduate paper in Stomal Therapy:</p> <ul style="list-style-type: none"> • Hernia and prolapse prevention • Hernia management • Stenosed stomas • Retracted stomas • Prolapse management • Peristomal ulceration and abscess management • Granuloma prevention and management • Fluid and electrolyte management • Dietary management • Psychological and sexual health for a patient with a stoma • Blockage/obstruction signs and symptoms • Ischemic stoma and post-operative management (including stomal stenosis risk) • Complex/high needs patient with a stoma/co-morbidity • Complex/high needs patient with an enterocutaneous fistula 				
<p>Initiate appropriate follow up/referrals in response to abnormal findings in the context of comprehensive assessment/reablement/holistic care</p>				
<p>Demonstrate knowledge and undertake in the assessment of long-term patients with stomas in the primary, secondary, and tertiary settings</p>				

Expert nurse continued

OSTOMY MANAGEMENT — CONTINUED				
Level Of Knowledge And Skill	Evidence	Self-Assessment	Validation Key	Assessor Sign & Date
Demonstrate comprehensive knowledge and understanding of bowel cancer care pathway for a patient with a stoma				
Demonstrate comprehensive understanding of an anastomotic leak/ abscess formation in the care of a patient with a stoma				
WHĀNAU WELLBEING				
In partnership with the patient and their family or whānau, demonstrate assessment of a patient and their whānau and their social/cultural/financial influences which impact on their decision-making processes				
NEONATES/PAEDIATRICS (IF APPLICABLE)				
Demonstrate knowledge and comprehensive understanding of stoma formation, conditions leading to stoma formation and assessment of a stoma. Including but not limited to: <ul style="list-style-type: none"> • Necrotising enterocolitis (NEC) • Hirshprungs • Imperforate anus 				
Comprehensive assessment of a paediatric patient with a stoma and their family or whānau				

Expert nurse continued

NEONATES/PAEDIATRICS (IF APPLICABLE) — CONTINUED				
Level Of Knowledge And Skill	Evidence	Self-Assessment	Validation Key	Assessor Sign & Date
Comprehensive referrals to paediatric specialists for follow up/ on-going management: <ul style="list-style-type: none"> • Dieticians • Physiotherapist • Community support • Community nursing • General surgical teams • Paediatric nurse specialists 				
Comprehensive knowledge and skill of risk of herniation and prolapse, management and parents/whānau understanding				
Comprehensive knowledge and skill of peristomal and perianal skin care				
PROFESSIONAL DEVELOPMENT AND QUALITY				
Leads and contributes to the development of site-specific policy, protocols, and guidelines				
Lead and participate in quality improvement and efficiency activities related to the care of patients with stoma's				
Successfully complete a Stomal Therapy post-graduate qualification				
Undertaking Post graduate education				
Actively promote the specialty of Stomal Therapy				

Expert nurse continued

PROFESSIONAL DEVELOPMENT AND QUALITY — CONTINUED				
Level Of Knowledge And Skill	Evidence	Self-Assessment	Validation Key	Assessor Sign & Date
Lead and further develop ostomy education and resources locally and nationally				
Actively engage in forums and wider network of SIN's for professional development and advancement of Stomal Therapy				
Awareness and engagement with international ostomy societies				
Actively engage, contribute, and present at national/ international ostomy conferences for the advancement of stomal therapy and ostomy patients				
Lead and document evidenced based change in the care of ostomy patients				
PSYCHOSOCIAL WELLBEING				
Anticipate and minimise psychosocial issues impacting on adaptation to life with a stoma Able to minimise the impact of psychological issues with the use of counselling skills.				
WHĀNAU WELLBEING				
Use comprehensive assessment skills throughout the patient journey to identify psychological issues that may impact on the patient and/or their family or whānau when living with a stoma				
Leads case/care coordination in resolving issues identified using networks and MDT				

Assessment Grid

Trainee name	Trainee position	Department	Signature	Has trainee been assessed as competent?

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Appendix 1

<p>Observe</p>	<ul style="list-style-type: none"> • 0 -72 Hrs post-op, observe stoma with all routine observations • 72hrs – discharge, observe stoma once a shift • If concerned, monitor closely, notify team and Stoma CNS
<p>Stoma / Skin</p>	<ul style="list-style-type: none"> • Document stoma - colour, size, warmth. Is stoma protruding, flush, retracted, or oedematous? • Document skin condition - intact, excoriated? • Mucocutaneous junction - is there separation? • Any issues, take a clinical image and discuss with Stoma CNS
<p>Template</p>	<ul style="list-style-type: none"> • No more than 2mm of skin exposed around stoma • Date template and throw away old template • Check the template regularly • If skin creases are close by, pull up skin to ensure stoma is correct size and shape
<p>Output</p>	<ul style="list-style-type: none"> • Strict FBC while inpatient • Advise patient to read dietary sheet for information • Ileostomy aim for <1000ml/24Hrs. Requires replacement if >1000ml/24 Hrs. Loperamide - Give at least 30minutes before food • Colostomy - Initially loose output but will become formed over time. If constipation suspected, may need laxatives • Urostomy – Straw coloured urine, may have haematuria when new. Small amounts of mucus will be present
<p>Management</p>	<ul style="list-style-type: none"> • New stoma – Daily bag changes and document progress • Established stoma – Allow patient to remain independent • Can patient independently empty the pouch and complete an unsupervised pouch change? <ul style="list-style-type: none"> • If yes, can be discharged • If no, teach family members and carers how to care for stoma • Pouch – Document brand, flat or convex, code number, accessories used and why • Ensure on discharge they have the following supplies: <ul style="list-style-type: none"> • Ileostomy: 8 pouches • Colostomy: 10 pouches, mix of closed and drainable • Urostomy: 8 pouches and 2 night bags • District Nursing referral on discharge
<p>Yes, I have completed a full OSTOMY assessment</p>	

Appendix 2

Ostomy Assessment - STOMAP

S tooma	<ul style="list-style-type: none"> • Remove the pouch and look at the stoma and peri-stomal skin. • Document the size, shape, color and the condition of the stoma and peri-stomal skin and muco-cutaneous junction. • Discuss with CNC or Stomal Therapist if concerns
T emplate	<ul style="list-style-type: none"> • Review and adjust template to ensure not more than 1-2mm of skin exposed around stoma and document
O utput	<ul style="list-style-type: none"> • Ask questions to establish the type, consistency, and volume of stoma output. Document any medication prescribed and/or taken to control output – include dose and frequency. • Colostomy: Normal bowel function and volume. Utilise Bristol stool Scale. Aim for Type 3-4 (soft, formed motion) • Ileostomy: Establish ml/24hrs output. Aim for 600-800mls per 24hrs. Input; Aim for 2L per 24hrs – encourage non-carbonated, non-caffeinated, non-alcoholic fluid. • Urostomy: Output – approx. 1.5 litres of “straw coloured” urine per 24hrs. Document presence or absence of mucous.
M anagement	<ul style="list-style-type: none"> • Who is caring for the stoma? • Is the equipment that is being used the most appropriate for the patient and their stoma? • Observe the patient or care givers technique when changing the appliance
A pliance	<ul style="list-style-type: none"> • Document brand and code of pouches patient discharged from hospital with. • Does the patient have adequate supply of equipment on hand to self-manage their stoma? • Is the pouch of appropriate size to manage the type and volume of output? • Document Brand and code of any products provided to the patient
P rescription	<ul style="list-style-type: none"> • Document Brand and Code of supplies once placed on postal delivery



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Principal author: College of Stomal Therapy Nursing

Reviewed:

Correspondence to: nurses@nzno.org.nz

Mission statement

NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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