Professional Practice Model EP1EO

Two examples are required; one example must be from ambulatory setting, if applicable.

a. Provide two examples, with supporting evidence, of an improved outcome associated with an evidence-based change made by clinical nurses in alignment with the organization’s professional practice model (PPM).
   - Outcome data must be in the form of a graph and a data table
   - Provide a schematic of the PPM

Example b: Post-discharge Follow-up with a Wound Ostomy Continence Nurse to Decrease Ostomy Leakage Issues and the Cost of Ostomy Supplies

Problem
The WakeMed Professional Practice Model (PPM), CARES, emphasizes the core values of WakeMed nurses, including Advocacy. When Clinical Nurse Joanna Burgess, BSN, RN, CWOCN fielded calls from distressed patients about frequent appliance changes, skin breakdown and excessive out of pocket expenses for ostomy supplies, she knew she needed to advocate on their behalf. Burgess validated her experience with other members of the Wound Ostomy Nursing team. Burgess and the team knew they could address this issue in the Outpatient Ostomy Clinic through customized skin and pouch assessment, additional just-in-time education and changes to a home care regimen that would decrease the frequency of pouch changes and out of pocket costs for ostomy supplies.

Burgess contacted her clinic patients on the day before their scheduled visit to ascertain the average cost of ostomy supplies for the previous week, August 1-7, 2018. Burgess’ Outpatient Ostomy Clinic patients reported the average cost of daily pouch changes, with associated peristomal skin breakdown, to be $67.78 per week. The cost was calculated based on the standard retail value of the self-reported products used during the previous week. The average cost was then determined for the WOCN clinic patients.

Goal Statement
The goal was to decrease the weekly average out of pocket cost to WOCN clinic patients for ostomy-related supplies.
### Participants

<table>
<thead>
<tr>
<th>Name/Credentials</th>
<th>Discipline</th>
<th>Title/Role</th>
<th>Department</th>
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</thead>
<tbody>
<tr>
<td>Joanna Burgess, BSN, RN, CWOCN</td>
<td>Nursing</td>
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<td>Melanie Johnson, BSN, RN, CWOCN</td>
<td>Nursing</td>
<td>Manager</td>
<td>Wound Ostomy Nursing</td>
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<tr>
<td>Leigh Ammons, BSN, RN, CWON</td>
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<td>Wound Care Specialist</td>
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<td>Gloria Tabron, BSN, RN, CWON</td>
<td>Nursing</td>
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<td>Varda Behrman, BSN, RN, CWOCN</td>
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<td>Wound Care Specialist</td>
<td>Wound Ostomy Nursing</td>
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### Description of the Intervention

The National United Ostomy Association of America (NUOAA), a national support organization for individuals with an ostomy or continent diversion, wrote the Ostomy and Continent Diversion Patient Bill of Rights in response to concerns voiced by their membership and in accordance with the evidence-based best practice guidelines from the Wound, Ostomy and Continence Nurses Society (Wound, Ostomy and Continence Nurses Society, 2014, Discharge Planning for a Patient with a New Ostomy: Best Practice for Clinicians, Mt. Laurel: NJ).

The WakeMed Wound Ostomy Nurse Team refers community patients with ostomy-related problems to the Outpatient Ostomy Clinic in alignment with this bill of rights, with an emphasis on the clinic’s roles of postoperative nursing care and advocacy to fulfill these rights for WakeMed patients. The team recognized how meeting the tenets of the bill of rights aligned with the WakeMed Professional Practice Model. Beyond the traditional postoperative rights related to the care of the ostomate, the bill of rights states that it is a lifetime right to have access to a healthcare professional with specialized knowledge of ostomy care and to have care reevaluated with changes due to aging or change in medical status.

Burgess expanded her practice to not only provide postoperative education, but to follow up with these patients for several weeks after their visit to ensure their needs are met.

- **August 8, 2018:** As part of her expanded practices based on the evidence from the NUOAA bill of rights, Burgess began calling clinic patients to ask about their concerns and obtain information on the type of pouching system, including accessories, that they use, and on the frequency of their use. She also assessed the safety issues related to the skin breakdown as affected by the leakage and frequent appliance changes.
- August 9, 2018: Burgess met with her clinic patients to provide follow-up education, change the pouch type and accessories to address complications, and to individualize pouching systems
- August 10-30, 2018: Burgess made weekly follow-up phone calls to her clinic patients to reassess the frequency of pouch changes and the supplies being used, and to assess for further complications to obtain an average weekly cost of supplies.

Outcomes
The evidence-based change that Burgess made in alignment with the WakeMed PPM resulted in a reduction in patients’ average out of pocket cost of ostomy supplies per week, from $67.78, for the week of August 1, 2018 to:
- $56.47 for the week of August 10-16, 2018
- $52.03 for the week of August 17-23, 2018
- $41.44 for the week of August 24-30, 2018

Evidence EP1EOb-2, WakeMed Health & Hospitals Outpatient WOCN Clinic Average Out-of-Pocket Cost for Ostomy Supplies