



Scientific and Clinical Abstracts From WOCNext® 2021

An Online Event ◆ June 24-26, 2021

ORAL RESEARCH ABSTRACT PRESENTATIONS

Ostomy—Wellness

eGS01

A MIXED STUDY ON THE CORRELATION AND INFLUENCING FACTORS OF SELF-EFFICACY, PERCEIVED CONTROL, AND SELF-PERCEIVED BURDEN IN ELDERLY PATIENTS WITH STOMA

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TOPIC: Study on self-efficacy and its related factors in elderly patients with intestinal stoma. **PURPOSE:** To describe the current situation and relationship of Self-Efficacy, Perceived Control, and Self-Perceived Burden (SPB) in elderly patients with stoma. Try to analyze the influencing and promoting factors of Self-Efficacy. **METHODS:** The researchers investigated 349 elderly patients (mean age: 70.34 ± 7.66 years [mean \pm SD]) with SSES, Perceived Control in Health Care Questionnaire, and SPB. The researchers also interviewed 14 patients (mean age: 72.07 ± 8.89 years) face-to-face and semistructured to understand their feelings and experiences and finally to obtain the promoting factors of Self-Efficacy. **RESULTS:** The score of SSES was (77.07 ± 21.47). The vast majority are in the middle level (64.01%). The education, residence, persistent time of stoma, and self-care were significantly related to Self-Efficacy ($P < .05$). There was a positive correlation between perceived control and self-efficacy ($r = 0.519$, $P < .05$) and a negative correlation between SPB and Self-Efficacy ($r = 0.432$, $P < .05$). In the multiple regression analysis, all the variables entering the model explained 56.9% of Self-Efficacy. The analysis of intermediary effect suggests that Perceived Control played a completely mediating role in the prediction of SPB and Self-Efficacy and had a significant predictive effect ($\beta = -.606$, $P < .05$). Four themes are obtained by IPA analysis: Self-Care, Living Habits, Depression, and Benefits Found. The promote factors involve objective factors (adequate disease awareness and abundant support systems) and internal factors (appropriate rehabilitation expectations and positive coping strategy). **CONCLUSION:** Perceived Control and SPB can affect the level of Self-Efficacy. In clinical

practice, patients' needs for disease-related knowledge and social support should be met, patients should be encouraged to participate in colostomy management, and patients should be guided to adopt positive coping strategies to help patients improve their self-efficacy.

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Continence—Symptom Science

eGS02

DECREASING INCONTINENCE-ASSOCIATED DERMATITIS IN THE ACUTE CARE SETTING

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TOPIC: Incontinence-associated dermatitis in acute care. **PURPOSE:** At a Southeastern United States urban hospital, the available data showed the incidence of incontinence-associated dermatitis (IAD) to be 26% in 2016, an increase from 21% in 2015 and 20% in 2014 (Arnold-Long & Johnson, 2019). No policy or procedure is in place providing a standard of care or guidance for non-wound, ostomy, and continence registered nurses (non-WOC RNs) on the identification and prevention of IAD or management of incontinence. The purpose of this project was to determine if the use of a standardized IAD assessment tool and prevention algorithm by bedside nursing staff decreased the rate of hospital-acquired IAD over the period of 8 weeks. **METHODS:** Implementation on a 23-bed adult medical-surgical unit consisted of focused nursing staff education around the GLOBIAD instrument, IAD prevention algorithm, and evidence-based bundled skin care guidelines (Beeckman and colleagues, 2015). Data analysis compared the number of IAD cases before and after the implementation period. The rate of hospital-acquired IAD versus IAD identified upon admission was further delineated. **RESULTS:** Of 247 patients admitted to the unit during the 8-week intervention period, 75 were at risk for IAD. The

was achieved. Unit-acquired pressure injury prevalence rates decreased from 12.5-20% to 0% and a collaborative relationship between the WOC nurses and the CCU team was established.

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Wound—Quality

ePI13

USE OF WOUND PHOTOGRAPHY TO ASSIST WITH WOC NURSE VALIDATION OF SUSPECTED PRESSURE INJURIES

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TOPIC: Accurate identification of the present on admission status of pressure injuries. **PURPOSE OF THE INNOVATION:** The purpose of this innovative process was to correctly identify the present on admission status of pressure injuries at a 1200-bed urban/suburban level 1 trauma health system. The determination of present on admission status of pressure injuries was difficult to ascertain and relied heavily on the bedside nurse. The WOC nurse was able to see and validate an average of 38.2% of all documented hospital-acquired pressure injuries, but the percentage of injuries documented to be hospital acquired was an average of 51% of the total documented pressure injuries. **PROCESS:** On January 15, 2020, the photograph validation of suspected pressure injury process was implemented. The process included a full skin assessment performed by the bedside RN on admission and every 8 hours. Areas suspected to be pressure injuries are documented in the electronic medical record as “suspected pressure injury” and photographed. The suspected pressure injury documentation triggers an alert to the WOC nurse to perform a review of the photograph and available patient history. If the skin impairment is consistent with a pressure injury, the WOC nurse will document and stage the injury in the electronic medical record. If the skin impairment is not consistent with a pressure injury, the WOC nurse will provide etiology for the injury in the electronic medical record. **OUTCOMES:** Prior to

implementation, the percentage of hospital-acquired pressure injuries validated by a WOC nurse was 38.2%. After implementation, the hospital-acquired pressure injury WOC nurse validation rate was sustained at 100%. The percentage of the total documented pressure injuries that were hospital-acquired decreased from 51% preimplementation to an average of 8.8% postimplementation.

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Ostomy—Clinical Care Innovations

ePI14

INCORPORATION OF AN EXPANDED OSTOMY SELF-MANAGEMENT TRAINING PROGRAM: USING OSTOMY TEAMS TO REDUCE READMISSIONS AND INCREASE PATIENT QUALITY OF LIFE

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Up to 25% of patients with newly created ostomies are readmitted within 90 days, carrying an estimated cost of \$9000 per readmission (Wick and colleagues, 2011). Many times, these result from insufficient coordination of care due to a shortage of ostomy-certified nurses to meet the overall needs of the patients (Turnbull, 2002). One such ostomate suffered from the lack of education and support involved in navigating the “new normal” life with an ostomy. Despite being an ostomate and a UOAA visitor, there was backlash from clinicians while pursuing and insisting upon UOAA Patient Bill of Rights (UOAA, 1977) standard of care. Unlike other professionals in the field, ostomy peer support specialists can offer a unique service to meeting the needs of clients because they also have been through such experiences and managed to recover. After much research and collaboration, a plan was developed to incorporate sufficient nonclinical training into an ostomy self-management program. **PURPOSE:** Deliver a more complete level of care to ostomates, combining clinical and nonclinical aspects. **PROCESS:** Through completion of the WCEI Ostomy Management Specialist course and other ostomy-related courses, the ostomate has learned the differences between clinical and nonclinical patient education and support, knowing how to properly assist (nonclinically) while improving the ostomate quality of life, thus reducing costly readmissions. **OUTCOMES:** An ostomy self-management training program carries an estimated cost of \$1812 per patient. It incorporates sufficiently trained ostomy peers into the standard of care provided, resulting in cost savings of \$7188 per readmitted patient (Hornbrook and colleagues, 2018). **CONCLUSION:** With approximately 120,000 new ostomies per year (Turnbull, 2003), this ostomy self-management program could exponentially enhance the care provided to the