

60 Vera Pl. • McLoud, OK 74851 • (405) 243-8001 • ostomy211@gmail.com

Accomplished professional with 15+ years Business Administrative and Managerial experience. Skilled in ensuring a safe work environment, overseeing work quality, meeting production schedules, and coordination of staff.

Offering quality, cost-effective management of a caseload of Ostomy patients who have ostomy care and support needs. Upon referral from physicians and other healthcare providers assesses, plans, implements and evaluates non-clinical patient care. As an Ostomy Support Specialist, provides expert consultation, coordination of services and education for patients and families and the healthcare team to achieve optimal patient care and adequate staff knowledge of ostomy care.

- Proven problem-solving, analytical, and creative thinking skills in a complex environment.
- Excellent interpersonal skills and oral and written communication skills.
- Ability to function with a do-whatever-it-takes attitude.
- Strong technical acumen and capability to manage multiple projects simultaneously
- Empathy and sympathy for those suffering with illnesses
- Positive and Supportive attitudes and actions.

#### EDUCATION/CERTIFICATIONS/CREDENTIALS

- Completion of OMS (Ostomy Management Specialist) course
- Patient Navigator Certification
- Life Coach Certification
- Numerous Certificates in the field of Ostomy care
- UOAA Visitor Certification and Instructor
- Colorectal Cancer Alliance Ostomy "Buddy"
- CCFA Power of 2 Mentorship Training
- Various American Red Cross Certifications
- Various FEMA Certifications
- SBA and NonProfit-related Workshops

1980 - 1981	Vocational	LaGrande College of Business	LaGrande, OR
1981-Present	Numerous Business- and Tax- Related Training Seminars and Online Courses		
2010 - 2012	College Courses majoring in Business Administration from Eastern Oregon University		
2012 - 2014	Rose State College majoring in Business Administration with a focus in Project Management		
2014	University of Central Oklahoma majoring in Business Administration with a focus in Project Management		

#### Educational and Professional Affiliations

- Founder and Executive Director Ostomy 2-1-1, Inc.
- Volunteer Ostomy-related Peer support services with numerous local hospitals
- UOAA (United Ostomy Association) Leader & Volunteer
- CCA (Colorectal Cancer Alliance) Volunteer, Moderator, and Ostomy "Buddy"
- CCFA (Crohn's and Colitis Foundation of America) Co-Leader, Volunteer, and Mentor
- ACS (American Cancer Society) Volunteer

- OKMRC (Oklahoma Medical Reserve Corps) Volunteer
- Internship/Senate ASEOU (Associated Students of Eastern Oregon University)
- Executive Cabinet - OIL (Oklahoma Intercollegiate Legislature) – RSC Delegation
- National Society of Leadership and Success
- American Red Cross Volunteer

### PERSONAL EXPERIENCE

2018 Total Proctectomy surgery  
 2014 Ileostomy surgery, diagnosis Short Bowel Syndrome; Chronic Dehydration  
 2013 Diagnosis Ulcerative Colitis  
 2012 Ovarian Cancer; complete Hysterectomy

### PROFESSIONAL EXPERIENCE

#### Ostomy 2-1-1. Inc

2014 – Present

#### **Executive Director – Creation, implementation, and presentation:**

- Pre- and post-operative visits and patient education
- Patient navigation and advocacy
- Referrals to other groups that provide related resources and services.
- A searchable resource and service directory
  - [www.ostomy211.com](http://www.ostomy211.com)
- An ostomy-related website
  - [www.ostomy211.org](http://www.ostomy211.org)
- Ostomy supply pantry and support in collaboration with Integris Community Clinic
  - 60 Vera Pl McLoud, OK 74851
  - [www.ostomysupplies.ostomy211.org](http://www.ostomysupplies.ostomy211.org)
- 24/7 private ostomy-related online support group
  - <https://www.facebook.com/groups/ostomyfamily/>
- Collaborations and referrals from a wide variety of clinicians and caseworkers
- Skills labs and in-service events with clinicians and healthcare organizations (to include home health)

#### D & S Property Management

2010

#### **On-Site Apartment Property Manager**

- Managed the showing, interviewing, screening/qualifying, and renting of apartment clients.
- Managed all aspects of billing, A/R, and A/P general ledger postings and bank deposits.
- Monitored the process of housekeeping, maintenance and repairs.
- Monitored the operations and use of outdoor swimming pool.
- Worked as part of a self-directed team with accountability for all technical aspects of work, quality, efficiency, daily workflow and customer service.
- Communicated effectively with clients, vendors, peers and cross-functional departments.

#### Trucker's Business Services

1995-2010

#### **Owner**

**Bookkeeper, Tax Preparer, DOT Compliance**



- Managed the interviewing, hiring, training, performance evaluations, salary increases and promotions. Encouraged a productive and team-spirited, customer-centric environment.
- Managed all aspects of billing, A/R and A/P general ledger postings, and payroll processing.
- Trained personnel on bookkeeping principles, debits, credits, sales books, taxes and closings.
- Followed-up on progress of each assignment through to completion. Re-assign as necessary.
- Coordinated all details of in-house and off-site training seminars & workshops.
- Allocated and distributed purchased equipment and supplies.
- Followed up on and resolved customer complaints.
- Directed production functions and safety procedures in accordance with OSHA regulations.
- Ensured the maintenance of production equipment using in-house and external technicians.
- Worked as part of a self-directed team with accountability for all technical aspects of work, quality, efficiency, daily workflow and customer service.
- Communicated effectively with clients, vendors, peers and cross-functional departments.

### **UNDERSTANDING OF PROFESSIONAL RESPONSIBILITIES**

- Assesses, examines, counsels, and determines treatment for prevention of negative ostomy-related wounds, blockages, dietary issues, and peristomal skin breakdown. Determines and orders appropriate topical products, referrals to specialty providers, under approved physician orders and protocols and based on established Ostomy standards of care within scope of practice. Organizes and plans patients' ostomy care and rehabilitation through assessment, examination, pre-and post-operative teaching, counseling and recommending treatment and product use. Acts as an expert resource for staff and utilizes knowledge in areas of practice.
- Consults with physicians, nurses, and other healthcare providers in hospital, clinic, home health/hospice and skilled nursing facilities regarding ostomy management for individual patients; recommends treatment modalities to promote healing, contain drainage, and promote skin integrity.
- Ostomy Care Education and Consultation: Consults with contracted home health agencies and primary care clinicians regarding appropriate clinical ostomy care and utilization for home care and skilled nursing facility patients. Provides formal education of nursing, medical, and other healthcare staff regarding ostomy management. Actively participates/leads committees/task forces as needed. Educates team on financial implications of supply and equipment usage. Develops state-of-the-art protocols, staff and patient written resources in collaboration with supervisor and CWOCNs.
- Consults with local outpatient materials management, pharmacy, reception staff regarding issues related to the delivery of effective ostomy care.
- Quality Management/Utilization: Participates in quality management/improvement activities as appropriate, including occurrence reporting, focused studies, process and outcome measurement and continuous quality improvement projects. Consults with DME, Materials Management regarding optimum use of supplies and equipment. Participates as a member of the CWOCN team, including team meeting and case conferences. Supports quality management plans at the UBT level. Performs other duties as assigned.

### **ADDITIONAL RESPONSIBILITIES**

- Ability to travel between multiple offices, clinics, hospitals and/or homes within the Region and nationally.
- Thorough knowledge of current ostomy nursing practice.
- Ability to complete concise, thorough clinical documentation of patient assessments and care.
- Working knowledge of quality management and resource utilization methodologies.
- Knowledge of universal infection control.
- Knowledge of adult learning theory.
- Strong group presentation skills to facilitate provision of in-service training.
- Strong verbal and written communication skills.
- Problem-solving, organizational and time management skills.
- Ability to work in interdisciplinary team as a consultant and direct care provider.
- Demonstration of customer-focused service skills.

- Ability to proficiently operate personal computer.
- Agreement to follow all prescribed safety precautions and procedures in order to avoid accidents, exposure to illness, or placing self in situations of high risk for injury. When caregivers or equipment are not available to assist, then have discussion with a Supervisor to discuss alternative care arrangements for the patient.

### SOCIAL PERCEPTIVENESS

- Ability to work with a diverse population from pediatrics to geriatrics
- Basic understanding of age-related differences in caring for and/or communicating with patients and caregivers
- Possess personal sensitivity to the needs and experiences of others and a non-judgmental attitude towards persons of differing standards, values, lifestyles, and ages
- Ability to respond quickly and appropriately to situations that may arise with high risk or diverse patient populations
- Ability to adjust actions in relation to others and adapt to offer best possible care to patients

### PROFESSIONAL REFERENCES

CJ Washington	Wound, Ostomy Nurse, SSM Health	405-474-4043
Jeannie Moore	Co-Founder& Certified Patient Support Navigator, CCA	202-628-0123
Ed Hunnicutt	Coloplast Int'l, Sales Representative	612-702-6607
Randall Boord	Hollister, Sales Representative	405-819-5635
Thomas Dinger	Convatec Sales Representative	501-626-6016
Nikki Bruster	CWOCN, OU Medical, Children's Hospital	405-210-2674
Trey Starr	Argencis, VP. Sales	405-821-3610
Joy Hooper	RN, BSN, CWOCN, OMS; Clinical Instructor, WCEI	229-402-0782



Sept 5, 2018

To Whom It May Concern;

Debi Fox is a valued member and leader of the United Ostomy Associations of America with the support group that she successfully leads.

She has educated herself by attending many educational symposiums, conferences and related support groups that include IBD, colorectal cancer, prostate cancer and bladder cancer; to better equip herself to serve patients in the ostomy community. Being a patient herself, she understands the need for obtaining proper supplies, working through insurance issues, need for support of the care givers, and psycho-social issues that ostomy patients encounter.

Debi believes it is imperative to work with the nursing professionals to help prevent problems, assisting the nurses to understand more clearly the life on an ostomy patient. She has held workshops for these professionals and continues her tireless work for the ostomy patient. She has partnered with many related health groups, and is the founder and facilitator of the online ostomy support group OstoMyFamily.

Debi continues to be a true advocate for the ostomy community, and it is my privilege to know and work with her.

Susan Burns,

President, United Ostomy Associations of America

[susanburns@ostomy.org](mailto:susanburns@ostomy.org)

(636) 866 8192-cell

President Elect for North and Central America and Caribbean Ostomy Association (NCACOA)

UOAA information line:

(800) 826 0826 -www.ostomy.org

To whom it may concern:

Peer Support Specialists use their own unique, life-altering experience in order to guide and support others who are in some form of recovery. They engage in direct work with clients and in indirect work that supports their work with clients. The main types of direct work are advocacy, connecting to resources, experiential gathering and sharing, building community, relationship building, group facilitation, skill building/mentoring/goal setting, and socialization/self-esteem building. The main types of indirect work are group planning and development, administration, team communication, supervision/training, receiving support, education/awareness building, and information gathering and verification. In addition, peers also do work aimed at building relationships with staff and work aimed at legitimizing the peer role. Experience, approach, presence, role modeling, collaboration, challenge, and compromise can be seen as the tangible enactments of peers' philosophy of work.

Unlike other professionals in the field, these specialists can offer a unique service to meeting the needs of clients because they also have been through such experiences and managed to recover. Examples of Peer Support Specialist duties are teaching coping techniques and self-help strategies, referring clients to suitable services, building awareness on various issues, and providing emotional support.

I met Debi Fox in late 2014. She was recovering from ileostomy surgery, and volunteering at OU Medical Center, in the Ostomy Department. Over the time since, I have personally observed her master the above-mentioned attributes.

Debi has consistently proven her commitment to serving the needs of her peers. She has become quite well known and respected in the community in which she serves. She not only advocates for her own self, but to anyone and everyone who has an ostomy.

Ms Fox has worked to build bridges and lasting relationships with healthcare providers, manufacturers, suppliers, and patients. She does not cater to nor play favoritism to anyone except for each individual *patient's* needs and preferences.

Learning about ostomies, living with them as a 24/7 body part, and accepting and adapting is where she started. But she has shown her heart and passion to be that of a servant to the needs of those less fortunate, and to attempt to prevent negative issues for patients and staff combined. Debi is a valuable asset to the Ostomy community as a whole.

Sincerely,

**Randall Boord**

Ostomy-Senior Sales Specialist  
Dallas / Ft Worth / Oklahoma

Hollister Incorporated  
2000 Hollister Drive | Libertyville, IL | 60048  
t. 800.624.5369 x1439 | fax 847-996-1926 | cell 405-819-5635  
[randall.boord@hollister.com](mailto:randall.boord@hollister.com)  
[www.hollister.com](http://www.hollister.com)

**NEW Ostomy Technology- CeraPlus named OWM 2015 Innovative Product!**





## Certificate of Completion

**WOUND CARE**  
EDUCATION INSTITUTE®

Participant Name: Debi Fox

License: OTHER

**HAS SUCCESSFULLY COMPLETED THE ACTIVITY LISTED BELOW**

Title of Course: Ostomy Management Course

Course Date: 1/22/2018 - 1/26/2018

Course Location: OU Medicine - Samis Education Center Oklahoma City, OK

Participant Address: 60 Vera Pl McCloud, OK 74851

Contact Hours: 0.0

AOTA CEUs: 0.0

Course Delivery Format: Live In-Person



OnCourse Learning is an approved provider of continuing education for occupational therapists by the American Occupational Therapy Association provider #6182. The assignment of AOTA CEUs does not imply endorsement of specific course content, products, or clinical procedures by AOTA.



OnCourse Learning

20225 Water Tower Blvd. Suite 400  
Brookfield, WI 53045

License #: n/a

Robert G. Hess, Jr., PhD, RN, FAAN  
Executive Vice President, Chief Clinical Executive, Healthcare  
OnCourse Learning



# Harold P. Freeman Patient Navigation Institute

## Certificate of Completion

IS HEREBY GRANTED TO

*Debi Fox*

IN RECOGNITION OF COMPLETING THE

## Patient Navigation Certification Curriculum

THIS 30<sup>th</sup> DAY OF THE MONTH OF November IN THE YEAR 2015

*Harold P. Freeman*

HAROLD P. FREEMAN, MD, PRESIDENT & FOUNDER



This certificate is to verify that

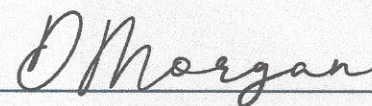
Debi Fox

---

has successfully completed the

# LIFE COACHING CERTIFICATION

on the  
21st August 2020



---

*Daniel Morgan*

*Head Tutor*

*New Skills Academy*



# Our Journey of Hope<sup>®</sup>

## Certification of Cancer Care Leadership Training

In recognition that

*Debi Fox*

has completed Our Journey of Hope Virtual Cancer Care Leadership Training

October 23<sup>rd</sup>, 2020

and is now fully equipped to disciple those who are called to this ministry.

Commissioned for leadership by the Director of Pastoral Care, Rev. Wendell Scantebury  
at *Cancer Treatment Centers of America<sup>®</sup> in Philadelphia.*

*Wendell Scantebury*  
Dr. Wendell Scantebury, Ph.D

OUR  
JOURNEY  
OF  
HOPE<sup>®</sup>

*"For I know the plans I have for you," declares the LORD, "plans to prosper you  
and not to harm you, plans to give you hope and a future."  
Jeremiah 29:11*





# Certificate of Completion

This certificate is awarded to

Debi Fox, OMS Trained, Ostomy Peer Support Specialist

For completion of the course

**“Medical Standards of Care”**

on July 23, 2020

This continuing education program awards 1.0 credits for nurses, case managers, social workers and registered dietitians. It is recommended that this certificate be retained by the recipient for a minimum of four years from date printed on face.

Hi-R-Ed Online University



All courses, artwork, designs and content is the property of Hi-R-Ed Online and is protected by intellectual property laws of the United States and the state of Illinois. Any duplication, modification or transfer of intellectual property is prohibited and must be authorized by the above-named party.

If you are unable to print your certificate, [click here to let us know](#)

If you would like credit for this CE activity using another credential, [click here](#)



WCET® Worldwide  
Education Webinar 2020

Commemorating the 100<sup>th</sup> Birthday of our Founder  
Norma N. Gill and the Year of the Nurse and Midwife



# CERTIFICATE OF ATTENDANCE

We hereby recognize

*Debi R Fox*

**as an attendee of the WCET® Worldwide Education  
Webinar held as a one-day event accessible  
28<sup>th</sup> October – 30<sup>th</sup> November 2020**

*Denise Hibbert*

**Denise Hibbert, RGN, MSc(WHTR), BSc,  
DipHE, ONC, STN, FSSCRS**  
Worldwide Webinar Task Force Chair  
Education Committee Chairperson 2016 – 2020

*Elizabeth A. Ayello*

**Elizabeth A. Ayello, PhD, MS, BSN, RN,  
CWON, ETN, MAPWCA, FAAN**  
President 2018 – 2022

*Laurent O. Chabal*

**Laurent O. Chabal, BSc (CBP), RN, OncPall  
(Cert), Dip (WH), ET, EAWT**  
Vice President 2018 – 2020  
President Elect 2020 – 2022



Attention to Detail. Attention to Life.

Continuing Education



**This is to acknowledge that**

**Debi K FOX**

**Has completed an online education program**

**Nursing Care of the Person with an Ostomy**

**12/29/2016**

Sponsoring Agency: Hollister Incorporated

Address: 2000 Hollister Drive, Libertyville, IL 60048



**WOUND CARE**  
EDUCATION INSTITUTE®

# Certificate of Completion



**OnCourse Learning**

20225 Water Tower Blvd, Suite 400  
Brookfield, WI 53045

Participant Name: **Debi Fox**  
License: **OTHER**

License #: **n/a**

**HAS SUCCESSFULLY COMPLETED THE ACTIVITY LISTED BELOW**

Title of Course: **Clinical and Lifestyle Concerns with an Ostomy**

Course Date: **10/5/2018**

Course Location: **www.oncourselearning.com**

Participant Address: **1201 NW 10th St Oklahoma City, OK 73106**

Contact Hours: **1.0**

AOTA CEUs: **0.1**

Course Delivery Format: **Online Narrative**



OnCourse Learning is an approved provider of continuing education for occupational therapists by the American Occupational Therapy Association provider #6182. The assignment of AOTA CEUs does not imply endorsement of specific course content, products, or clinical procedures by AOTA.

Robert G. Hess, Jr., PhD, RN, FAAN  
Executive Vice President, Chief Clinical Executive, Healthcare  
OnCourse Learning





## Certificate of Completion



OnCourse Learning

20225 Water Tower Blvd, Suite 400  
Brookfield, WI 53045

**WOUND CARE**  
EDUCATION INSTITUTE®

Participant Name: Debi Fox

License: OTHER

License #: n/a

**HAS SUCCESSFULLY COMPLETED THE ACTIVITY LISTED BELOW**

Title of Course: Ostomy: Choosing The Right Appliance

Course Date: 10/5/2018

Course Location: [www.oncourselearning.com](http://www.oncourselearning.com)

Participant Address: 1201 NW 10th St Oklahoma City, OK 73106

Contact Hours: 1.0

AOTA CEUs: 0.1

Course Delivery Format: Online Narrative



OnCourse Learning is an approved provider of continuing education for occupational therapists by the American Occupational Therapy Association provider #6182. The assignment of AOTA CEUs does not imply endorsement of specific course content, products, or clinical procedures by AOTA.

Robert G. Hess, Jr., PhD, RN, FAAN  
Executive Vice President, Chief Clinical Executive, Healthcare  
OnCourse Learning

# Coloplast<sup>®</sup> Academy

## Certificate

*This certificate is awarded to*

**Debi Fox**

*for successfully completing*

## **Ostomy Basics: Pre & post-operative management**

Date of completion: 2018/Oct/19

Provider approved by the California Board of Registered Nursing, Provider #16416, for Contact Hours

### **about Coloplast Academy**

Coloplast Academy is a testament to our ongoing dedication to ostomy and continence care education and support. The program aims to increase clinical knowledge and improve treatments for ostomy and continence patients around the world.



**Coloplas**





**CERTIFICATE OF COMPLETION**  
**OSTOMY VISITOR TRAINING**

February 19, 2015  
Stillwater, Oklahoma

Debi K. Fox

has successfully completed a *Visitor Training Session* conducted by the  
Ostomy Association of North Central Oklahoma (OANCO)  
at the Oakcreek Community in Stillwater, Oklahoma

Consisting of:

- Basic Visiting Policies & Procedures
- Ostomy 101 (Anatomy & Types of Diversions)
- Psychological & Social Issues
- Basic Visiting Skills (the Art of Visiting)

And is deemed to be CERTIFIED as an Ostomy/Diversion Visitor  
when matched by age, sex and stoma/diversion type with a new patient.

Robert T. Baumel  
Robert T. Baumel, President, OANCO  
Instructor

UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC.  
P.O. Box 512, Northfield, MN 55057

[www.ostomy.org](http://www.ostomy.org)

1-800-826-0826

[info@ostomy.org](mailto:info@ostomy.org)

United Ostomy Associations of America

# Certified Visitor

This certifies that

Debi Fox

---

a member of the

Ostomy 2-1-1, Inc

Chapter of UOAA,

is qualified to visit, according to UOAA policies and procedures.

September 5, 2015

---

It is recommended to recertify every two year.

Betsy Naeger RN, COCN

---

Certifying Person

**Congratulations!**



OU Medical System  
Clinical Education Department  
940 NE 13<sup>th</sup>  
Oklahoma City, OK 73104

## Certificate of Attendance

Debi Fox

has attended and is credited with completing **5.5** CNE contact  
hours for

**2017 Palliative Care Summit**

---

Provider Number: OUM-1116

OU Medical System is an approved provider of continuing nursing education by the  
Western Multi-State Division, an accredited approver by the American Nurses  
Credentialing Center's Commission on Accreditation.

*November 3, 2017*

Angela Nooner, APRN

Date

Nurse Planner  
Contact Person

Oklahoma City, OK  
City and State



## Continuing Education Certificate

*This is to certify that*

**Debi Fox**

*Has successfully completed the online educational activity:*  
**Palliative Care**

**Contact Hours: 1.00, which includes 0.00 hour(s) of pharmacology credit**

The Wound, Ostomy and Continence Nurses Society is accredited with distinction as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

The Wound, Ostomy and Continence Nurses Society is approved by the California Board of Registered Nursing, Provider Number CEP 15115, for up to 1.00 contact hours.

Licensee should retain this document for a period of four (4) years as proof of completion.

Location: WOCN<sup>®</sup> Society's Continuing Education Center  
Date Completed: 2021-05-14

*Shawneen Delavie MSN RN WOCN CEP*

Lead Nurse Planner: Shawneen M. Schmitt, MSN, MS, RN,  
CWOON, CFCN, FACCWS

Provider: Wound, Ostomy and Continence Nurses Society  
1120 Rt. 73, Suite 200

Mount Laurel, NJ 08054

888-224-9626 - wocn\_info@wocn.org - www.wocn.org





# *Certificate of Completion*

## **Ostomy Care**

**Lesson 1: Ostomy Overview**

**Debi Fox**

**Name**

**10/09/2018**

**Date of Completion**





Hollister  
**Education**<sup>™</sup>



# *Certificate of Completion*

## **Ostomy Care**

Lesson 2: Pouching Systems

**Debi Fox**

Name

**10/09/2018**

Date of Completion



Hollister  
**Education**<sup>TM</sup>



# *Certificate of Completion*

## **Ostomy Care**

Lesson 3: Ostomy Accessories

**Debi Fox**

**Name**

**10/09/2018**

**Date of Completion**



Hollister  
**Education**<sup>TM</sup>



# *Certificate of Completion*

## **Ostomy Care**

Lesson 4: Problem Solving

**Debi Fox**

**Name**

**10/09/2018**

**Date of Completion**

# Coloplast<sup>®</sup> Academy

## Certificate

*This certificate is awarded to*

**Debi Fox**

*for successfully completing*

## **Ostomy Challenges: Beyond the Basics**

Date of completion: 2018/Oct/26

Provider approved by the California Board of Registered Nursing, Provider #16416, for 1.00 Contact Hours

### **Coloplast Academy**

Coloplast Academy is a testament to our ongoing dedication to ostomy and continence care education and support. Our program aims to increase clinical knowledge and improve treatments for ostomy and continence patients around the world.



**Coloplast**



Hollister  
Education™



*Certified in the Importance  
of Peristomal Skin Health*

Debi Fox

Name of Participant

PROGRAM ONE: THE UNSEEN IMPACT OF PERISTOMAL SKIN COMPLICATIONS

We acknowledge your completion of the Hollister Education Peristomal Skin Health Webinar named above

Karen Spencer, Director Global Clinical Education Ostomy



Hollister  
Education™



*Certified in the Importance  
of Peristomal Skin Health*

Debi Fox

Name of Participant

PROGRAM TWO: PERISTOMAL ITCHING IN THE ABSENCE OF VISIBLE SKIN PROBLEMS

We acknowledge your completion of the Hollister Education Peristomal Skin Health Webinar named above

Karen Spencer, Director Global Clinical Education Ostomy



Hollister  
Education™



# *Certified in the Importance of Peristomal Skin Health*

Debi Fox

Name of Participant

PROGRAM FOUR: THE RELATIONSHIP BETWEEN TRANSEPIDERMAL WATER LOSS AND PERISTOMAL SKIN HEALTH

We acknowledge your completion of the Hollister Education Peristomal Skin Health Webinar named above

Karen Spencer, Director, Global Clinical Education Ostomy





## Continuing Education Certificate

*This is to certify that*

**Debi Fox, OMS Trained**

*Has successfully completed the educational activity:*

**WOCNext 2019**

**Contact Hours: 11.05 contact hours (CH), which includes 0.25 hours of pharmacology credit**

The Wound, Ostomy and Continence Nurses Society is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

The Wound, Ostomy and Continence Nurses Society is approved by the California Board of Registered Nursing,  
Provider Number CEP 15115.

Licensee should retain this document for a period of four (4) years as proof of completion.

*Tara L. Beuscher*

Location: Nashville, Tennessee  
Date Completed: **July 16, 2019**

Lead Nurse Planner: Tara L. Beuscher, DNP, RN-BC, GCNS-BC,  
ANP-BC, CWOCN, CFCN, NEA-BC  
Provider: Wound, Ostomy and Continence Nurses Society  
1120 Route 73, Suite 200  
Mount Laurel, NJ 08054  
888-224-9626 • [wocn\\_info@wocn.org](mailto:wocn_info@wocn.org) • [www.wocn.org](http://www.wocn.org)

## Sessions Listing

Session Code	Session Date	Session Time	Session Title	Credits Earned
GS1	2019-06-23	9:45 AM-10:45 AM	The Power of Connection (PP)	1.00 CH, 0.00 Pharm
S04	2019-06-23	12:10 PM-1:40 PM	Peristomal Skin: Stepping up the Beat to Quality Care (Symposia)	1.50 CH, 0.00 Pharm
201	2019-06-23	3:05 PM-4:05 PM	Music to My Ears: Spreading the Word About Neonatal & Pediatric Skin Concepts for Wound & Ostomy Care (W, O, C)	1.00 CH, 0.00 Pharm
S08	2019-06-24	7:00 AM-8:30 AM	Practice Guidelines for Assessment of Peristomal Body Profile, Ostomy Patient Engagement and Patient Follow-up (Symposia)	0.00 CH, 0.00 Pharm
303	2019-06-24	8:40 AM-9:40 AM	Managing Difficult Fistulas and the Transition to Home (W, O)	1.00 CH, 0.00 Pharm
305	2019-06-24	11:00 AM-12:00 PM	Addressing Sex and Intimacy: The Ex-PLISSIT Model in Practice (PP)	1.00 CH, 0.00 Pharm
403	2019-06-25	9:50 AM-11:20 AM	Ostomy Case Presentations Across the Continuum: Audience Discussion (O)	1.50 CH, 0.00 Pharm
412	2019-06-25	4:20 PM-5:20 PM	Parastomal Hernias: A Surgeon and WOC Nurse Perspective (O)	1.00 CH, 0.00 Pharm
502	2019-06-26	8:40 AM-9:40 AM	Challenges in Stoma Creation: Pre-Op & Intra-Op (O)	1.00 CH, 0.00 Pharm
505	2019-06-26	9:50 AM-10:50 AM	High Output Ostomies: New Evidence and Best Practice (O)	1.00 CH, 0.25 Pharm
OA01	2019-06-23	Research Posters	Stoma Bootcamp: Intensive Pre-Operative Ostomy Education for the Radical Cystectomy Patient	0.05 CH, 0.00 Pharm
OA04	2019-06-23	Research Posters	Medical Device Related Pressure Injuries in Infants and Children: Findings and Implications of the Braden QD Study	0.05 CH, 0.00 Pharm
eR12	2019-06-23	Research Posters	Guidelines for Assessment of Peristomal Body Profile, Ostomy Patient Engagement and Patient Follow-up: Results of an International Ostomy Consensus	0.05 CH, 0.00 Pharm



eR16	2019-06-23	Research Posters	The hospital nurse's perception about health education for patients with ostomies	0.05 CH, 0.00 Pharm
CS01	2019-06-23	Case Study Posters	Combining Traditional Ostomy Products with a Cyanoacrylate-based Monomer to Isolate an Enterocutaneous Fistula	0.05 CH, 0.00 Pharm
CS03	2019-06-23	Case Study Posters	A new approach in preventing peristomal and perifistular skin breakdown utilizing silicone technology	0.05 CH, 0.00 Pharm
CS10	2019-06-23	Case Study Posters	Patient Centered Goals, Collaboration, and Persistence Lead to Positive Outcomes in Fistula Patient	0.05 CH, 0.00 Pharm
CS37	2019-06-23	Case Study Posters	Evaluation of wear-time and overall patient satisfaction of a ceramide infused ostomy skin barrier at a Canadian university affiliated teaching hospital	0.05 CH, 0.00 Pharm
eCS32	2019-06-23	Case Study Posters	Alginate Molding and the Creation of Custom Pouching to Prevent Ileostomy Pouch Leaking and Improve Patient Quality of Life. A Case Study.	0.05 CH, 0.00 Pharm
eCS41	2019-06-23	Case Study Posters	Reducing Healthcare Utilization and Preventing Peristomal Skin Breakdown within 30 days of Ileostomy Surgery	0.05 CH, 0.00 Pharm
PI07	2019-06-23	Practice Innovation Posters	Using Silicone-Based Products for Adjacent Mucous Fistula to Prevent Lifting Ostomy Appliance, MASD, and MARSI in Infants	0.05 CH, 0.00 Pharm
PI11	2019-06-23	Practice Innovation Posters	Patient and Family Centered Ostomy Care: An Evaluation of a 20 Day Post Hospital Discharge Ostomate Follow-up Program by a 'World' Ostomy Nurse Practitioner.	0.05 CH, 0.00 Pharm
PI25	2019-06-23	Practice Innovation Posters	Bridging a Care Gap-Ostomy Care Associate Program	0.05 CH, 0.00 Pharm
ePI43	2019-06-23	Practice Innovation Posters	A Multidisciplinary Approach to Ensuring Pre-operative Stoma Site Marking and Education of Elective Colostomy, Ileostomy and Urostomy Patients.	0.05 CH, 0.00 Pharm
ePI53	2019-06-23	Practice Innovation Posters	Ostomy care teams: Using peers to enhance care coordination	0.05 CH, 0.00 Pharm
ePI56	2019-06-23	Practice Innovation Posters	Closing the Loop: Providing comprehensive ostomy care in a new Ostomy Center	0.05 CH, 0.00 Pharm
ePI58	2019-06-23	Practice Innovation Posters	Collaborative Management of High Output Ileostomy in the Acute Care Setting	0.05 CH, 0.00 Pharm

ePI65	2019-06-23	Practice Innovation Posters	UOAA Ostomy and Continent Diversion Patient Bill of Rights: Making an Impact in Home Health	0.05 CH, 0.00 Pharm
ePI69	2019-06-23	Practice Innovation Posters	What's in Your Wallet? Utilizing the UOAA Ostomy and Continent Diversion Patient Bill of Rights, Nurses Can Act as Influencers for Ostomy Patients	0.05 CH, 0.00 Pharm
ePI76	2019-06-23	Practice Innovation Posters	Ostomate Education from Acute Care and Beyond	0.05 CH, 0.00 Pharm
ePI82	2019-06-23	Practice Innovation Posters	Pediatric Ostomy Care: Global best practice guidelines for neonates, children, and adolescents	0.05 CH, 0.00 Pharm
P01	2019-06-23		POSTERS	0.00 CH, 0.00 Pharm

*Total Credits Earned: 11.05 ANCC, 0.25 Pharm*





**WOCN**<sup>®</sup>

Wound, Ostomy, and  
Continence Nurses Society<sup>®</sup>

## Continuing Education Certificate

This is to certify that

**Debi Fox**

*Has successfully completed the educational activity:*

**WOCN Ostomy Education Day**

**Contact Hours: 4.75, which includes 0.00 hour(s) of pharmacology credit**

The Wound, Ostomy and Continence Nurses Society is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

The Wound, Ostomy and Continence Nurses Society is approved by the California Board of Registered Nursing,

Provider Number CEP 15115.

Licensee should retain this document for a period of four (4) years as proof of completion.

Location: Virtual

Date Completed: October 3, 2020

*Tara Beuscher, DNP, AN-BC, CNS & ANP, CWCN, CFCN, NEA-BC*

Lead Nurse Planner: Tara Beuscher, DNP, RN-BC,  
GCNS-BC, ANP-BC, CWCN, CFCN, NEA-BC

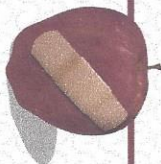
Provider: Wound, Ostomy and Continence Nurses Society  
1120 Rt. 73, Suite 200

Mount Laurel, NJ 08054

888-224-9626 • [wocn\\_info@wocn.org](mailto:wocn_info@wocn.org) • [www.wocn.org](http://www.wocn.org)

<b>Identification</b>	<b>Session Date</b>	<b>Session Time</b>	<b>Session Title</b>	<b>Credits Earned</b>
S105	October 3, 2020	3:40pm-5:00pm	Know Before You Go: Using the WOCN's Peristomal Skin Assessment Guide (PSAG)	1.25 Contact Hours
S104	October 3, 2020	2:40pm-3:25pm	Ostomy Accessories: Friend or Foe?	0.75 Contact Hours
S103	October 3, 2020	1:25pm-2:25pm	Introduction to "Eating with an Ostomy: A Comprehensive Nutrition Guide for Those Living with an Ostomy"	1.00 Contact Hours
S102	October 3, 2020	11:55am-1:10pm	Commit to Fit: Considerations for Ostomy Skin Barrier Selection	1.25 Contact Hours
S101	October 3, 2020	11:00am-11:40am	Science: Because Figuring Things Out is Better Than Making Them Up: State of the State of Ostomy Science	0.50 Contact Hours





WOUND CARE  
EDUCATION INSTITUTE®

## CERTIFICATE OF ATTENDANCE

Participant Name: **DEBI FOX**

### HAS SUCCESSFULLY COMPLETED THE ACTIVITY LISTED BELOW

Title of Course: **LIVE WEBINAR - OSTOMY 101: ACCURATE STOMA ASSESSMENT**

Course Date: 10/18/2016

Course Location: LIVE WEBINAR - Online Plainfield, IL

Sponsor Name: Wound Care Education Institute

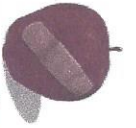
Sponsor Address: 418 Circle Drive, Lake Geneva, WI 53147

Participant Address: 60 Vera Pl, Mcloud, OK 74851

**October 18, 2016**

Date

Program Director  
Donna Sardina



WOUND CARE  
EDUCATION INSTITUTE®

## Certificate of Continuing Education

# RELIAS

Participant Name: Debi Fox

HAS SUCCESSFULLY COMPLETED THE ACTIVITY LISTED BELOW

Title of Course: Live: Five Key Steps to an Accurate Stoma Assessment

Course Date: 9/26/2020

Course Location: www.wcei.net

Participant Address: 1201 NW 10th St Oklahoma City, OK 73106

Contact Hours: 1.0

Amy M. Johnson MSN, RN, CPN  
Accreditations Manager  
1010 Sync Street, Suite 100  
Morristville, North Carolina 27560  
www.relias.com



WOUND CARE  
EDUCATION INSTITUTE®



## Certificate of Attendance

# RELIAS

Participant Name: Debi Fox

HAS SUCCESSFULLY COMPLETED THE ACTIVITY LISTED BELOW

Title of Course: Ostomy: Choosing The Right Appliance

Course Date: 9/28/2019

Course Location: www.wcei.net

Participant Address: 1201 NW 10th St Oklahoma City, OK 73106

Contact Hours: 1.0

Amy M. Johnson MSN, RN, CPN  
Accreditations Manager  
1010 Sync Street, Suite 100  
Morrisville, North Carolina 27560  
www.relias.com

# WEB WOC Programs



## *Certificate of Completion*

*This is to certify that on February 18, 2021*

*Completed the following continuing education offering:*

*Ins & Outs of Convexity*

This activity has been approved by the WEB WOC Programs for 1 contact hours. WEB WOC Programs is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

Please retain this certificate for your personal records for 4 years.

**WEB WOC PROGRAMS**

**#P0486**

200 Southdale Center, Minneapolis, MN 55435 U.S.A.

Phone: 612-331-4601 • Fax: 612-926-8075 • [www.webwocnurse.com](http://www.webwocnurse.com)

**DEBRA NETSCH, DNP, APRN, CNP, FNP-BC, CWOCN-AP, CFCN**  
*Lead Nurse Planner, WEB WOC Programs*

A handwritten signature in black ink that reads "Debra Netsch".





Wound  
Ostomy and  
Continence  
Nurses  
Society™

## Continuing Education Certificate

*This is to certify that*

**Debi Fox  
60 Vera Pl**

**McLoud, Oklahoma 74851-9374 United States**

*Has successfully completed the online educational activity:*

**Support Surface Selection and Beyond**

**Contact Hours: 1.00, which includes 0 hour(s) of pharmacology credit**

The Wound, Ostomy and Continence Nurses Society is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

The Wound, Ostomy and Continence Nurses Society is approved by the California Board of Registered Nursing, Provider Number CEP 15115, for up to 1.00 contact hours.

Licensee should retain this document for a period of four (4) years as proof of completion.

*Tara S. Beuscher, DNP, AN-BC, GNS-BC, ANP-BC, WOCN, CFCN, NEA-BC*

Location: WOCN® Society's Continuing Education Center  
Date Completed: June 25, 2021

Lead Nurse Planner: Tara Beuscher, DNP, RN-BC,  
GCNS-BC, ANP-BC, CWOCN, CFCN, NEA-BC  
Provider: Wound, Ostomy and Continence Nurses Society  
1120 Rt. 73, Suite 200  
Mount Laurel, NJ 08054  
888-224-9626 • wocn\_info@wocn.org • www.wocn.org



## Continuing Education Certificate

*This is to certify that*

**Debi Fox**  
**60 Vera Pl**

**McLoud, Oklahoma 74851-9374 United States**

*Has successfully completed the online educational activity:*

**Slow Down: Management of the High Output Ileostomy**

**Contact Hours: 1.00, which includes 0.25 hour(s) of pharmacology credit**

The Wound, Ostomy and Continence Nurses Society is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

The Wound, Ostomy and Continence Nurses Society is approved by the California Board of Registered Nursing, Provider Number CEP 15115, for up to 1.00 contact hours.

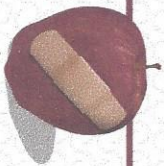
Licensee should retain this document for a period of four (4) years as proof of completion.

*Tara S. Beuscher, DNP, RN-BC, GAN-BC, AN-BC, ANP-BC, CWCN, CFCN, NEA-BC*

Location: WOCN® Society's Continuing Education Center  
Date Completed: August 19, 2020

Lead Nurse Planner: Tara Beuscher, DNP, RN-BC,  
GCNS-BC, ANP-BC, CWCN, CFCN, NEA-BC  
Provider: Wound, Ostomy and Continence Nurses Society  
1120 Rt. 73, Suite 200  
Mount Laurel, NJ 08054  
888-224-9626 • wocn\_info@wocn.org • www.wocn.org





**WOUND CARE**  
EDUCATION INSTITUTE®

## CERTIFICATE OF ATTENDANCE

**Participant Name: DEBI FOX**

### **HAS SUCCESSFULLY COMPLETED THE ACTIVITY LISTED BELOW**

**Title of Webinar: Live: Peristomal Skin Complications**

**Webinar Completion Date: 5/16/2017**

**Course Location: Online Home Study Webinar**

**Sponsor Name: Wound Care Education Institute**

**Sponsor Address: 418 Circle Drive, Lake Geneva, WI 53147**

**Participant Address: 60 Vera Pl, McCloud, OK 74851**

**May 16, 2017**

Date

Program Director  
Donna Sardina





## Continuing Education Certificate

*This is to certify that*

**Debi Fox**

**1201 NW 10th St**

**Oklahoma City, Oklahoma 73106-7013 United States**

*Has successfully completed the online educational activity:*

**Complex Pediatric Pouching Problems**

**Contact Hours: 1.01, which includes 0.00 hour(s) of pharmacology credit**

The Wound, Ostomy and Continence Nurses Society is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

The Wound, Ostomy and Continence Nurses Society is approved by the California Board of Registered Nursing, Provider Number CEP 15115, for up to 1.01 contact hours.

Licensee should retain this document for a period of four (4) years as proof of completion.

*Tara Beuscher, DNP, RN-BC, CNS-BC, ANP-BC, CWCN, CFCN, NEA-BC*

Location: WOCN® Society's Continuing Education Center  
Date Completed: July 23, 2019

Lead Nurse Planner: Tara Beuscher, DNP, RN-BC,  
GCNS-BC, ANP-BC, CWCN, CFCN, NEA-BC  
Provider: Wound, Ostomy and Continence Nurses Society  
1120 Rt. 73, Suite 200  
Mount Laurel, NJ 08054  
888-224-9626 • wocn\_info@wocn.org • www.wocn.org





## Continuing Education Certificate

*This is to certify that*

**Debi Fox  
60 Vera Pl**

**McCloud, Oklahoma 74851-9374 United States**

*Has successfully completed the online educational activity:*

**Challenges for the Ostomate: The Science Behind Maintaining Nutrition for Fecal and  
Urinary Diversions**  
**Contact Hours: 1.00, which includes 0 hour(s) of pharmacology credit**

The Wound, Ostomy and Continence Nurses Society is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

The Wound, Ostomy and Continence Nurses Society is approved by the California Board of Registered Nursing, Provider Number CEP 151115, for up to 1.00 contact hours.

Licensee should retain this document for a period of four (4) years as proof of completion.

Location: WOCN® Society's Continuing Education Center  
Date Completed: June 25, 2021

*Tara S. Beuscher, DNP, AN-BC, GON-BC, ANP-BC, WOCN, CFCN, NEA-BC*

Lead Nurse Planner: Tara Beuscher, DNP, RN-BC,  
GCNS-BC, ANP-BC, CWOON, CFCN, NEA-BC  
Provider: Wound, Ostomy and Continence Nurses Society  
1120 Rt. 73, Suite 200  
Mount Laurel, NJ 08054  
888-224-9626 • wocn\_info@wocn.org • www.wocn.org

# Certificate

Provider approved by the California Board of Registered  
Nursing, Provider# CEP16416, for 1 credit hour

AWARDED TO

# Debi Fox

for the successful completion of Continuing the Journey:  
Life after Home health.

This certificate must be retained by the licensee for a period of 4  
years after the course ends

Nursing License# \_\_\_\_\_

Date: 27-Aug-2020



# Certificate of Achievement

*This is to certify that:*

**Name** Debi Fox  
**Address** 1201 NW 10<sup>th</sup> Street  
Oklahoma City, OK 73106  
**License #**

*Has Successfully Completed*

## Tips for Coping with Caregiver Depression & Stress

**Instructor:** Barbara E. West, RN, MSN, CWOCN

**Facility:** Webinar

**Location:** Sacramento, CA

**Date:** 4/25/2018

**Hours Awarded**

1.0

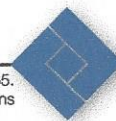
**Social Security Number**

This document must be retained by the licensee for a period of four years after the course concludes. Do not send this to the State Board of Nursing or State Nurses Association unless requested to do so.

*Kathleen J. Ellis*  
Continuing Education Coordinator  
Capital Nursing Education, LLC

**California Board of Registered Nursing Provider # CFP 16028**





# Scientific and Clinical Abstracts From WOCNext 2019

Nashville, Tennessee ♦ June 23-26, 2019

## ORAL RESEARCH ABSTRACT PRESENTATIONS

### (GS3) What's Next in Research: Abstract Presentations

Sunday, June 23, 2019—1:55 PM-2:55 PM

#### Wound—Quality

##### GS01

#### COMPARISON OF NEGATIVE WOUND PRESSURES IN CHILDREN

Shannon McCord, MS, RN, CPNP, CNS, [smccord@texaschildrens.org](mailto:smccord@texaschildrens.org), Advanced Practice and Nursing Clinical Support Services, Community, Houston, TX; and Oluyinka Olutoye, PhD, MB ChB, FACS, FAAP, FWACS, [oolutoye@texaschildrens.org](mailto:oolutoye@texaschildrens.org), Pediatric Surgery, Houston, TX

**BACKGROUND:** Negative pressure wound therapy (NPWT) was first described almost 2 decades ago for the management of difficult to close wounds.<sup>1</sup> Various studies in adults have demonstrated its efficacy in facilitating wound healing. Due to the retrospective nature of most pediatric studies, there is a lack of objective data regarding the amount of pressure that is required. In adults, a pressure of  $-125$  mm Hg is recommended. However, pediatric practitioners have been wary of applying adult settings to neonatal and pediatric patients. As a result, lower pressures are frequently selected in children with little evidence to support this practice. **PURPOSE:** The purpose of the this study was to prospectively compare the effect of lower and standard negative wound pressure settings in promoting wound healing in infants and children. **METHODS:** A prospective, randomized, comparative study was conducted at a large, quaternary care pediatric hospital. A block 4 randomization design was used to assign patients to one of 2 groups: low negative pressure ( $-50$  mm Hg) or standard negative pressure ( $-125$  or  $-100$  mm Hg in patients with sternal wounds). **RESULTS:** Twenty-five children were randomized to group 1 ( $-50$  mm Hg) and 23 children to group 2 ( $-100$  mm Hg/ $125$  mm Hg). The mean age of the children was 7.39 years. NPWT resulted in closure of 41 of the 49 wounds, with an overall volume decrease of  $32.21 \pm 53.81$  cm<sup>3</sup> (58.6% reduction). There was a significant decrease in mean wound volume from  $54.94 \pm 89.21$  cm<sup>3</sup> at the start of NPWT to  $22.73 \pm 53.73$  cm<sup>3</sup> at the end of therapy ( $P < .001$ ). There was no difference in days of NPWT therapy and wound volumes between groups. **CONCLUSIONS:** Our study sug-

gests that the wound volume contraction is similar between pediatric patients treated with low ( $-50$  mm Hg) or high ( $-100$  mm Hg/ $125$  mm Hg) negative pressure settings. These findings suggest that  $-50$  mm Hg negative pressure may be adequate in treating complex wounds in pediatric patients.

#### REFERENCES:

1. McCord SS, Naik-Mathuria BJ, Murphy KM, et al. Negative pressure therapy is effective to manage a variety of wounds in infants and children. *Wound Repair Regen.* 2007;15:296-301.
2. McBride C, Stockton K, Storey K, et al. Negative pressure wound therapy facilitates closure of large congenital abdominal wall defects. *Pediatr Surg Int.* 2014;30:1163-1168.
3. Baharestani MM. Use of negative pressure wound therapy in the treatment of neonatal and pediatric wounds: a retrospective examination of clinical outcomes. *Ostomy Wound Manage.* 2007;53:75-85.
4. Baharestani M, Amjad I, Bookout K, et al. V.A.C. therapy in the management of paediatric wounds: clinical review and experience. *Int Wound J.* 2009;6(suppl 1):1-26.
5. Kawajiri H, Aeba R, Takaki H, et al. Negative pressure therapy for post-sternotomy wound infections in young children. *Interactive Cardiovasc Thorac Surg.* 2014;19:102-106.

#### Ostomy—Quality

##### GS02

#### LIVED EXPERIENCES OF OSTOMY PATIENTS PARTICIPATING IN SUPPORT GROUPS: A QUALITATIVE PHENOMENOLOGY

Donna Byfield, PhD, RN, CWON, [dbyfield@gmh.edu](mailto:dbyfield@gmh.edu), Inpatient Wound/Ostomy, Atlanta, GA

This descriptive phenomenological study was conducted to describe the lived experiences of patients with ostomies participating in support groups. Fifteen participants with different types of ostomies, who participated in monthly support groups, were recruited from the state of Georgia using purposive sampling. However, data were collected from 10 participants after the informed consent forms were signed due to data saturation. The data collection included semistructured interviews using 1 primary open-ended question and 8 interview questions. The number of years these participants have had ostomies ranged from 6 months to 60 years. The open-ended interview questions were used to explore the lived experiences and the meaning of these experiences while participating in support groups. The interview of the participants was held in the hospital classroom where the monthly support group meetings were held. The interviews lasted between 45 and 60 minutes. Data analysis consisted of thematic analysis using Parse's method. NVivo, a research-assisted computer software, was used to facilitate multiple coding. The findings from this study revealed details of the lived experiences from the perspective of the individuals involved in the experience.



supporting documents included externally reported data on pressure injuries, WOC nurse per diem work hours, estimated annual volume of ostomy surgeries, current WOC nurse consult volume, current and future work, and summary. In addition, we developed a database to quantify details regarding the workload including total number of consults received, completed, and deferred. Collection and submission of data confirmed our belief that we needed additional WOC nurse resources in the practice. After submission of the document and data, an additional full-time WOC nurse has been approved. We plan to continue to collect and summarize data to demonstrate improved outcomes for patients with WOC conditions for which WOC nurses are uniquely prepared to provide quality care.

#### REFERENCE:

Wound, Ostomy and Continence Nurses Society. *Wound, Ostomy, and Continence Nursing: Scope and Standards of Practice*. 2nd ed. Mt Laurel, NJ: WOCN Society; 2018.

#### Ostomy—Clinical Care Innovations

##### ePI53

#### OSTOMY CARE TEAMS: USING PEERS TO ENHANCE CARE COORDINATION

*Debi Fox, ostomy211@gmail.com, Oklahoma City, OK; Joy Hooper, BSN, RN, CWOCN, OMS, WCC, joy@apronsbyjoy.com, Tifton, GA; and Barbara Dale, RN, CWOCN, CHHN, COS-C, bdale@qualityhomehealth.com, Corporate, Livingston, TN*

In the United States, there are an estimated 1 million people living with an ostomy and more than 130,000 ostomy surgeries are performed each year. With the average hospital stay of only 3 days, minimal time can be dedicated to patient education. There remains an insufficient number of ostomy certified nurses to meet the needs of ostomy patients who are often without clinical or psychological support. Rehospitalizations can occur without this support, costing the healthcare system up to \$608 million per year. Peers can help fill the care gap. One such ostomate became painfully aware of the lack of education and support and the difficulties faced in finding supplies and resources as well as navigating into the “new normal” life with an ostomy. A plan was implemented to develop a new type of care system to include both clinical persons and peers. *Purpose and objective of this project:* To deliver a more complete level of care to ostomates. An online support group was set up, overcoming geographic limitations. A Web site was developed, serving as an online “ostomy yellow pages directory” with educational materials and resources to assist in obtaining supplies with or without insurance. A national ostomy pantry was established and a 501(c)(3) evolved. The ostomate is very active, serving as president of the local UOAA (United Ostomy Associations of America) chapter, an ostomy visitor to more than 10 local healthcare facilities, and facilitator of other support groups. The online support group has 3000 members; support is provided to 500 new ostomates per year; and ongoing supplies are furnished to an average of 20 persons per week. Through care coordination, we can develop programs and interventions designed to decrease complications and readmissions, thus saving hundreds of millions of dollars in healthcare costs, all the while improving the quality of life to the patients.

#### REFERENCES:

- Kupsick P. Introduction to the Ostomy Care Associate Program. <https://www.wocnconference.com/wocn2017/public/SessionDetails.aspx?FromPage=Sessions.aspx&SessionID=512&SessionDateID=31>. Published May 21, 2017. Accessed October 27, 2018.
- United Ostomy Associations of America. Ostomy 101. [https://www.ostomy.org/wp-content/uploads/2018/04/ostomy\\_infographic\\_20170812.pdf](https://www.ostomy.org/wp-content/uploads/2018/04/ostomy_infographic_20170812.pdf). Accessed October 27, 2018.
- Wick EC, Shore AD, Hirose K, et al. Readmission rates and cost following colorectal surgery. *Dis Colon Rectum*. 2011;54(12):1475-1479.

#### Wound—Clinical Care Innovations

##### ePI54

#### EVALUATION OF ONE-SIDED WOUND CONTACT LAYER TO TREAT SKIN TEARS IN THE ACUTE CARE SETTING

*Elizabeth McElroy, CRNP, CWS, CWOCN-AP, elizabeth.mcelroy@towerhealth.org, Stormy Lemay, BSN, RN, CWOCN, stormy.lemay@towerhealth.org, and Kersten Reider, BSN, RN, CWOCN, kersten.reider@towerhealth.org, West Reading, PA; and Alicia Sherwood, PA-C, alicia.sherwood@towerhealth.org, Trauma Surgery, West Reading, PA*

Skin tears represent a common skin injury in the acute care setting, particularly in the elderly population. A multidisciplinary team at a level 1 trauma center in eastern Pennsylvania identified discrepancies in treatment plans for patients with traumatic skin tears. Treatment plans varied from petrolatum gauze to nonadherent gauze to foam dressings to antibiotic ointment with cover dressing. The trauma surgery team often assesses skin tears during daily rounds. Therefore, the patients were having the dressing lifted or removed daily. After collaborating with the certified WOC nurse team at the hospital, the trauma team developed a new skin tear protocol for its patient population. The team began to treat skin tears with a one-sided wound contact layer and secondary absorptive dressing. This allowed the providers to assess the skin tear daily while preventing wound bed disruption. Education began with the staff and providers in the emergency department, surgical intensive care unit, and orthopedic trauma units. Additional positive outcomes from this transition were improved clinician satisfaction, cost savings, and a standardized method for treating skin tears at time of initial entry to the hospital.

#### REFERENCES:

- LeBlanc K, Campbell K, Beeckman D, et al. Best practice recommendations for the prevention and management of skin tears in aged skin. *Wounds Int*. 2018;1:2-1.
- LeBlanc K, Baranoski S, Christensen D, et al. International Skin Tear Advisory Panel: a toolkit to aid in the prevention, assessment and treatment of skin tears using a simplified classification system. *Adv Skin Wound Care*. 2013;26(10):459-476.
- Livingston M, Wolvos T. Treating and preventing skin tears. In: *Scottsdale Wound Management Guide*. 3rd ed. Malvern, PA: HMP Moinlycke Health Care; 2018.

##### ePI55

#### MANAGEMENT OF SCROTAL ITD USING A TEXTILE FABRIC

*Teresa Herrin, BSN, RN, ACHRN, CWOCN, teresahrrn@yahoo.com, Wound Care and Hyperbaric Medicine, Houston, TX*

**INTRODUCTION:** Moisture-associated skin damage (MASD) in the form of intertriginous dermatitis (ITD) can occur anywhere in the body where 2 skin surfaces make contact (Doughty & McNichol, 2016). Many hospitalized male patients experience ITD in the groin, inner thighs, and scrotum.



## FACTS

130,000 ostomy performed each

ospital stay 3 days  
imal time can be  
to patient

ains an insufficient  
ostomy certified  
meet the needs of  
tients.

## PROBLEMS

re often without  
psychological

alizations can occur  
s support, costing  
care system up to  
per year.

## Ostomy Care Teams:

### Using peers to enhance care coordination

Debi Fox, Ostomy Peer, Ostomy 2-1-1 Inc, Oklahoma City OK,  
Joy Hooper, BSN, RN, CWOCN, OMS, WCC, MedicalCraft, Tifton, GA  
Barbara Dale, BSN, RN, CWOCN, CHHN, Quality Home Health, Livingston, TN



One ostomate became painfully aware of the lack of education and support and the difficulties faced in finding supplies and resources as well as navigating into the “new normal” life with an ostomy. A plan was implemented to develop a new type of care system to include both clinical and peer persons. Purpose and objective of this project: deliver a more complete level of care to ostomates.

## PRESENT STATUS

support group has 3K members; support is provided to 500 new ostomates per year; and ongoing supplies are furnish 0 persons per week. The ostomate is very active, serving as President of the local UOAA chapter, an ostomy visitor t hcare facilities, and facilitator of other support groups.

## FUTURE OUTCOMES

coordination, we can develop programs and interventions designed to decrease complications and readmissions, th millions of dollars in healthcare costs; all the while improving the quality of life to the patients.

**SOLUTION**  
Peers can h  
fill the care g

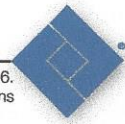
## PROGRES

- An online support ( set up, overcoming limitations.
- A website was dev serving as an onlin yellow pages direc educational materi resources to assis supplies with or wi insurance.
- A national ostomy established, and a evolved.

/ 21). Introduction to the Ostomy Care Associate Program. Retrieved October 27, 2018 from WOCN: [https://www.ostomy.org/wpcontent/uploads/2018/04/ostomy\\_infographic\\_20170812.pdf](https://www.wocnconference.com/wocn2017/public/SessionDetails.aspx? FromPage=Sessions.aspx&SessionID: UOAA. (n.d.). Ostomy 101. Retrieved October 27, 2018 from UOAA: <a href=)

Wick EC, S. A. (2011, December). Readmission rates and cost following colorectal surgery. Retrieved October 27, 2018 from PubMed: Readmission rates and cost following colorectal surgery





# 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

Chunnan TAO, 247182617@qq.com, Hailin Zhang, 992964925@qq.com, and Tao Li, 47929187@QQ.COM, General Surgery & Stoma Nursing Clinic, Guizhou, Guiyang; Shan Han, Master, 21907195@qq.com, and Ping Guan, Scholar, 1070939043@qq.com, Nursing, Guiyang; and Dan Zheng, 251479653@qq.com, Guizhou, Guiyang

**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 ± 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.

### REFERENCES

- Tao N. *Study on Self-Efficacy and Its Related Factors in Elderly Patients With Intestinal Stoma* [MA thesis]. Guizhou: Guizhou University of Traditional Chinese Medicine; 2020.
- Knowles SR, Tribbick D, Connell WR, Castle D, Salzberg M, Kamm MA. Exploration of health status, illness perceptions, coping strategies, and psychological morbidity in stoma patients. *J Wound Ostomy Continence Nurs.* 2014;41(6):573-580.
- Skeps R, McMullen CK, Wendel CS, et al. Changes in body mass index and stoma related problems in the elderly. *J Geriatric Oncol.* 2013;4(1):84-89.
- Claire L. The impact of stoma formation and enhanced recovery in the elderly. *Gastrointestinal Nurs.* 2012;10(8):34-39.

### Continence—Symptom Science

#### eGS02

#### DECREASING INCONTINENCE-ASSOCIATED DERMATITIS IN THE ACUTE CARE SETTING

Amanda Sterling, DNP, RN, CCRN, afretz1@gmail.com, Nursing, Charleston, SC

**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.

## REFERENCES

- Akinleye DD, McNutt LA, Lazariu V, McLaughlin GC. Correlation between hospital finances and quality and safety of patient care. *PLoS One*. 2019;14(8):e0219124. doi:10.1371/journal.pone.0219124.
- Edger M. Effect of a patient-repositioning device in an intensive care unit on hospital-acquired pressure injury occurrences and cost: a before-after study. *J Wound Ostomy Continence Nurs*. 2017;44(3):236-240.
- Fragal G, Fragala M. Improving the safety of patient turning and repositioning tasks for caregivers. *Workplace Health Safety*. 2014;62(7):268-273.
- Meyers T. Prevention of heel pressure injuries and plantar flexion contractures with use of a heel protector in high-risk neurotrauma, medical, and surgical intensive care units: a randomized controlled trial. *J Wound Ostomy Continence Nurs*. 2017;44(5):429-433.
- Schwartz DB, Spencer T, Wilson B, Wood K. Transformational leadership: implications for nursing leaders in facilities seeking magnet designation. *AORN J*. 2011;93(6):737-748. doi:10.1016/j.aorn.2010.09.032.

## Wound—Quality

### ePI13

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

Lindsay McGrath, MSN, RN, CWOCN, [Lindsay.mcgrath@christianacare.org](mailto:Lindsay.mcgrath@christianacare.org), Katherine Collard, MS, RNC, NP, [Katherine.A.Collard@ChristianaCare.org](mailto:Katherine.A.Collard@ChristianaCare.org), Debra Howard, MSN, RN-BC, [Debra.A.Howard@christianacare.org](mailto:Debra.A.Howard@christianacare.org), Carolyn Zsoldos, MS, BSN, RN, BC, [CZsoldos@christianacare.org](mailto:CZsoldos@christianacare.org), Bridget Remel, MSN, APRN, AGCNS-BC, NPD-BC, CCRN-K, [bremel@christianacare.org](mailto:bremel@christianacare.org), Colleen Mcnellis-Haraldsson, MSN, RN, NPD-BC, [Cmcnellis-haraldsson@christianacare.org](mailto:Cmcnellis-haraldsson@christianacare.org), Erica Harrell-Tompkins, MSN, RN, CWON, [CCCN, eharrell-tompkins@christianacare.org](mailto:CCCN, eharrell-tompkins@christianacare.org), and Elizabeth Donovan, MSN, RN, CWOCN, LSSGB, [EDonovan@Christianacare.org](mailto:EDonovan@Christianacare.org), Newark, DE

**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.

## REFERENCES

- Squitieri L, Waxman DA, Mangione CM, et al. Evaluation of the present-on-admission indicator among hospitalized fee-for-service Medicare patients with a pressure ulcer diagnosis: coding patterns and impact on hospital-acquired pressure ulcer rates. *Health Serv Res*. 2018;53(suppl 1):2970-2987. doi:10.1111/1475-6773.12822.
- Weller CD, Gershenzon ER, Evans SM, Team V, Mcneil JJ. Pressure injury identification, measurement, coding, and reporting: key challenges and opportunities. *Int Wound J*. 2017;15(3):417-423. doi:10.1111/iwj.12879.
- Sankovich K, Fenimore LA, Hoffman R, Ren D. The impact of education and feedback on the accuracy of pressure injury staging and documentation by bedside nurses. *Patient Safety*. 2019;1(1):10-17. <https://doi.org/10.33940/hapi/2019.9.2>.

## 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

Debi Fox, OMS Trained, [ostomy211@gmail.com](mailto:ostomy211@gmail.com), Oklahoma City, OK

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



patients and lighten the burden from nurses, all the while creating an estimated savings of more than \$215,000,000 per year in health costs to improve the quality of life for ostomates.

## REFERENCES

- Hornbrook MC, Cobb MD, Tallman NJ, et al. Costs of an ostomy self-management training program for cancer survivors. *Psychooncology*. 2018;27(3):879-885. doi:10.1002/pon.4584.
- Turnbull GB. Ostomy statistics: the \$64,000 question. *Ostomy Wound Manage*. 2003;49(6):22-23. <https://www.o-wm.com/content/ostomy-statistics-the-64000-question>. Accessed November 1, 2020.
- Turnbull GB. The ostomy files: the importance of coordinating ostomy care and teaching across settings. *Ostomy Wound Manage*. 2002;48(5):12-13. <https://www.o-wm.com/content/the-importance-coordinating-ostomy-care-and-teaching-across-settings>. Accessed November 1, 2020.
- UOAA. Ostomy and continent diversion patient bill of rights. United Ostomy Associations of America. <https://www.ostomy.org/bill-of-rights/>. Published 1977. Accessed October 2020.
- Wick EC, Shore AD, Hirose K, et al. Readmission rates and cost following colorectal surgery. *Dis Colon Rectum*. 2011;54(12):1475-1479. doi:10.1097/DCR.0b013e31822f8f0.

## Professional Practice—Wellness

### ePI15

#### A COLLABORATIVE APPROACH USING A SUBEPIDERMAL MOISTURE DEVICE ALONG WITH NURSING SKIN ASSESSMENT TO DETERMINE EFFICACY OF CURRENT PRACTICE IN PREVENTING HOSPITAL-ACQUIRED PRESSURE INJURIES AT A COMPREHENSIVE CANCER CENTER

Michelle Johann, MSN-ED, RN, PHN, WTA, [mjohann@coh.org](mailto:mjohann@coh.org), Ida Antonio, MSN, RN, PHN, CNOR, CSSM, NEA-BC, [iantonio@coh.org](mailto:iantonio@coh.org), and Kerry Caldwell, MBA, BSN, RN, CNOR, [kcaldwell@coh.org](mailto:kcaldwell@coh.org), Perioperative Services, Duarte, CA; Marie Malicki, MSN, RN, CCRN-K, [mmalicki@coh.org](mailto:mmalicki@coh.org), and Jese Castro, BSN, RN, [jcastro@coh.org](mailto:jcastro@coh.org), Intensive Care Unit, Duarte, CA; and Regina Buchanan, MSN-ED, RN, NEA-BC, [rbuchanan@coh.org](mailto:rbuchanan@coh.org), and Ann Whaley, FNP-C, MSN, CWOCN, CFCN, [awhaley@coh.org](mailto:awhaley@coh.org), Duarte, CA

**TOPIC/SIGNIFICANCE TO PRACTICE:** A concern regarding variation in nursing assessment skills led to an evaluation of using a skin moisture-measuring device to validate nurse skin assessment findings. **PURPOSE OF THE INNOVATION/OBJECTIVES:** An evaluation of collaborative skin assessment and the use of a moisture-measuring device concluded minimum value added to an already robust clinical nurse assessment and intervention process that identified patients with a high risk of pressure-related skin injuries 5 days prior to their occurrence. **PROCESS/REPLICATION:** A leadership team implemented a practice change to include using a skin moisture scanner during visual skin assessment. The objective of this additional instrument was to highlight innovative technology for the advancement of nursing assessment and increasing patient satisfaction and overall patient outcomes. The utilization of a standardized nursing skin assessment process validated by the hospital's WOC nurse included visual skin assessment, Braden Scale Pressure Injury Risk assessment, and a moisture-measuring device algorithm. The data collection tools included a scanner data sheet, a checklist, and a nursing script for interacting with patients. A reevaluation of processes and biweekly data monitoring via meetings were done to ensure a standardized approach in consistent patient care. **OUTCOMES:** Scanning of patient's heels and sacrum using a moisture-measuring device began in the preoperative setting,

moving into the operating room suite, then postanesthesia care unit, with a final disposition to the intensive care unit. This serial skin assessment identified patients' heightened risk for developing pressure injury, supporting pressure injury prevention and care algorithm protocol to be initiated. Incidence of pressure injury with visual skin assessment was measured against the number of pressure injury occurrences during the 2-month trial, and results suggested current nursing interventions promoting mobility, activity, sensory, friction, and shear interventions along with moisture management and nutritional consult provided an optimal approach in reducing pressure injury.

## REFERENCES

- Alderden J, Pepper GA, Wilson A, et al. Predicting pressure injury in critical care patient: a machine-learning model. *Am J Crit Care*. 2018;27(6):461-468. doi:10.4037/ajcc2018525.
- Celik B, Karayurt O, Ogce F. The effect of selected risk factors on perioperative pressure injury development. *AORN J*. 2019;110(1):29-38. doi:10.1002/aorn.12725.
- Cooper KD, McQueen KM, Halm MA, Flayter R. Pressure and treatment of device-related hospital-acquired pressure injuries. *Am J Crit Care*. 2020;29(2):150-154. doi:10.4037/ajcc2020167.
- Lin F, Wu Z, Song B, Coyer F, Chaboyer W. The effectiveness of multi-component pressure injury prevention programs in adult intensive care patient: a systematic review. *Int J Nurs Stud*. 2020;102:103483. doi:10.1016/j.ijnurstu.2019.103483.
- Sylvia C, Gruccio P, Jordan R, Morello SS, Thurman K. Informed application of the standards on support surface performance for clinically meaningful use. *Adv Skin Wound Care*. 2020;33(11):600-606. doi:10.1097/01.asw.0000717212.46956.fc.

## Ostomy—Clinical Care Innovations

### ePI16

#### OUTPATIENT OSTOMY TRIAGE TOOL

Laura Swoboda, DNP, APNP, FNP-BC, CWOCN-AP, [laura.swoboda@froedtert.com](mailto:laura.swoboda@froedtert.com), Wound, Menomonee Falls, WI; Jessica Held, DNP, APNP, FNP-BC, CWOCN-AP, CFCN, [jessica.held@froedtert.com](mailto:jessica.held@froedtert.com), Wound & Ostomy, West Bend, WI; and Aimee Frisch, BSN, RN, CWOCN, [Aimeefrisch@gmail.com](mailto:Aimeefrisch@gmail.com), Nurse Specialist, Menomonee Falls, WI

**TOPIC/SIGNIFICANCE:** Care issues identified among new ostomates include incidences of unnecessary emergency room visits for appliance adherence and supply issues, discharges from home health without durable medical equipment enrollment, and lack of referrals to the outpatient ostomy clinic. Healthcare providers rarely receive education in ostomy care and are unfamiliar with obtaining ostomy supplies. Ostomates did not have a local resource for obtaining supplies and were unaware of continued assistance programs. **PURPOSE:** Create a tool to support healthcare providers in the triage and management of outpatient ostomy care. **PROCESS REPLICATION:** A review of incidents indicated that the most common problems are supply and appliance-adherence related. A limited stock of ostomy supplies was made available at organization pharmacies for emergent, over-the-counter purchase. An Outpatient Ostomy Triage Tool was created to assist healthcare providers in caring for an ostomy, changing an appliance, and obtaining supplies. This tool was distributed to high-impact areas where patients present with ostomy complaints, including the outpatient department, emergency department, pharmacies, primary care clinics, and urgent cares. The Outpatient Ostomy Triage Tool addresses these 2 main issues by providing triage questions to assist clinicians.



Debi Fox: **Incorporation of an Expanded Ostomy Self Management Training Program: Using Ostomy Teams To Reduce Readmissions And Increase Patient Quality of Life**

Leave Empty  
 This space will be automatically filled with a QR code and number for easy sharing.

**FACTS:**

- Although some ostomies are temporary, they all have some level of lasting effect on the patients' overall quality of life (QoL).
- There continues to be an insufficient number of ostomy trained nurses to meet the needs of the ostomy patients and community.
- An Ostomy Self-Management Training Program carries an estimated cost of \$1812 per patient.

**FUTURE OUTCOMES:**

Implementation of the Enhanced Ostomy Self Management Training Program can enhance the overall quality of care provided to the patients, their families, friends, and caregivers. It can also lighten the burden for clinicians and lower re-admissions - all the while creating an estimated savings of over \$215,000,000 per year in health care costs.

**TO-DATE PROGRESS & ACCOMPLISHMENTS:**

- Properly trained Ostomy Peer Support Specialists can offer a unique service to meeting the needs of clients (thus bridging the gap), because they have personally lived such experiences and managed to recover.
- The Ostomy Self-Management Training Program incorporates sufficiently-trained ostomy peers into the standard of care provided, resulting in cost savings of \$7188 per re-admitted patient

**PROBLEMS:**

- Before COVID-19, up to 25% of patients with newly created ostomies were being re-admitted within 90 days, carrying an estimated cost of \$9,000 per re-admission.
- Hospital stays were extremely short before COVID-19, but effective ostomy education is even more lacking now that visitors are limited and ostomy nurses are being reassigned to cover other (un-related) areas of care.
- Patients and caregivers are often sent home without sufficient ostomy education, care, and support.

**SOLUTIONS:**

- Collaborations with related support organizations
- Curriculum being developed and offered to provide standardized, quality education to Peers and to healthcare providers such as techs, floor nurses, home health nurses, and others.
- Patient navigation to assist with delivering enhanced continuity of care, thus improving quality of care.
- Virtual visits provided to best serve the patients while protecting the Provider.

**PRESENT STATUS:**

- A virtual support group with 3.5K worldwide members, serving over 500 new ostomates per year.
- Provision of mutual (non-clinical) education and support in all areas of ostomy life.
- Acceptance of unused ostomy supplies and redistribute to those in need (within the US).

Will be covered by controls if you define slides