

COLLABORATIVE WORKING WITH A PROBLEMATIC COLOSTOMY

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AIM

The aim of this poster is to demonstrate how collaborative working can enhance overall patient care. It also demonstrates how team work has improved the working relationship between community and hospital nurses, and finally how a challenging situation can be managed by seamless team work.

BACKGROUND

There is a unique working agreement in place between Salts Healthcare and Bradford NHS Trust. This allows the author to work in the community, on the wards and in the stoma clinic and has fostered a good working relationship between the NHS and a Company Nurse Team.

PATIENT HISTORY

Janet (patient's name has been changed) is 59 years old and had emergency surgery to form a colostomy due to perforation of the colon. She has 7 children and lives with her youngest on a well-known large council estate. She is unemployed and has money problems.

INITIAL OBSERVATION

On initial observation on the surgical ward post operatively in July 2014 I observed:

- Detached stoma with a large cavity
- Necrotic sloughy tissue
- This rapidly healed, leaving a tiny hole
- Janet was very disengaged from her situation. She didn't want to participate in stoma care and it was difficult to build up a rapport with her, although that has since changed and we now enjoy a good relationship

KEY POINTS

- Weekly stoma clinic was essential for the hospital stoma nurse review: this enabled us to facilitate alternate week dilations in endoscopy
- Same team looking after Janet in hospital and community: nurses could see changes in Janet and the stoma and could be treated accordingly
- Janet felt safe and could trust the team looking after her
- NHS and Salts nurse were able to support and help each other in a difficult situation

TEAM WORK AT ITS BEST

In October 2014 I visited Janet as usual and found her to be extremely unwell and showing signs of obstruction. She was very reluctant to be admitted to hospital, but due to the close working relationship I had with my NHS colleagues, I was able to speak to them direct and arrange Janet's admission.

The NHS nurses spoke to Janet on the telephone and reassured her that they would be there to support her in hospital and that her surgeon would be the one to co-ordinate her care.

After a number of calls between myself, the hospital team and the patient, we were able to persuade Janet to go into hospital for review.

TREATMENT

Janet had surgery to refashion her stoma, but unfortunately this did not work well and resulted in what Janet called "the spider's legs" (Fig 1)



Fig 1: week 1 post op

Janet was determined to manage the situation at home, but the main challenge was getting a product to adhere and contain the output.

The products shown in Fig 2 were used to dress Janet's stoma and this combination fortunately worked well. Janet's refashioned stoma healed quickly, as shown in Figs 3, 4 and 5.



Fig 2

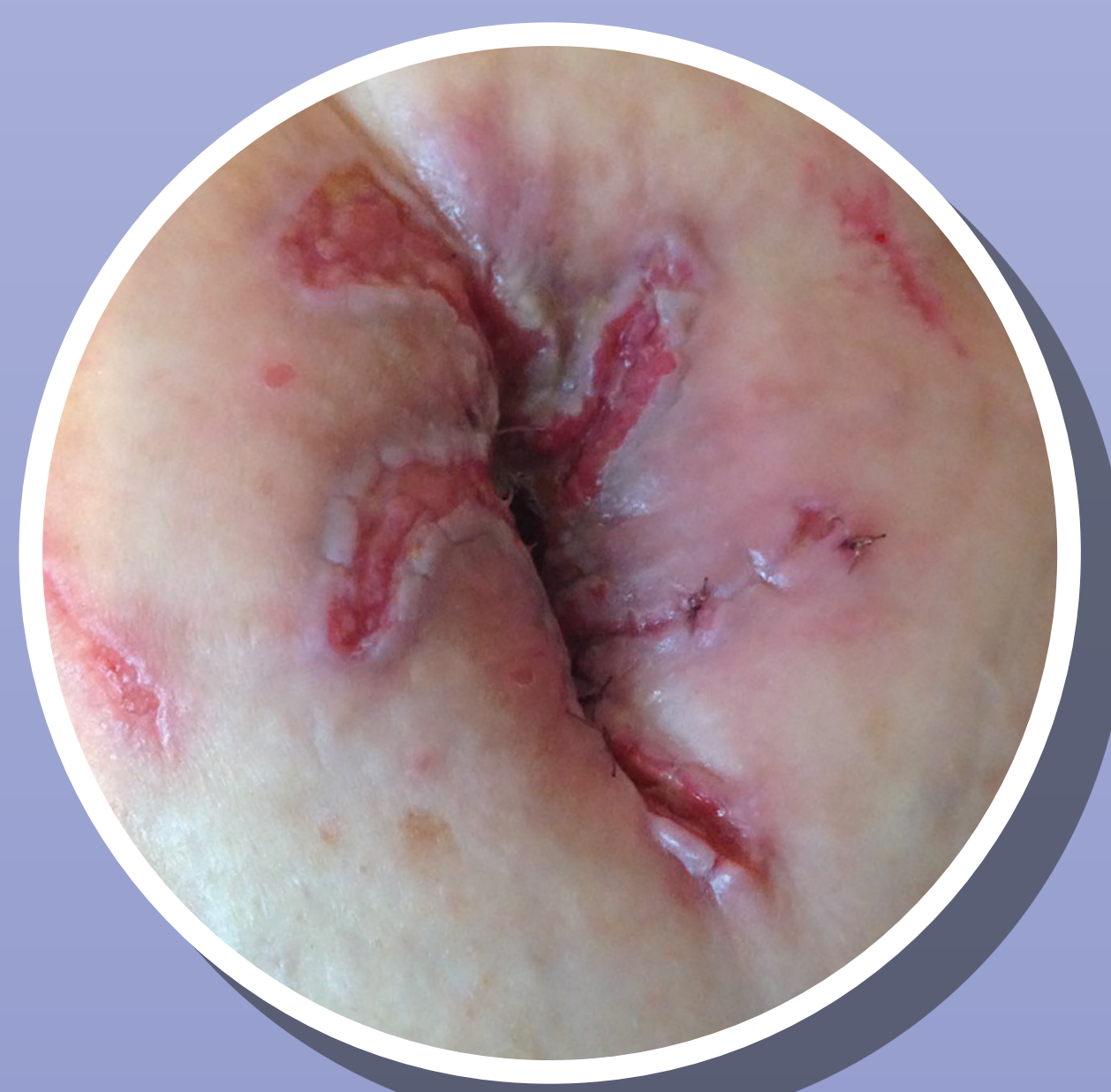


Fig 3 week 2 post refashion

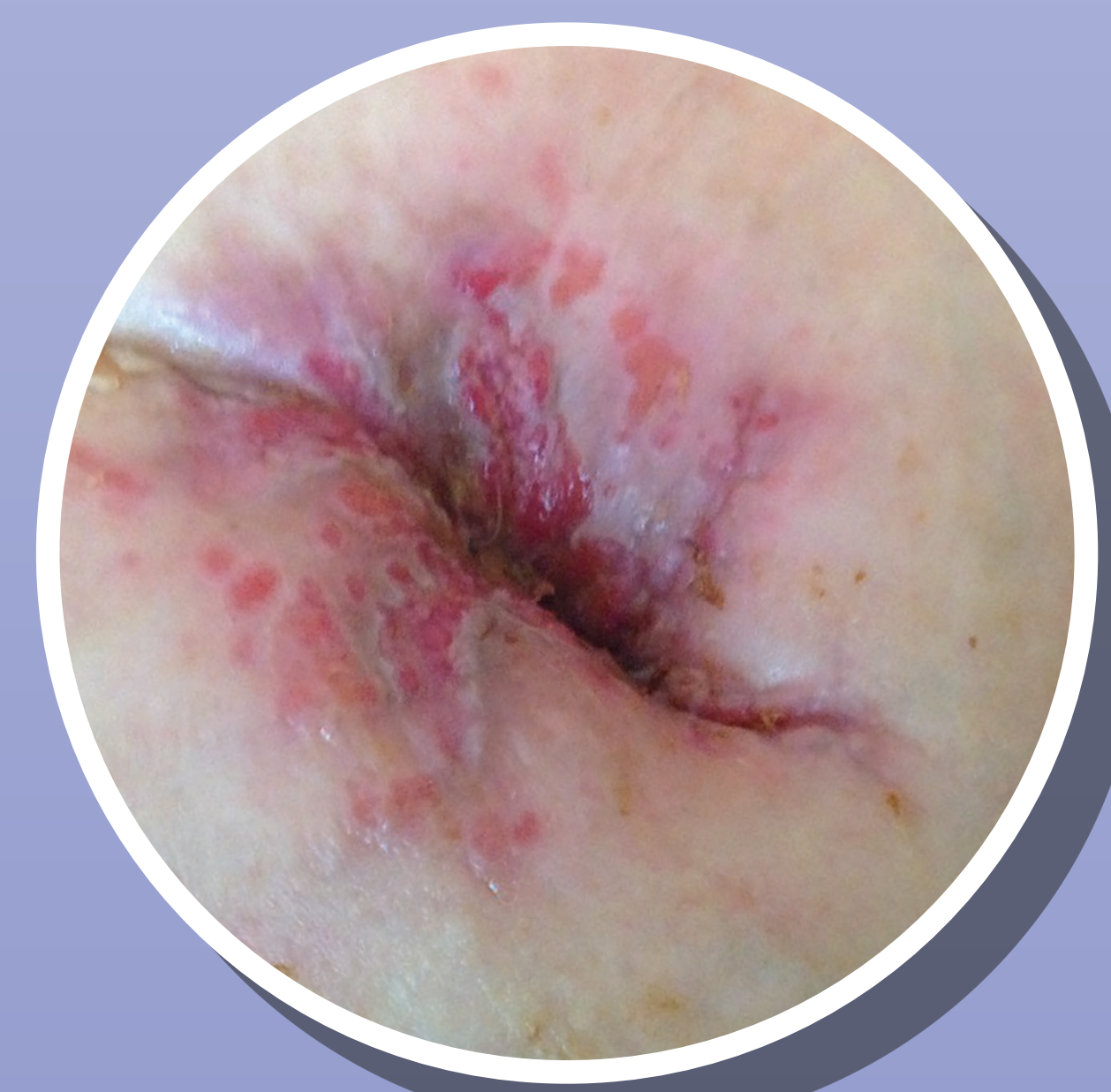


Fig 4 week 3 post op refashion



Fig 5 week 4 post op re-fashion

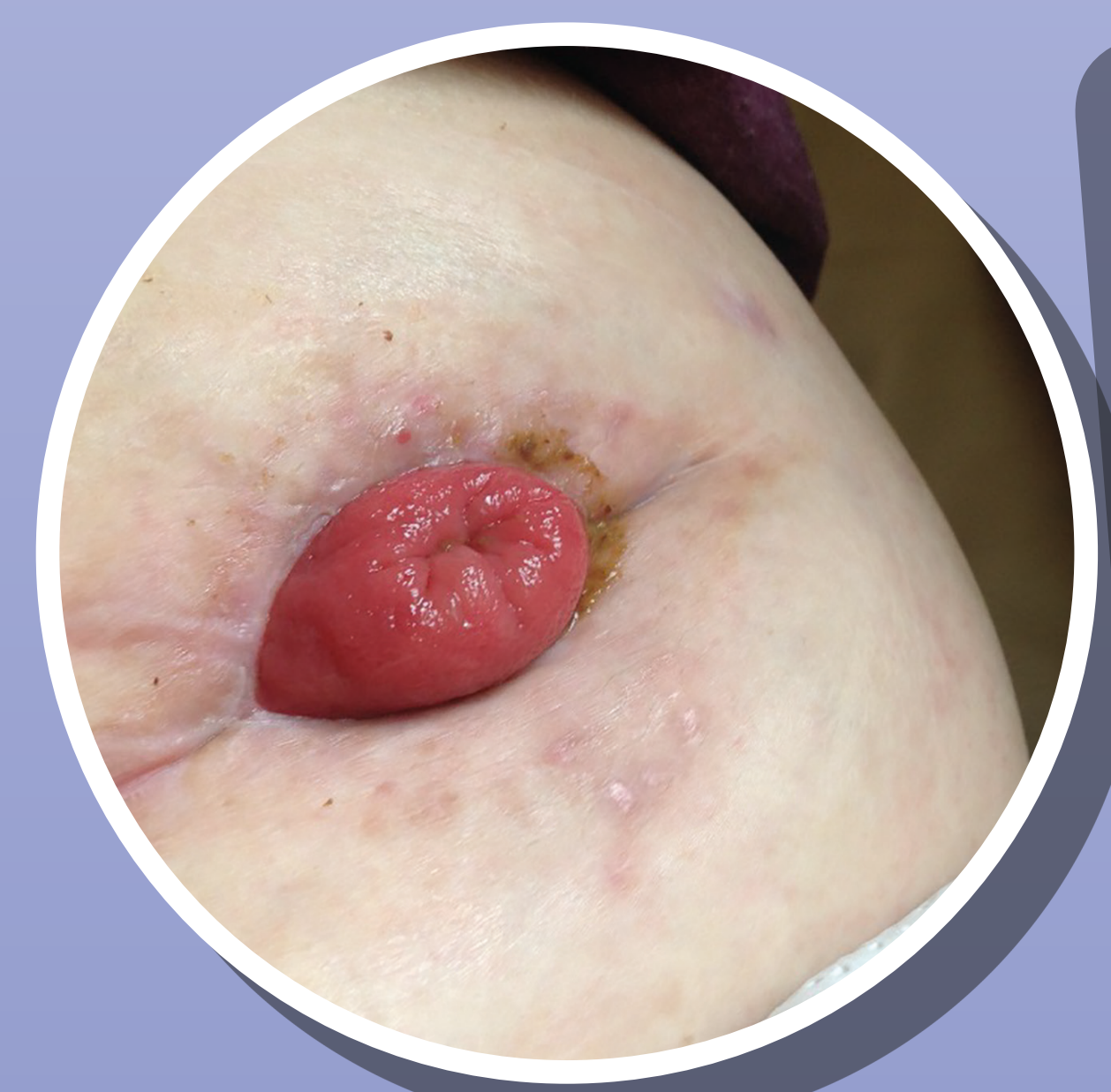


Fig 6

Janet finally went back to theatre in March 2015, following another joint admission between myself and the NHS team. She had her stoma refashioned once more, which resulted in a nice healthy colostomy! (Fig 6)

OUTCOME

Despite the many challenges faced over the year, caring for Janet brought myself and the NHS team together, so that we:

- Built up mutual trust and respect
- Learnt from each other
- Supported each other when we had to think outside the box and try things we had never done before

I strongly believe the positive outcome for this patient was helped by the great teamwork we shared. The patient felt totally supported in the hospital and in the community by a team of nurses she could trust and had learned to know well and who knew her from start to finish. It also proved that NHS and company nurses can work in partnership happily together.

CONCLUSION

The author believes that without the collaboration that occurred between primary and secondary care nurses, the end result would not have been as satisfactory.

The nurses in the acute and community setting were able to share best practice, knowledge and experience with each other, which in turn facilitated trust and growth amongst both teams. It has helped pave the way for future coherent working relationships and given the author a greater understanding of the importance and benefits assigned to collaborative working.