

MORRIS COUNTY OSTOMY ASSOCIATION OF NEW JERSEY

AN AFFILIATE OF UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC.

Quality of Care Resource at the Centers for Medicare and Medicaid Services (CMS)

by Jeanine Gleba, UOAA Advocacy Manager

The overall goal of the UOAA Patient Bill of Rights (PBOR) initiative [www.ostomy.org/bill-of-rights/] is to ensure high quality of care for people who had or will have ostomy or continent diversion surgery. To accomplish this, it's important that patients and families actively participate in patient health care.

According to CMS an integral part of the U.S. Department of Health and Human Services' (HHS) National Quality Strategy is the CMS Quality Improvement Organization (QIO) Program. It is one of the largest federal programs dedicated to improving health quality at the community level.

Under the QIO program there are two Beneficiary and Family Centered Care-QIOs (BFCC-QIOs) who help Medicare beneficiaries and their families exercise their right to high-quality healthcare. The two BFCC-QIOs are KEPRO and Livanta and they serve all fifty states. BFCC-QIO services are free-of-charge to Medicare beneficiaries.

In New Jersey, Livanta is the Beneficiary and Family Centered Care Quality Improvement Organization (1-866-815-5440). It is available to help Medicare beneficiaries and their families or caregivers with questions or concerns such as:

- Am I ready to be discharged from the hospital?
- Should I be receiving needed skilled services such as physical therapy, occupational therapy, from a home health agency, skilled nursing facility, or comprehensive outpatient rehabilitation facility? (Care from a certified ostomy nurse is a skilled service.)
- I'm concerned about the quality of care I received from my hospital, doctor, nurse or others. Examples of quality of care concerns that pertain to our PBOR include but are not limited to:
 - Experiencing a change in condition that was not treated (such as skin infection around stoma)
 - Receiving inadequate discharge instructions (such as inadequate individual instruction in ostomy care, including the demonstration of emptying and changing pouch or no instruction on how to order ostomy supplies when you leave the hospital)

Medicare beneficiaries have the right to file an appeal through their BFCC-QIO, if they disagree with a health care provider's decision to discharge them from the hospital or discontinue services, or when they have a concern about the quality of the medical care they received from a health care professional or facility.

Winter 2018-2019 NEWSLETTER

www.ostomymorris.org

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Crusting Procedure to Cure Irritated or Raw Peristomal Skin

1. Clean the peristomal skin with water (avoid soap) and pat the area dry.
2. Sprinkle skin barrier powder onto the denuded skin.
3. Allow the powder to adhere to the moist skin.
4. Dust excess powder from the skin using a gauze pad or soft tissue. The powder should stick only to the raw area and should be removed from dry, intact skin.
5. Using a blotting or dabbing motion, apply the polymer skin barrier over the powdered area, or lightly spray the area if you're using a polymer skin barrier spray.
6. Allow the area to dry for a few seconds; a whitish crust will appear. You can test for dryness of the crust by gently brushing your finger over it; it should feel rough but dry.
7. Repeat steps 2 through 6 two to four times to achieve a crust.
8. You may apply a pouching system over the crusted area. Stop using the crusting procedure when the skin has healed and is no longer moist to the touch.

When using powder, make sure to brush off the excess before applying any other pastes or skin barriers. Paste, skin protective wipes or rings can be applied directly over the powder once the excess has been removed. Be sure to stop using the powder once your skin has healed.

When using Barrier Rings, apply them to the wafer or pouch first before attaching to the skin. Make sure the ring and skin barrier opening are of equal size, that is, the size of your stoma.

Be gentle when you are removing a skin barrier. Don't pull the skin barrier straight off the skin; instead, gently press the skin away from the barrier. If you are aggressive when pulling off the skin barrier, it can cause what is commonly known as skin stripping.

If you find your appliance or tapes are difficult to remove, or if you are concerned about residue, you can use removers that have been developed for the purpose. They are available in aerosol and wipe form.

Source: Vancouver (BC) Ostomy HighLife

Can You Shower with an Ostomy Pouch?

by Lauren Wolfe RN, BSN, CWOCN

The most common question I get asked post-op or in clinic is: "How can I have a shower?" The answer is fairly simple: with your pouch on or off. I recommend not showering with only a flange (of a two-piece system) in place, as this may decrease your wear time.

Showering with your pouching system off:

On days that you are planning to change your pouching system, I would recommend that you remove the pouching system prior to showering or while in the shower. Unless you have a very strong shower there is no concern of the shower water touching your stoma so enjoy your shower.

If you wash your peristomal skin with soap make sure you wash well to remove any soap residue as this may prevent your new pouch from adhering to your skin. If your stoma has been active during the shower no need to worry, just wash your shower/bath as you usually would.

Showering with your pouching system on:

On days that you don't change your pouch, there are many options available on the Internet to keep your pouch dry and some of you may even use Saran Wrap all around. I suggest not wasting your money on these. There is no need for this, as your pouching system is designed to withstand water and can get wet. The fabric/cover and or tape border will get wet but a dry towel can be used to pat it dry or you can use a hair dryer on a low setting.

If using a hair dryer be very careful not to burn through the pouch as plastic can melt with heat. Most pouching systems dry fairly quickly if patted with a dry towel. If you have a pouch with a filter remember some companies require you to cover the filter to prevent it from getting wet.

Source: Vancouver (BC) Ostomy HighLife

New UOAA Website

The United Ostomy Associations of America now has a new website address: www.ostomy.org. As a resource, it offers comprehensive information essential to all ostomates.

You can find facts on topics such as, What Is An Ostomy?
• Living with an Ostomy: FAQs • Diet + Nutrition • Ostomy Skin Care • Sexuality New Ostomy Patient Guide • The Phoenix Magazine • Product + Supplies • Nurse / Home Health Resources • Travel Tips + TSA • Emergency Supplies • Donating Ostomy Supplies • Bill of Rights • and details on specific types of ostomies.

Aerie Model Brings National Attention to Ostomy Awareness

Campaign by Lingerie Retailer Puts Ostomy in the Spotlight

by Ed Pfueller, UOAA blog post

This feels like a moment. For many in the ostomy community seeing that someone with an ostomy has been included as a model, ostomy pouch showing, in a large national retail website was groundbreaking.

The viral #AerieREAL campaign showcased a smiling ostomate alongside other body positive models living with an insulin pump, wheelchair, crutches and conditions such as fibromyalgia and cancer. The brand has long highlighted “real, authentic and unretouched women.” You can find the photos scattered over their product pages. [<https://www.ae.com/featured-aeriereal/aerie/s-cms/6890055>]

The model, Gaylyn Henderson, has been sharing her infectious positivity with the ostomy community for years including in a past Ostomy Awareness Day Video produced by UOAA.

Her website Gutless and Glamorous chronicles her life speaking out in support of ostomy and IBD awareness. She was selected for the campaign after submitting a video for an open call for models. Gaylyn has since become a face of the campaign in mainstream media outlets such as *People*, CNN and *Today*. [<https://www.gutlessandglamorous.org/get-involved>]

She told *Today Style*, “Having the support of an influential brand like American Eagle to promote positive ostomy awareness has already changed lives, and I know this because of the feedback I am seeing and receiving.”

“To have this opportunity is surreal! For Aerie to give me this opportunity, I’m beyond grateful and thankful they would give someone like me a shot.”

The reaction has been uplifting and positive when shared on our Facebook Page and all around the web and social media.



Ostomy Reversals

by Joanna Burgess-Stocks, BSN, RN, CWOCN

Not everyone who has an ostomy as a result of colorectal cancer and other diseases will have the option of having their ostomy reversed. Some people will need to keep their ostomy for life.

Your surgeon will determine when an ostomy will be reversed. There are many factors that determine a reversal such as the extent of the disease, a patient’s overall health and treatment process (radiation and chemotherapy). Most patients with temporary ostomies will have the ostomy for about 3-6 months.

Surgery for reversal of an ostomy is usually much less involved than the surgery that you had to create the ostomy. So, if you are feeling nervous, keep that in mind. A typical hospital course is 3-4 days on average.

For some patients, interrupting bowel function with a temporary ileostomy increases the chances that you will experience alterations in bowel function after reversal of your stoma. These symptoms can include rectal urgency, frequency, fragmentation of stool and incontinence. It is important that you notify your surgeon as soon as possible with these symptoms.

Treatment includes behavioral strategies based on the symptoms and includes dietary modifications, incontinence products, skin care (use of barrier creams such as zinc oxide) and medications such as loperamide. More involved but helpful recommendations are pelvic muscle retraining (PMR) to regain sphincter strength and biofeedback. This therapy is done by a highly trained physical therapist.

If the temporary ostomy is due to cancer some physical therapists recommend PMR prior to surgery or radiation to assess muscles and teach strategies for ongoing muscle strengthening that can be carried over after surgery. This helps to address any coordination or existing weakness prior to radiation due to chemo or post-operative recovery. If PMR is recommended after surgery, it is best to wait at least six weeks and with the surgeon’s approval.

Morris County Ostomy Association

The Morris County Ostomy Association is a community-based, local organization made up of volunteers whose purpose it is to reach out to ostomates and their families, providing them with a network from which they can share experiences, obtain information, and gain emotional support.

The association's voluntary visitation program offers support on a one-to-one basis to patients and their families. The ostomy volunteer visitor is carefully chosen and trained. The visitor is well adjusted to his/her ostomy and is able to offer additional support and information on ostomy care and management at home.

The Morris County Ostomy Association holds regular monthly meetings. The meetings normally consist of an informal gathering of ostomates and individuals who may be contemplating ostomy related procedures. Families and friends as well as significant others are always welcome.

The evening usually involves an informal talk by a physician, a nurse specialist, a distributor of ostomy supplies, or social worker. Presentations are always on a topic of interest to the entire group. Most importantly, the meeting offers the opportunity for individuals to share information and discuss mutual interest and concerns.

Donating Supplies

Group members may send unused ostomy supplies to Friends of Ostomates Worldwide, an organization that provides ostomy materials to needy ostomates throughout the world. For more information about Friends of Ostomates, click "Donating Ostomy Supplies" on the list of links on www.ostomymorris.org. Their address is 4018 Bishop Lane, Louisville, KY 40218.

Dues

Dues for 2019 are coming up soon.
You may send a check or cash for \$20.00

to:
George Salamy
30 Wyckoff Way,
Chester, NJ 07930

Meeting Schedule

Meetings start at 7:30 p.m. and end at 9 p.m. in the Carol Simon Center of the Morristown Medical Center.

JANUARY 16, 2019

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EDGE PARK SURGICAL REPRESENTATIVE

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