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**Gap Analysis:**

***Supporting Adults Who Anticipate or Live with an Ostomy,* Second Addition, August 2019**

**Work Sheet**

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This guideline can be downloaded for free at:

<https://rnao.ca/bpg/guidelines/ostomy>

The RNAO Leading Change Toolkit 3rd Edition

<https://rnao.ca/leading-change-toolkit>

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| --- | --- | --- | --- | --- |
| Date Completed: | |  | | |
|  | | | | |
| Team Members participating in the Gap Analysis: | | | | |
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Completion of this gap analysis allows for the annual comparison of your current practice to evidence-based practices as regulated by the MOHLTC per Fixing Long-Term Care Act, 2021 at <https://www.ontario.ca/laws/statute/21f39> &

[O. Reg. 246/22: GENERAL (ontario.ca)](https://www.ontario.ca/laws/regulation/r22246)

| **RNAO Best Practice Guideline Recommendations** | Met | Partially Met | Unmet | Notes  (Examples of what to include: is this a priority to our home, information on current practice, possible overlap with other programs or partners) |
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| **Core Recommendations** | | | | |
| 1. Develop a therapeutic relationship with the client and family  (Level of Evidence= III) |  |  |  |  |
| 2. Perform a comprehensive assessment of the client/family that includes: a) history and physical; b) psychosocial (coping and adaptation, altered body image, impaired quality of life, sexuality and sexual concerns); and c) cultural, spiritual and religious norms.  (Level of Evidence= III) |  |  |  |  |
| 3. Consult with interdisciplinary team members for assessment and intervention as needed for all clients requiring, or who already have, an ostomy  (Level of Evidence= IV) |  |  |  |  |
| 4. Design a mutually acceptable plan of care between the client/family and all health-care providers, which optimizes health and self-efficacy in ostomy management.  (Level of Evidence=III) |  |  |  |  |
| **Practice Recommendations: Pre-Operative Phase** | | | | |
| 5. Pre-operative education should be provided to all clients and families requiring ostomy surgery. (Level of Evidence = Ib) |  |  |  |  |
| 6. Stoma site marking should be performed on all clients undergoing ostomy surgery.  (Level of Evidence = IIa) |  |  |  |  |
| 7. Explore the potential impact of ostomy surgery on intimacy and sexual functioning with the client/partner.  (Level of Evidence = Ia) |  |  |  |  |
| 8. Progressive Muscle Relaxation Therapy (PMRT) should be offered to clients undergoing ostomy surgery as part of routine care.  (Level of Evidence = Ib) |  |  |  |  |
| **Practice Recommendations: Post-Operative Phase** | | | | |
| 9. Assess the stoma immediately post-operatively and the stoma/peristomal skin condition with each appliance change using a validated classification tool to monitor for complications.  (Level of Evidence = IV) |  |  |  |  |
| 10. Identify risk factors that influence stomal and peristomal complications.  (Level of Evidence = III) |  |  |  |  |
| 11. Review the client’s medication profile to ensure that maximum absorption and effectiveness will be achieved in relation to the type of ostomy.  (Level of Evidence = IV) |  |  |  |  |
| 12. Avoid insertion of a glycerin suppository into a colostomy in order to aid evacuation of effluent.  (Level of Evidence = Ib) |  |  |  |  |
| 13. Counselling by a Registered Dietician should be performed for clients with an ostomy who are at risk for, or who develop, nutritional complications.  (Level of Evidence = IIa) |  |  |  |  |
| 14. Prepare the client and family by teaching the minimum skill set specific to their needs prior to discharge from hospital.  (Level of Evidence = IV) |  |  |  |  |
| 15. Discharge the client and family with home care support.  (Level of Evidence = Ib) |  |  |  |  |
| 16. Ensure that the ostomy plan of care is individualized to meet the needs of the client and family.  (Level of Evidence = IV) |  |  |  |  |
| 17. Assessment and follow-up by an Enterostomal Therapy Nurse (ETN) are recommended for the client and family after ostomy surgery to decrease psychological distress, promote optimal quality of life and prevent complications.  (Level of Evidence = IIb) |  |  |  |  |
| 18. Educate client and family members to recognize complications affecting the stoma and peristomal skin.  (Level of Evidence = IV) |  |  |  |  |
| 19. Colostomy irrigation may be implemented as a safe and effective method for the management of descending or sigmoid colostomies for select adult clients.  (Level of Evidence = III) |  |  |  |  |
| 20. Ostomy education for all levels of health-care providers should be a systematic, client-centred process, provided in both academic and workplace venues.  (Level of Evidence = IV) |  |  |  |  |
| 21. Consult ETNs in the development of ostomy educational programs that target appropriate health-care providers, clients, family members and caregivers.  (Level of Evidence = IV) |  |  |  |  |
| **Organization and Policy Recommendations** | | | | |
| 22. Organizations should utilize a credentialed ETN for policy development and program management.  (Level of Evidence = IV) |  |  |  |  |
| 23. All clients with ostomies, and their families, should have access to comprehensive education. (Level of Evidence = IV) |  |  |  |  |
| 24. A mechanism must be in place for the transfer of information between care settings to facilitate continued education and clinical support of the client.  (Level of Evidence = IV) |  |  |  |  |
| 25. Practice settings must have access to an interdisciplinary team of knowledgeable and skilled health professionals to address quality care in ostomy management.  (Level of Evidence = IV) |  |  |  |  |
| 26. Nursing best practice guidelines can be successfully implemented only where there are adequate planning, resources, organizational and administrative support, as well as appropriate facilitation. Organizations may wish to develop a plan for implementation that includes:   * An assessment of organizational readiness and barriers to implementation, taking into account local circumstances. * Involvement of all members (whether in a direct or indirect supportive function) who will contribute to the implementation process. * Ongoing opportunities for discussion and education to reinforce the importance of best practices. * Dedication of a qualified individual to provide the support needed for the education and implementation process. * Ongoing opportunities for discussion and education to reinforce the importance of best practices. * Opportunities for reflection on personal and organizational experience in implementing guidelines   (Level of Evidence= IV) |  |  |  |  |