

Never Say No to Change: Making a Product Conversion

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OVERVIEW

Our medical facility recently made a conversion of our ostomy pouching system to a single manufacturer to simplify our product formulary. Since a like barrier ring was not available we stayed with our previous manufacturer. The use of two different manufacturers' products made it a bit confusing for our staff and also for our patients. When a new barrier technology (Adapt Barrier Rings) became available from the chosen manufacturer (Hollister Incorporated), we were open to an evaluation. However, the new product had to perform as well as our current product without increasing costs. If this was not demonstrated in our evaluation, we would not switch.

CLINICAL APPROACH

We use barrier rings and seals primarily for problem solving. We serve a geriatric population where the average age is 75. Many of their stomas are temporary and not always well-constructed or sited. The barrier rings help us manage difficult stomas and provide a secure seal. The following case studies represent examples of challenging clinical situations where the new skin barrier rings worked successfully.

Case 1: Retracted ileostomy with denuded skin

We applied a 4" Adapt Barrier Ring under the patient's convex appliance to create a flat pouching surface around the stoma and to absorb moisture from the weeping skin.



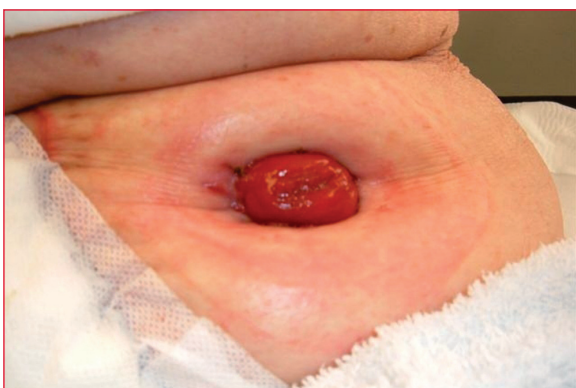
Case 1

Outcome:

This elderly patient found the product packaging easy to open and was able to mold the barrier ring easily with her arthritic hands.

Case 2: Colostomy in a skin fold

To manage an uneven skin surface, we applied a 2" barrier ring from the 2:00 to 4:00 and 8:00 to the 10:00 position to fill the creases and create a flat pouching surface. A one piece cut-to-fit appliance was applied.



Case 2

Outcome:

The patient was pleased with the flexibility of the barrier ring, and was no longer fearful of leaving her home because of leakage and odor. Wear time was five days.

Case 3: Flush colostomy with an adjacent wound

In addition to a nearby wound, this patient's colostomy was located in a skin fold. We used a 2" Adapt Barrier Ring around the entire stoma to fill in "suture marks" and used a cut-to-fit convex skin barrier. In addition, we filled the crease to the navel and the navel itself with small pieces of barrier strips to create a flat pouching surface and to prevent drainage from the midline wound from undermining the wafer.



Case 3

Outcome:

Product wear time was increased from 12 to 24 hours to 6 days.

Case 4: Mushroom urostomy

The patient's stoma was larger at the top than at the base. To manage this discrepancy we applied a 2" Adapt Barrier Ring around the stoma and then placed a flat skin barrier over the stoma and onto the ring.



Case 4

Outcome:

The patient was able to manage the change without traumatizing his stoma and effectively protected the peristomal skin.

Case #5: Retracted colostomy

We applied a 2" Adapt Barrier Ring around the entire stoma, "pleating" or doubling the ring at the 3:00 and 9:00 positions. A flexible convex one-piece pouching system, which was secured with an Ostomy belt, was then applied.



Case 5

Outcome:

The patient found the barrier ring very flexible and wear time increased from several hours to 7 days.

Outcomes

We found the Adapt Barrier Rings to be as durable and effective as our previous product. In the outpatient clinic it worked well to resolve skin breakdown. We also found it easier for our elderly patients to use, very moldable and more cost effective. The packaging was preferred by both staff and patients since it was easier to open.

CONCLUSIONS

As a result of the successful trial in the Outpatient Ostomy Clinic, where patients and nurses were satisfied with the product, the Adapt Barrier Rings were implemented into the local hospital and then into the entire hospital system. Although we initially believed that our current product met all our needs, we discovered that trying something new had many benefits for our staff and patients.

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