

NHS SCOTLAND STOMA DATA SURVEY		
HEALTH BOARD:		
NAME OF CNS COMPLETING THE SURVEY QUESTIONS:		
<b>Place cursor on column C for drop down list to respond to yes or no.</b> <b>In shaded area can you provide details in comment section .</b> <b>If you have any additional comments use column D</b> <b>Please ensure to save your responses</b>		RESPONSE DROP DOWN LIST
		Additional Comments if applicable
Q1	<b>Which of the following stoma patient activity data do you document</b>	
a	CHI Number	
b	Number of new stoma patients	
c	Number of existing patients	
d	Type of stoma (Colostomy, Ileostomy, Urostomy)	
e	Date of stoma formation	
f	Number of Temporary or permanent stomas	
g	Reason for stoma ( i.e. cancer / injury/ ulcerative colitis etc )	
h	Number of reversals	
i	Deaths	
Q2	<b>Do you use a database for stoma patients</b>	
If yes please give details of the provider ( NHS or Industry with name of Supplier )		
Q3	<b>Does your database have a section for appliance reviews</b>	
Q4	<b>Do you perform annual audit of your service</b>	
Q5	<b>Which of the following people performs appliance use reviews in your area</b>	
a	Stoma CNS	
b	Prescribing team ( pharmacist)	
c	Prescribing team ( Nurse )	
d	Practice Nurse	
e	DAC	
Name of DAC :		
Q6	<b>How do you review stoma patient appliance use</b>	
Nurse led clinic		
Telephone assessment		
Domiciliary visit		
Q8	<b>Do you receive referral of patients with under / over use of appliance &amp; accessories</b>	
If yes who is the source of referral		
a	Patient self referral	
b	Prescribing team ( pharmacist)	
c	Prescribing team ( Nurse )	
d	Practice Nurse	
e	DAC (Please state name )	
Name of DAC:		
f	Other : Please give details	
Q9	<b>Do you assess under / over use of appliances &amp; accessories against guidelines</b>	
If yes which guidelines do you use ( i.e. Local prescribing guidance or ASCN )		
Q10	<b>Do you document if appliance /accessory use did not meet prescribing guidance</b>	
Q11	<b>Do you document the following appliance related problems:</b>	
a	Leakage	
b	Peri-stoma skin problems	
c	Odour	
d	Difficulty removing / applying appliance	
e	Parastomal Hernia	
Other : Please state		
Q10	Do you document the outcome of treatment / advice to manage complications	
Q11	<b>Do you receive reports of under/ over use of appliance &amp; accessories / stoma complications from</b>	
a	DACs ( Name of DAC)	
b	Community Pharmacy	
c	Supplier patient websites	
d	G.P	
e	Community prescribing teams	
Comment: If yes who do you share this information with:		
<b>THANK YOU FOR TAKING TIME TO COMPLETE THIS SURVEY</b>		

Indicators can be used as a way to assess the quality of care and can assist health care professionals to identify key areas to focus improvement activity .

The draft indicators below have been adapted from appliance use review audit data from PrescQipp and Bristol, (adapted from stoma nurse guidance NHS England).

It is important to note that these are **draft with continued development required**.

The National Stoma Quality Improvement data subgroup ask that CNS'S across NHS Scotland Health Boards review and comment on the draft indicators below.

Your information will help develop recommendations and inform further work in this area .

1. Can you review each indicator
2. Place cursor on column C for drop down facility to agree or disagree with the indicator
3. Use column D if you have any comments on each indicator.

Draft Stoma Quality Indicators			
Name of Health board :			
Name of CNS completing the indicator review:			
	QPI	Response Drop down comment	Additional Comments
QPI 1	Stoma patients should have stoma appliances and accessories prescribed or ordered in line with NHS Scotland stoma guidance		
QPI 2	Stoma patients receiving prescription / order that exceed or are below usage recommendations are referred to stoma CNS for review		
QPI 3	Accessory items identified by NHSS Guidance / Formulary as not recommended should not be prescribed or ordered (deodorants etc)		
QPI 4	Stoma patients who require stoma appliance / accessories not on approved guidance ( non formulary ) should be only authorised by stoma CNS ( These may be new products that are undergoing approved evaluation )		
QPI 5	Accessory products identified as short term ( Skin protectors and skin fillers ) should not be used for more than 3 months		
QPI 6	appliance related problems are reported		
a	Patients reporting leakage		
b	Patients reporting skin problems		
c	Patients reporting difficulty removing / applying appliance		
d	Stoma patients with parastomal hernia that affects appliance		
QPI 7	Stoma patients report they are satisfied their appliance meets their needs		
<b>THANK YOU FOR TAKING TIME TO REVIEW AND COMMENT</b>			