

**Specialist Community Nursing
Services**

Stomal Therapy Services

Tier 3 Service Specification

September 2024

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1. Status

Approved to be used for mandatory nationwide description of services to be provided.

MANDATORY ☒ RECOMMENDED ☐

It is compulsory to use this Specification when purchasing services. No Districts should use a local service specification instead of this mandatory specification.

2. Review History

Review History	Date
Published on NSFL	
Review of Stomal Therapy Services service specification (June 2003)	V10 May 2012
Content moved to updated Health New Zealand format	September 2024
Consideration for next service specification review	Within the next 5 Years

Note: In September 2024 a small programme of work moved all Service Specifications to Health New Zealand branded templates. No amendments were made to the body text or content of the Service Specification, so references to DHB, Ministry of Health or other pre-2022 reforms vocabulary will still exist. A larger programme of work to review and revise all Service Specifications is planned for late 2024 to early 2025.

Note: Contact the Service Specification Programme Manager, National Health Board Business Unit, to discuss the process and guidance available in developing new or updating and revising existing service specifications. Web site address Nationwide Service Framework Library: [Nationwide Service Framework Library – Health New Zealand](#)

3. Introduction

The overarching Tier One Community Health, Transitional and Support Services specification contained generic principles and content common to all the tiers of specifications below it.

This Tier Three Stomal Therapy Services service specification, (the Service) must be used in conjunction with the Tier Two Specialist Community Nursing Services service specification, the Tier One Community Health, Transitional and Support Services service specification and, where age appropriate, the Tier One Services for Children and Young People service specification.

Refer to the Tier One Community Health, Transitional and Support Services service specification sections for generic details on:

- Service Objectives
- Service users
- Access
- Service Components
- Service Linkages
- Exclusions
- Quality Requirements

The above sections are applicable to all Service delivery.

4. Service Definition

This Service is for eligible people of all ages as follows:

- post-operatively for those people who already have a stoma, which is either temporary or permanent
- pre-operatively, for those people with a potential for an ostomy following surgery.

Such people's level of need will be such that they require stomal therapy services.

Typical ostomies for this Service are colostomy, ileostomy, urostomy and Antegrade Colonic Enema (ACE). Tracheostomy and gastrostomy are covered under the Specialist Community Nursing (DOM101) service specification.

The Service will maximise the Service User's independence and continuance of their usual lifestyle, and minimise the health complications that could arise from the ostomy.

Basic stomal care may be provided by community nurses under the Specialist Community Nursing Services service. However initial assessment, monitoring and prescription of supply will always be done by the Stomal Therapy Service where such a Service is available. Where no dedicated service is available then it is included in the Specialist Community Nursing Services.

5. Service objectives

5.1 General

The Service will maximise Service Users' independence and continuance of their usual lifestyle, and minimise the health complications that could arise from the ostomy.

For generic objectives refer to Tier One Community Health, Transitional and Support Services service specification.

5.2 Māori Health

Refer to the Tier One Community Health Transitional and Support Services service specification Section 4.2.

In addition, Service Providers should include evidence based best practice for Māori in delivery of their service:

- a. Māori population health needs assessment to inform service delivery, kaupapa Maori evaluation of service efficacy
- b. determinants of health as markers of risk assessment which includes ethnicity
- c. assessments which include markers of determinants of health underpinning care co-ordination
- d. Māori work-force development to support appropriate service delivery proportionate to population being served
- e. resources used are appropriate for population / target group in terms of health literacy and health messages.

6. Service Users

Service Users are those people who have an ostomy, which is either temporary or permanent, or people requiring pre-operative advice as well as those people with a potential for ostomy surgery. The ostomates covered by this service specification include those with a stoma deriving from colostomy, ileostomy or urostomy surgery or an ACE procedure.

Service Users receiving Stomal Services in a hospital clinic or outpatient setting are only included under this service specification when the services do not form an integral part of a medical specialist clinic.

7. Access

7.1 Eligibility for Service and Supplies

Service Users are eligible for the Service if they have a stoma or are having surgery where there is a potential for a colostomy, ileostomy, urostomy or an ACE stoma to be formed.

Residents¹ living in Residential Homes / Aged Related Residential Care Facilities - are eligible for stomal therapy services, supplies and consumables services, supplies and equipment under the same criteria as people living in their own homes, if these services are

¹ Includes people with intellectual and / or physical disabilities, or mental illness and addictions.

not funded through another service specification.

Travellers within New Zealand must check with their local service while planning their travel unless they are students travelling to / from university, polytechnic or boarding school. The local service is responsible for:

- providing travellers with the necessary consumables and equipment before they travel, and/or meeting the cost of services and supplies provided by the destination service.
- providing them with a contact name, address and telephone number in the District serving the intended destination.

During term time students will normally be considered to be residents at the District in which the educational institution is located. During the holiday period they will be considered to be resident in their 'home' District area.

7.2 Referral to the Service

Any health professional may refer Service Users to the Service. Service Users who have a stoma arising from colostomy, ileostomy, urostomy or ACE surgery may self-refer.

The referrer is expected to provide information on:

- the Service User's NHI and contact details
- the medical and surgical history including the operation record, the type of stoma, and the diagnosis
- the current treatment regime
- any complications
- the current prescription for consumables
- the Service User's current independence level
- the referring Stomal Therapist, hospital service or medical practitioner details.

7.3 Response Time

The response time for each referral will be based on the level of risk of the Service User, which will be assessed from the information given with the referral (see Appendix 1). Information on the average response time, for Service Users at each level of risk, will be available to the Ministry on request.

Unless otherwise indicated by the time from receipt of referral to first contact with the Service User will be as given in the table below:

Referral management process

Risk Level	Initial Contact (Voice to Voice)	Face to Face contact
Low Risk	Within 5 working days (Monday to Friday) of receipt of referral	within 14 working days of receipt of referral
Medium risk	Within 2 working days (Monday to Friday) of receipt of referral	within 10 working days of receipt of referral
High or excessive level of risk	Within 24 hours (Monday to Friday) of receipt of referral	within 2 days (Monday to Friday) of receipt of referral

The referral is returned to the referrer where inadequate information is supplied and the referral appears to be for a Low Risk issue.

If the referral appears to be for a Service User with a Medium / High risk issue then contact referrer immediately and ask for more information and return the referral for completion.

8. Service Components

8.1 General

Refer to Tier One Community Health, Transitional and Support Services specification for sections on Service, Pacific Health Services, Health for Other Ethnic Groups and Settings.

8.2 Processes

The Service provider will ensure that all processes consider and meet the needs of the Service User and their whanau, family and / or carers.

The following service components are included in the price for this Service:

SERVICE COMPONENT	DESCRIPTION
Referral management	<p>Refer to Tier One Community Health, Transitional and Support Services service specification, Section 6.</p> <p>In addition, staff knowledgeable of the scope and nature of the stomal therapy service will operate this system.</p>
Assessment	<p>The Service provider will:</p> <ul style="list-style-type: none">• on referral conduct a thorough assessment. Such assessments may include: pre-operative siting and assessment of health lifestyle, identification of emerging complications and the need for medical intervention, and the physical and psychological effects of ostomy• refer Service Users to other services, as their clinical need requires, notifying the referring health professional and/or other support services as appropriate• conduct assessments in the environment most appropriate to the individual Service User, ie. in the Service User's home, a community setting, or an outpatient centre. The choice of environment will be determined taking account of the Service User's level of risk, the specialist equipment required, the cost of service delivery and the Service User's choice.• ensure that Service Users receive the necessary range of services, care and support within the timeframes required by their health need• conduct ongoing assessment of each Service User's health status to monitor the effectiveness, acceptability, and appropriateness of continuing the provision of stomal therapy services

SERVICE COMPONENT	DESCRIPTION
	<ul style="list-style-type: none"> • ensure that the Service User and family / caregiver understand the assessment process • take account of all cultural requirements of Service Users and include their family, whanau, interpreter, advocacy and support services as required • have a process for resolution of disputes re the level of service delivery.
Planning and Provision	<p>The Service provider will:</p> <ul style="list-style-type: none"> • advise pre-operatively on stoma siting where possible • develop a written care plan documenting the treatment programme required to optimise health status and self-management, including treatments related to the care of skin integrity and dietary and fluid management, product selection / trialing and prescribed consumables • develop outcomes, including time-lines, where appropriate, for the treatment plan • provide education and advice to assist the person make any necessary lifestyle adaptation • provide services that will restore or maintain health status including, as appropriate, input from any or all of the multi-disciplinary professional community service care team and any other relevant external sources. This may include teaching adaptive or compensatory skills to the Service User, or their caregiver or family and whanau • adjust the treatment programme according to the Service User's response and the need to achieve clinical benefit. • ensure that the services that will be provided under the treatment plan, and the manner in which they are delivered (eg. by whom, when) are understood by the Service User.
Self Management and Wellness Education	<p>The Service will be a source of:</p> <ul style="list-style-type: none"> • self care health / wellness education, eg. adaptation or prevention, goal development, to maintain health status, prevent deterioration and maximise self-management • pre-operative education • training on the use and application of consumables / supplies to maximise benefit and support the Service User and their family towards self-management • education for the Service User about pre-planning needs for travel, including relevant cross-boundary issues with other Districts and the need to source supplies in advance before leaving home • education on stomal therapy for carers, and other appropriate staff, health professionals, students and relevant community groups eg. Ostomy Society.

SERVICE COMPONENT	DESCRIPTION
	The Service will recognise the culturally sensitive issues relating to undertaking education activities.
Life long service provision	<p>Where a person is recognised as being at a level of risk which requires infrequent, but regular lifelong specialist nursing or allied health assessment and treatment in order to maintain his / her health status the Service will:</p> <ul style="list-style-type: none"> • develop a maintenance plan including programme goals, frequency of contact and reassessment criteria. • provide professional oversight as necessary of care provided by carers for the range of services described in this service specification to ensure: <ul style="list-style-type: none"> – clinical benefit continues to be derived from the treatment programme. – suitability and utilisation of consumables.
Evaluation - (Monitoring and Reassessment)	<p>This includes professional supervision / oversight of those Service Users who are self-managing or being managed by the family, whanau or a caregiver to ensure:</p> <ul style="list-style-type: none"> • appropriate consumables are provided for the Service User • suitability and use of consumables by the Service User. <p>Frequency of monitoring is dependent on the Service User's 'activity' rating.</p> <p>Activity Rating:</p> <p>Service Users may be assessed as being:</p> <p>Active:</p> <ul style="list-style-type: none"> • up to three months postoperatively or where the Service User requires acute clinical interaction (eg. infection, bleeding) • require frequent monitoring and assessment for up to three months. <p>Inactive:</p> <ul style="list-style-type: none"> • Simple: <ul style="list-style-type: none"> – where the Service User has no co-morbidity or functional morbidity Service Users should be offered an annual assessment, which they may refuse if there are no problems identified by the Service User or the Stomal Therapist and there is no deviation from the consumable prescription • Complex: <ul style="list-style-type: none"> – where the Service User has a co-morbidity or functional inability including a parastomal hernia or a poorly sited stoma. Service Users should be offered an assessment every three months, which they may refuse if there are no problems identified by the Service User or the Stomal Therapist and there is no deviation from the consumable prescription.

SERVICE COMPONENT	DESCRIPTION
	All Service Users must be reassessed, at a minimum, once in every two years to ensure that they are using the most appropriate and suitable practices and consumables.
Discharge Planning	<p>The Service will:</p> <ul style="list-style-type: none"> • discharge the Service User from the Service if: <ul style="list-style-type: none"> – their stoma is closed, or – the Service User transfers to another provider, or – the Service user dies • refer the Service User to other services as required • ensure that transition of responsibility for the patient care to other providers has occurred.
Provision of Supplies and Consumables	The Service provider will facilitate access to an identified and / or prescribed amount of consumables and / or supplies as described in Appendix 2.
Key Worker / Care Coordinator	<p>The Service will identify a Key Worker / Care Coordinator who may not be a specialist Stomal Therapist and in these cases will share this role with another health professional discipline eg. Specialist Community Nurse. The Key Worker / Care Coordinator will:</p> <ul style="list-style-type: none"> • act as the co-ordinator of service delivery to ensure the service is goal oriented, effectively and efficiently provided, from the perspective of both the Service User and the Service provider. • provide pre-operative advice on stoma siting where possible • be the principal contact for the Service User, their family and whanau and / or carer and the referring health professional and / or GP. • ensure there is full appreciation of the Service User's cultural needs and that these are met. • ensure the assessment process, treatment plan and outcomes are documented and communicated to the Service User, and with the permission of the Service User to their family and whanau, carer and / or the referring health professional and / or GP, and their interpreter / community support worker.

8.3 Settings

Services will generally be provided at the Service User's place of residence. However they may be provided at other sites as negotiated and at the discretion of the Service provider.

The Service will provide an appropriately equipped and staffed clinic or community facility, suitable for brief, intermittent episodes of assessment and treatment for Service Users who will benefit from services delivered in this setting.

8.4 Key Inputs

Appropriately qualified and skilled nursing staff.

The Service will supply or facilitate access to identified / prescribed consumables and / or supplies described in Appendix Two of this document, or as determined by the care plan delivered under this contract.

9. Service Linkages

The Service will demonstrate effective relationships with the following services:

- surgical ostomy services
- other medical, surgical and maternity services, including specialist services
- community nursing and allied health services including dietician, home support services and other community services
- primary medical and nursing services
- palliative care services
- Māori primary and community care services
- Pacific Peoples primary and community care services
- consumer advocacy services, including Māori advocacy services
- emergency medical services
- support needs assessment and co-ordination service
- Assessment Treatment and Rehabilitation services
- Federation of NZ Ostomy Societies
- other community and social services, and appropriate organisations.

10. Exclusions

This Service will not duplicate services already contracted for by the Ministry of Health (the Ministry) or from direct funding under the Accident Compensation Act 2001 or any other service specification.

11. Quality Requirements

11.1 General

For every Service User there will be evidence that the initial assessment follows a planned process and that the process, expected outcome and progress toward achievement of outcome are documented. Dates are set and documented for reviewing their long term care plans.

The quality improvement programme should identify requirements of individual Service User care plans and measure response times to referrals, and waiting times for service provision.

11.2 Access

Where not otherwise specified, the time from receipt of referral to first contact with the Service User will be as given in Section 5.3 above.

Service Users wait no longer than 30 minutes beyond the arranged time of the community visit or clinic / outpatient appointment unless there is a justifiable reason that is communicated to the Service User.

11.3 Acceptability

For every Service User goals will be developed collaboratively with the Service User and their significant others according to the Service User's wish and / or condition.

Every Service User will be provided with meaningful information on his or her treatment programme.

Service User and carer satisfaction surveys will be undertaken to assess:

- the Service User's satisfaction with their level of involvement in the treatment
- the Service User's and / or carer's satisfaction with the level of information they are given on their treatment programme.
- how well the Service User's cultural needs were recognised and met.

12. Purchase Units

Purchase Units (PU) codes are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary. The following PU code applies to this Service.

PU Code	PU Description	PU Definition
DOM 103	Community Services - stomal services	A regular provision of stomal supplies and related disposable items to Service Users in the community, as clinically indicated by the medical practitioner or Stomal Therapist. Includes initial education or advice to Service Users and their families or carers on the correct use of stomal supplies and the actual supplies or disposables required. Excludes ongoing domiciliary nursing visits.

Unit of Measure	Unit of Measure Definition
Client	Number of clients managed by the service in the reporting period i.e. caseload at the beginning of the period plus all new cases in the period.

13. Reporting Requirements

Information is to be collected by the Service provider for the funder for monitoring service provision purposes and for providing consistent information for national benchmarking.

The following information will be collected for all Service Users. This information will also be made available to the Funder and the Ministry on request.

- Patient Name
- Patient NHI
- Patient Date of Birth
- Patient Gender
- Patient Ethnicity
- Referring Practitioner Name
- Date of referral to service
- Reason for Referral (Accident /Non Accident to be negotiated)
- Date of assessment
- Date of reassessment
- Date of service commencement
- Service provided
- Service User complexity (as this is defined and negotiated)
- Number of contacts between the service and the Service User

Ethnicity will be collected and reported according to the Ethnicity Data Protocols for the Health and Disability Sector and the supplementary notes and revised code set appendices.²

Unless otherwise specified in the agreement, the reporting will be sent to:

The Performance Reporting Team, Sector Operations via email to:
performance_reporting@moh.govt.nz

14. Glossary

Not required

15. Appendices

² <http://www.health.govt.nz/publications/ethnicity-data-protocols-health-and-disability-sector>.

15.1 Appendix One: Risk Assessment Framework

High Risk:

Failure to provide the service may result in the person:

Being in unnecessary pain

Imminently being admitted as an in-patient for symptom control

Experiencing irreversible deterioration of their health status requiring their long-term in-patient medical/surgical management

No longer being able to stay in their own residence

Medium Risk:

Failure to provide the service may result in the person:

Being unable to self-manage with resulting dependency on alternative options which may compromise their health status

Needing to be referred to a specialist for consultation and / or management of a health condition

Continuing with compromised health status which is not life-threatening but if left permanently un-managed would lead to more extensive and/or additional problems

Being unable to self-manage thus placing significant pressure on the family, caregiver which may cause their health status to be compromised

Being admitted to short-term care to provide respite for the caregiver

Low Risk:

Failure to provide the service may result in the person:

Living with a limited degree of compromised health status which is not in any way life threatening but intervention would enable them to return to optimal health status and/or function safely and independently

This framework is presented as a continuum of risk in terms of the person's health. There will, therefore be people who will not be eligible for service as a result of assessment, or reassessment of their risk. This would relate to people, who on assessment or reassessment, present with needs that are:

Beyond those suggested in the Framework as 'High Risk'. They have excessive and complex needs requiring:

- management in an alternative environment eg. palliative care
- continuous intervention by a clinical team which includes specialist medical involvement eg, inpatient facility

Below those suggested in the framework as 'Medium Risk'. They are functionally independent and have a level of compromised health status that does not require specialist services. The services to meet their level of need could appropriately be provided by the GP and/or practice nurse

Below those suggested in the Framework as 'Low Risk'. They are people for whom the sole purpose of the service would be to provide comfort, convenience or emotional security for them and/or family but for whom no clinical benefit would be gained by the provision of the service.

15.2 APPENDIX 2: Guidelines for the Supply of Consumables

All items are supplied at the discretion of the Stoma Therapist, and are to be included in the consumable prescription.

Provision of consumables will usually be prescribed as per the guidelines given in the table below. These guidelines are a tool to assist decision making about the appropriate prescription of product based on need. There may be occasions when it is appropriate to prescribe more product than is indicated in the guidelines, or when it may be justifiable to prescribe products not included in the guidelines. The allocations given in the table below are all monthly allocations.

Ostomy Type	Product	Active	Inactive (Simple)	Inactive (Complex)
Colostomy	One or two piece closed pouch or	60 – 90	60	60 - 90
	One piece drainable pouch or	10 – 15	10 - 15	10 - 15
	flange or wafer	10 - 15	–10-15	10 - 15
	Surfit inserts	10 - 15	10 -15	–10 -15
	Stoma caps (for colostomy stoma and/or mucous fistula)	30 - 60	30 60	30 - 60
	Belts	8 per year		
Ileostomy	One or two piece drainable pouch or	10 - 15	10 - 15	10 – 15
	Flange or wafer	10 - 15	10 - 15	10 - 15
	Surfit inserts	10 - 15	10 - 15	10 - 15
	Belts	8 per year		
Urostomy	One or two piece drainable pouch or	10 – 15	10 - 15	10 - 15
	Flange or wafer	10 - 15	10 - 15	10 - 15
	Surfit inserts	10 - 15	10 - 15	10 - 15
	Belts	8 per year		
	Night drainage connector bag, with tap	2 - 4	2 - 4	2 - 4
	Day/leg bags	2	2	2

All Service Users are also eligible for:

Irrigation consumables	Colostomy only 2 irrigation kits per year (includes 1 irrigator and 3 stoma cones) Irrigation sleeves/drains 20 - 40 per year (1-2 boxes)
Miscellaneous	Adhesive removers Skin barrier wipes / spray Stoma powder Stoma paste Stoma seals Clips Barrier Cream Windless tablets / liquid Hernia appliances Gel thickener ACE consumables