

Evaluation of a specialized service for people with ostomies and alterations by the COVID-19 pandemic

Avaliação de um serviço especializado à pessoa com estomia e alterações pela pandemia da COVID-19

Evaluación de servicio especializado para personas con una ostomía y alteraciones por la pandemia COVID-19

RESUMO

Objetivos: Avaliar o nível de implantação da Política de Atenção à Saúde da Pessoa Ostomizada em um Serviço Especializado e identificar os pontos de reestruturação do serviço em consequência da Pandemia. Método: Estudo de caso único, descritivo-exploratório, realizado em um serviço da macrorregião central de Minas Gerais. A coleta de dados ocorreu em maio e junho de 2021, por questionário autorrespondido por dois profissionais sobre a estrutura e os processos do serviço. Os dados foram analisados amparados na Matriz de Análise e Julgamento. Resultados: Na avaliação de um dos participantes, o serviço obteve escore de 80% (implantação plena) enquanto o outro, 76,25% (implantação satisfatória). A higienização e segurança foram reforçadas e houve redução dos atendimentos por causa da pandemia. Conclusão: Houve divergência na avaliação do serviço resultando em diferentes classificações do nível de implantação. A pandemia interferiu na assistência prestada, o que pode dificultar o processo de reabilitação.

DESCRIPTORIOS: COVID-19; Estomia; Estomaterapia; Administração de Serviços de Saúde; Pesquisa sobre Serviços de Saúde.

ABSTRACT

Objectives: Evaluate the level of implementation of the Health Care Policy for Ostomy Persons in a Specialized Service and identify the service restructuring points as a result of the Pandemic. Method: Single case study, descriptive-exploratory, carried out in a service in the central macro-region of Minas Gerais. Data collection took place in May and June 2021, through a self-reported questionnaire by two professionals about the structure and processes of the service. Data were analyzed based on the Analysis and Judgment Matrix. Results: In the evaluation of one of the participants, the service obtained a score of 80% (full implementation) while the other, 76.25% (satisfactory implementation). Hygiene and safety were reinforced and there was a reduction in attendance due to the pandemic. Conclusion: There was divergence in the evaluation of the service resulting in different classifications of the level of implementation. The pandemic interfered with the assistance provided, which can make the rehabilitation process more difficult.

DESCRIPTORS: COVID-19; Ostomy; Stomatherapy; Health Services Administration; Health Services Research.

RESUMEN

Objetivos: Evaluar el nivel de implementación de la Política de Atención a la Salud de las Personas Ostomizadas en un Servicio Especializado e identificar los puntos de reestructuración del servicio como consecuencia de la Pandemia. Método: Estudio de caso único, descriptivo-exploratorio, realizado en un servicio de la macrorregión central de Minas Gerais. La recolección de datos ocurrió en mayo y junio de 2021, a través de un cuestionario autoadministrado por dos profesionales sobre la estructura y los procesos del servicio. Los datos fueron analizados con base en la Matriz de Análisis y Juicio. Resultados: En la evaluación de uno de los participantes, el servicio obtuvo una puntuación del 80% (implementación total) mientras que el otro, 76,25% (implementación satisfactoria). Se reforzó la higiene y la seguridad y se redujo la concurrencia por la pandemia. Conclusión: Hubo divergencia en la evaluación del servicio resultando en diferentes clasificaciones del nivel de implementación. La pandemia interfirió en la asistencia brindada, lo que puede dificultar el proceso de rehabilitación.

DESCRIPTORIOS: COVID-19; ostomía; estomaterapia; Administración de Servicios de Salud; Investigación de Servicios de Salud.

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Taysa de Fátima Garcia

Nurse. PhD in Nursing. Federal University of Minas Gerais School of Nursing.
ORCID: 0000-0002-1191-9587



Eline Lima Borges

Nurse. PhD in Nursing. Full Professor at the School of Nursing at the Federal University of Minas Gerais.
ORCID: 0000-0002-0623-5308

Claudioмиro da Silva Alonso

Nurse. PhD student in Nursing. Federal University of Minas Gerais School of Nursing.
ORCID:0000-0001-5868-1812

Cristiane Rabelo Lisboa

Nurse. Doctoral Student in Nursing. School of Nursing
Federal Universities of Minas Gerais.
ORCID:0000-0003-4687-331X

INTRODUCTION

The Ostomized Person's Health Care Service (SASPO) provides comprehensive health care for patients with ostomies, through specialized and interdisciplinary initiatives.

For comprehensive care, these services must qualify their work processes, prescribing, providing and using appropriate collection and adjuvant equipment, which provide confidence and protection to people with stomas. These recommendations are described in Ministry of Health Ordinance No. 400 of November 16th, 2009⁽¹⁾.

The aforementioned ordinance establishes specific guidelines for the care of people with stomas in the Unified Health System (SUS) and defines the attributions of the administrative entities of the Brazilian State. It also includes guidance on physical installations, human resources, with a description of activities within the scope of specialized care. To ensure adequate resources and the development of an actionable and integrated health response, it is important to regularly assess, monitor and review services to ensure regulatory compliance.

In this perspective, a 2016 study evaluated five SASPO in the center-west of Minas Gerais and revealed a shortage of human resources in health, which impacted on the provision of consultations. Furthermore, the absence of protocols and care flows in the health care network was found, in addition to

health education measures aimed at this clientele⁽¹⁾.

It should be noted that the realities faced by the Brazilian health system, especially the recurrent problems related to administration, financing, provision of professionals, inputs and physical structure, also affect actions aimed at people with stomas⁽²⁾. However, in the current situation, it is important to take into account the advent of the new coronavirus COVID-19 pandemic that hit Brazil in 2020 and 2021, which required reorganization of the structure and processes of many health services, including specialized ones^(3,4).

Since 2011, the service network for people with ostomy in Minas Gerais has expanded with new services, currently 53 SASPO. In the central health macro-region, two health services for ostomies were created, with a view to ensuring the territorialization of care, streamlining consultations and reducing the waiting time for the first appointments. It should be noted that the services launched after 2011 did not undergo an assessment of the degree of implementation. Additionally, the COVID-19 pandemic demonstrates the potential to change the support processes provided by services.

The study scenario works in a Specialized Rehabilitation Center (CER - Centro Especializado em Reabilitação IV) located in a municipality in the central health macro-region of the state of Minas Gerais, which is responsible

for three municipalities. In 2020, 313 users with stomas were registered. CER IV was created on November 5th, 2018 through a partnership of state, federal and municipal governments. It focuses on rehabilitation, diagnosis, adaptation and maintenance of assistive technologies, with a view to physical, intellectual, motor, visual and auditory rehabilitation.

The justification for this study is that, by understanding the services for people with stomas, it is possible to map the level of implementation of public policies in these scenarios. The results will support strategies to improve performance, promote health and provide managers with information about the routine of these health services and the weaknesses in the Health Care Policy for People with Disabilities. In addition, knowing the influence of health crises on the organization of services helps in the construction of contingency plans with more predictability, which reinforces the potential of the study due to the recent context of the COVID-19 pandemic.

Therefore, the objective of this study is to evaluate the level of implementation of the Health Care Policy for Ostomized Persons in a Specialized Service in the central health macro-region of the state of Minas Gerais and identify service restructuring points as a result of the COVID-19 Pandemic.

METHOD

This is an exploratory descriptive study, conducted using a quantitative approach along the lines of a single case study, carried out at the Ostomized Person's Health Care Service II (SASPO II), which assists people with elimination ostomies from three municipalities.

The study used a convenience sample, formed by the service manager and nurse. Data collection took place in May and June 2021. The professionals were invited via e-mail and telephone contact, explaining the objectives of the study and the self-response of the questionnaire. The Terms of Free and Informed Consent were sent by e-mail, signed and returned.

The participants received three questionnaires by email and, 15 days later, they returned them. Of the 3 questionnaires used, two were previously structured and validated⁽⁵⁾. One of them, entitled "Evaluation of Health Services for Ostomy Patients in Minas Gerais", addressed human resource issues such as number, training, qualification of service professionals, infrastructure, facilities and available equipment.

Another questionnaire entitled "Assessment of Attributions and Activities of the Service of Care for Ostomy Patients" about needs and organization of care (registration and updating of data, storage controls, storage and supply of specific equipment for ostomized patients); for health education activities for patients and their families, permanent and continuing education activities for health professionals and groups, families and personal care. The third questionnaire was semi-structured about the characteristics of the participants' work and training and the impact and changes that the COVID-19 pandemic had on the care and organization of services.

Data were analyzed using an Analysis and Judgment Matrix for Health Care Services for Persons with Ostomy, in which each response receives a total score of 80 points that determine the grade for the service. These are distributed between the dimensions of process (50

points) and structure (30 points).⁽⁶⁾

The structure was analyzed in two factors: human resources and physical structure, composed of human resources (15 points) and physical and material resources (15 points). The score referring to the process was distributed among the expanded care actions (20 points), consisting of the service management and assistance components⁽⁶⁾, and individual health care for people with a stoma (30 points).

The assessment of the level of implementation (GI) of the Ostomized Person Care policy was based on the calculation: structure score + process score / 80 x 100 (percentage). Supported by the results, it was determined as structure and process classification criteria: full implementation when reached between 80.0% and 100.0%; satisfactory implantation between 60.0% and 79.9%; incipient implantation between 40.0% and 59.9% and not implanted when percentage below 40.0%.⁽⁶⁾

The study is contemplated in an amendment to the study "Characterization of the clientele and evaluation of a health care service for people with a stoma in Minas Gerais", approved by the Research Ethics Committee of the Federal University of Minas Gerais, opinion 1325. 646. The research complied with the guidelines of Resolution 466 of 2012, of the National Health Council involving human beings.

RESULTS

The questionnaires were answered by two female professionals, and coded as participant A (PA) and participant B (PB). One of the participants is trained in physiotherapy, specializing in physiotherapy applied to neurology and public health management. The other participant is a nurse and has no specialization. The professionals' time of work in the service was 1 year and 3 years, respectively.

The average score achieved for the structure dimension (physical and ma-

terial resources and human resources) was 27 points (Table 1), considering the reference of 30 points, the maximum value.

In the Process evaluation dimension, consisting of the service management and assistance components, the average was 35.5 points (Table 2), considering the reference of 50 points.

There were different scores between the two participants, with PA 80% ($28+36/80 \times 100 = 80\%$), classified as full implantation and the PB 76.25% ($26+35/80 \times 100 = 76.25\%$) obtaining a satisfactory level of implantation. Thus, the average was 78.1% ($27+35.5/80 \times 100 = 78.1\%$), reaching a satisfactory level of implantation in the general evaluation, despite the disagreements of some criteria between the two evaluators.

Differences in information were identified in relation to the number of registered patients and daily consultations performed at the service between the years 2019 and 2021 (Table 3).

Regarding the characteristics and changes that occurred in the service as a result of the COVID-19 Pandemic, there was the adoption of teleassistance, face-to-face assistance under scheduled times for the first consultation and consultations, with exceptions for cases of spontaneous demand. The number of collection equipment and adjuvants were delivered to supply the 2-month consumption for patients already registered.

Both participants reported this need. Different points were mentioned regarding the changes that had occurred. PA stated that "there was a period in 2020 when we delivered more bags and adjuvants to users, reducing their coming to the service (devices for 2 months according to the State decree). Reinforced safety and hygiene measures. Use of more Personal Protective Equipment (PPE) on a daily basis". PB already mentioned that "at the beginning of the pandemic, the number of consultations was reduced, giving priority to the 1st consultation and intercurrents. The groups were interrupted and some

Table 1 – Evaluation of the structure of the Ostomized Person's Health Care Service at CER IV. Belo Horizonte, Minas Gerais, Brazil, 2021

Dimension = Structure Evaluation (30 Points)					
	Component	Criteria	Partial Score		Mean (PA+PB)
			PA	PB	
Physical and Material Resources	Physical structure: bathroom, clinical office, meeting room, storage room, enrollment and dispensing room.	Complete: features all environments, including adapted bathroom	5	-	4,5
		Complete: presents all environments without adapted bathroom	-	4	
	Basic material equipment for Clinical Offices: [Stretcher lined with waterproof material, two-step ladder, anthropometric scale, garbage can with lid, sink for hand washing, desk, chairs and mirror with dimensions of 120 x 50 cm]	Complete: presents all the basic equipment for the clinical office	5	5	5
	Material equipment – Enrollment/registration/dispensing room [office desk and chairs, telephone, computer, internet, printer, cabinets, binders or files and trash]	Complete: presents all the basic equipment for the registration, registration and dispensing room	5	5	5
Human Resources	Physicians	Proctologist	5	5	5
	Nursing team	Qualified Nurse and Nursing Assistant or Technician	3	-	2,5
		Qualified nurse	-	2	
	Other professionals	Social Worker, Nutritionist, Psychologist and Administrative Assistant.	5	5	5
Total score for the Structure dimension (material, physical and human resources)			28	26	27

Source: authors' data, 2021.

Table 2 – Evaluation of Processes of the Ostomized Person's Health Care Service at CER IV. Belo Horizonte, Minas Gerais, Brazil, 2021

Dimension = Process evaluation (50 points)					
	Component	Criteria	Partial Score		Mean (PA+PB)
			PA	PB	
Service Management	Demand and service organization	Administrative assistant	5	5	5
	Registration and updating of data of patients treated at the service	Administrative Assistant or Social Worker	4	-	3,5
		Service professionals, including Nurse and Administrative Assistants	-	3	
	Management of collector equipment and protection and safety adjuvants	Nurse and Administrative Assistant	5	5	5
Assistance	Guidance and training of Primary Care professionals or other Ostomized People Care Service	Doesn't perform	0	0	0
	Training in hospital units and health teams	Doesn't perform	0	0	0
	Schedule with the patient the periodicity for delivery of collection equipment and protection and safety adjuvants.	Just the nurse	4	4	4
	Individual Service	Nurse /Physician /Social Worker /Psychologist / Nutritionist	5	5	5
	Group Service	Nurse /Doctor /Social Worker /Psychologist/ Nutritionist	5	5	5
	Family assistance	Nurse + 3 professionals => Social Worker / Psychologist / Nutritionist	4	4	4
	Main activity performed at the Unit	User registration / Consultations / Dispensing scholarships / Individual or group guidelines	4	4	4
Total score for the Processes dimension (Service and assistance management)			28	26	27

Source: Author data, 2021.

professionals from the multidisciplinary team started to use telemarketing”.

It was found that there was no reduction in the supply of collector and auxiliary equipment to users. Participants highlighted the change in the delivery of collector and auxiliary equipment in compliance with social isolation, being extended to two months. Sanitary guidelines such as hygiene care, use of PPE and 70% alcohol were followed.

PPE was provided to the unit's care team, such as lab coat, overcoat/apron, cap, procedure gloves (vinyl and latex), surgical masks, face shield model and high filtration mask (model PFF2 - filtering half-face piece).

As for the way the team uses PPE, PA highlighted “they use the lab coat, the apron/cloak over the lab coat, cap, surgical mask and face shield”. They change the surgical mask approximately every 2 hours, or when necessary. They use gloves during the procedures”. While PB mentioned that “PPE (cloak, surgical mask, cap, face shield and gloves) are used in consultations where the device is evaluated and changed”.

DISCUSSION

According to the judgment matrix, the level of implementation of Saspo obtained satisfactory scores in the general evaluation. However, despite these results, participants' responses differed in both structure and process.

A physiotherapist and a nurse participated in the study. It emphasizes the nurse's role as a leader and its importance in the development of knowledge and health management skills ⁽⁷⁾. The professional is considered a care manager, but must be able to articulate and integrate actions, dialogue with the team to optimize decision-making, modify processes and guide new behaviors ⁽⁸⁾. However, in the study scenario, the administration is performed by a physiotherapist specialized in public health management.

The existence of different responses to the evaluation of the same service by the

Table 3. Number of patients registered and seen daily between 2019 and 2021 at the Ostomized Person's Health Care Service at CER IV. Belo Horizonte, Minas Gerais, Brazil, 2021.

Month/Year	Number of Patients	
	PA	PB
Patient registration		
March 2019	158	0
March 2020	248	7
March 2021	264	11
Daily appointments		
March 2019	10	-
March 2020	22	15
March 2021	25	20

Source: Author data, 2021.

actors involved requires reflection. Effective communication, clarity between care and management in the care process and discussion of indicators and plans are essential to improve quality and assistance ⁽⁹⁾. Likewise, the discussion and linearity of communication between managers and professionals working on the front line are essential. This allows everyone to know the profile of services in different areas and participate in the process of improving the quality of care.

Some answers differed for each participant, and the total scores resulted in different levels of implementation of the same service (complete and satisfied). As for the limitations, the lack of adapted bathrooms for people with a stoma (5 points) and the criteria of the nursing team, which were evaluated differently by both participants, and the absence of a specialist nurse (stoma therapist) stood out. .

Accordingly, a study evaluating 19 ostomy health services in Minas Gerais showed that only 11% reached full implementation levels. 2% satisfied; 36% early, 11% categorized as not implemented, dimensional structure rated better than process. Limitations to service delivery include professional guidance and training, group care, organizing care needs, and lack of qualified caregivers ⁽⁶⁾.

In the study carried out, the difference in performance between the two professionals in the 'process' dimension was measured by 'collecting and updating data on patients seen during working hours'. Both reviewers agreed that there was a lack of 'guidance and professional training in primary care or other ostomy care providers', nor did they provide 'training in hospitals and medical staff'. A study carried out in the western region of Minas Gerais in 2016 found that SASPO (Type I) meet the specific requirements of Ordinance SAS/MS n° 400, mainly those related to the health education process for patients and their families ⁽¹⁾. It is understood that the evaluation of the study scenario obtained a satisfactory implementation rate (71.25%). However, it appears that training and qualification activities are optimized when they become a priority for nurses ⁽¹⁰⁾.

These results highlight the importance of the nurse's role in clarifying partnerships and in interactive communication with the various service professionals. Notably, despite satisfactory implementations, some services focus their actions only on providing collector equipment, adjuvants and inputs, to the detriment of comprehensive, expanded and strong care in the Health Care Network ⁽⁶⁾.

Facts that improve our understanding of the development and improvement of health service structures and processes. Therefore, interdisciplinary action and mutual collaboration at Saspo is essential for the progression towards full implementation, being in constant evolution, both from a structural point of view and from a process point of view, since it has a positive impact on the quality of care for people with stomas.

Special attention to the absence of the stoma therapist nurse in these services. This professional has the knowledge and skills to plan, organize and manage specific and systematic actions for structural and assistance improvements in a specific and constant way. However, accordingly, the evaluation of 19 units of Health Care Services for Ostomized Persons in Minas Gerais, identified that 96% of them had nursing activities, however, 52% of these professionals were not stoma therapists.⁽⁵⁾ In the study carried out at the service in Diamantina/MG, it was also found that there were no stoma therapists in the service.⁽¹⁰⁾

Despite the importance of this specialist, their presence in specialized services is not required by the ordinances regarding the care of ostomy patients. One of the questionable points of Ordinance nº 400/2009 is the non-mandatory inclusion of the stoma therapist as a member of the minimum team of services to the person with a stoma.⁽¹¹⁾ It is important to consider that in 2009, when the ordinance was published, there were a small number of these specialists in Brazil. This data has been changing with the increase in the number of postgraduate nursing courses in stomatherapy in Brazil, accredited by the Associação Brasileira de Estomaterapia (Sobest[®]) and by the World Council of Enterostomal Therapists (WCETTM). For specialization courses in Stomatherapy to be accredited by Sobest[®], they must involve the three areas: stomas, wounds and incontinence, presenting equal theoretical and practical loads and be evaluated as high performance. Continuous learning and professional development are

privileged in accredited courses.⁽¹²⁾

The requirement of a stoma therapist in the composition of the minimum team of the Health Care Service for Ostomized Persons can change the “Evaluation of processes” dimension of this service. The result presented by several studies carried out in Minas Gerais, together with the increase in the number of stoma therapists residing in this state, allow the managers of the Minas Gerais State Health Department to reflect on the need to require the presence of a stoma therapist in the care team.

The spread of COVID-19 has profoundly affected the way outpatient clinical practice is conducted, resulting in a decrease in health care, including care for patients with a stoma.⁽¹³⁾ Despite the divergent responses in some aspects, both participants reported the need for adjustments. The pandemic brought challenges to professionals, services and patients, demanding the need to review service flows, in addition to the adoption of telemarketing and unusual health measures for society.

In line with the pandemic, the Federal Nursing Council (Cofen) authorized and standardized, through Cofen Resolution No. 634/2020, nursing teleconsultation as a way to combat the pandemic, through consultations, clarifications, referrals and guidance. These activities could be carried out through the use of information and communication technology, with audiovisual resources and data that allow the distance connection between the nurse and the patient.

Despite the regulations, teleconsultations in Brazil are still a challenge. Several factors make the procedure unfeasible. There are socio economic issues for patients, as many do not have smartphones, computers and broadband internet services. Internet access is still restricted, as 16.2% of residents in urban areas and 50.8% in rural areas do not use the Internet for various reasons. Among them is the lack of interest in access, the high cost of the service, lack of knowledge about its use, unavailable service at home and the

high cost of the electronic equipment needed to perform the access.⁽¹⁴⁾

Specialized services such as Stomatherapy needed to adapt work routines, provide disposable masks, hand sanitizer for employees and patients, and adapt the structure of the service location. The service required adjustments and rigor in the entry of patients to control access, allowing a maximum of five to enter simultaneously. Seat availability was also adjusted to avoid agglomeration. There was an adaptation of telephone calls and messaging applications to answer questions or provide guidance, maintaining face-to-face assistance in the first consultations due to the need for patient evaluation.⁽⁴⁾

Care for patients with ostomies was made more flexible so that family members or delivery service professionals could collect collection equipment and materials, upon proof of request by the patient, through some document or electronic means. In cases of occurrence of peristomal lesions or the need to change collector and adjuvant equipment, patients sought the service. Whenever possible, this exchange was carried out by the patient or his family to minimize the number of people in the service.⁽⁴⁾

The service covered by the study adopted changes aimed at the safety of professionals and users. However, it should be considered that the absence of a face-to-face consultation or the extension of the interval between returns or absence of return visits can impact the rehabilitation process of the person with a stoma. This fact can extend the period of suffering of the person with an ostomy, especially for those who were discharged from hospitals and did not have the opportunity to continue with the care process in specialized services.

Due to the circumstances imposed by the COVID-19 pandemic, health services are reorganizing inputs and material and human resources at all levels of care, including specialized services. It is worth mentioning that the adjustments were continuous, especially in the care protocols by managers and health professionals

(15). It is understood that managers and professionals should discuss the service's administrative and operational processes. In addition, efforts must be made to ensure the quality of care and effective control of processes and structure to facilitate the full implementation of care guidelines for people with stomas.

CONCLUSION

Through the Analysis and Judgment Matrix, this study concluded that the evaluated services reached a satisfactory

level of care implementation for people with ostomy. Differences between the responses of those involved related to the process and structural dimensions were observed and impacted the results. Regarding the reorganization of SASPO, driven by the pandemic caused by COVID-19, it has interfered with the assistance provided to people with stomas, which can make the process of readaptation, social reintegration and rehabilitation more difficult. It was found that the nurses acted in a complex and challenging way and adapted the necessary changes for the produc-

tion of health care. It is also noteworthy that the performance of these professionals is in accordance with the theoretical and organizational principles of the SUS and committed to quality health. Due to the pandemic, the study has limitations, such as the lack of on-site data collection, which would allow confronting the divergences of information between the participants. This is an important moment in the research for clarification and to encourage reflection on the critical points of the service.

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