Scope and Standards for Wound, Ostomy and Continence Specialty Practice Nursing: A White Paper from the WOCN® Society

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**Purpose:**

The *Wound, Ostomy and Continence Nursing Scope & Standards of Practice* (WOCN® Scope and Standards of Practice) is a vital resource for every wound, ostomy and continence (WOC) nurse (WOCN, 2010). Recognition as a specialty nursing practice validates the contributions that WOC nursing brings to the health care delivery system in the United States. Accessible to all members of the health care community, the WOCN Scope and Standards of Practice is a reference that documents the unique role and competencies embodied by WOC nurses in practice. The intent in developing the WOCN Scope and Standards of Practice was to promote the specialty of WOC nursing and provide a tool for clinicians to use when expanding, validating or analyzing their professional practice.  

The purpose of this white paper is to familiarize the members of the Wound, Ostomy and Continence Nurses Society™ (WOCN) with the WOCN Scope and Standards of Practice and make it a ‘living document’ for direct application to professional practice. This overview will clarify the roles of the specialist and advanced practice WOC nurse and provide specific examples of how WOC nurses can apply the standards outlined in the WOCN Scope and Standards of Practice to their practices in acute care, home care, outpatient care and long-term care settings. Also, the paper discusses how the scope and standards of practice relate to achieving positive patient outcomes.

**Background/History:**

**What are the Scope and Standards of Practice?**

The American Nurses Association (ANA) published the first *Standards of Nursing Practice*
document in 1973, and the *Scope of Nursing Practice* followed in 1987. These seminal documents were eventually combined, and the *Nursing: Scope and Standards of Practice, 2nd ed.* was published in 2010, which contains the “authoritative statements of the duties that all registered nurses, regardless of role, population, or specialty, are expected to perform competently” (ANA, 2010, p. 31). As health care delivery became more complex and knowledge and technology expanded, specialization in health care became a necessity. In the late 1990s, the ANA partnered with specialty nursing organizations to establish a formal process to recognize specialty nursing practice. This process includes an evaluation of the nursing specialty based on 13 criteria, establishment of a scope of practice statement and adoption of ANA’s standards of professional nursing practice. Currently there are 30 nursing specialties recognized by the ANA (ANA, n.d.).

In 2007, the WOCN Society embarked on the process of applying for specialty practice recognition. A task force was convened and the development of the WOCN Scope and Standards of Practice for WOC nurses was guided by specific criteria set by the ANA. The draft WOCN Scope and Standards of Practice document was peer reviewed by WOCN Society members and posted for public comment on the websites of the WOCN Society and ANA. In the fall of 2009, the completed work was approved by the WOCN Society’s Board of Directors and submitted to the ANA Congress of Nursing Practice and Economics for evaluation and vetted by the ANA Board of Directors for final approval. Published in 2010 by the WOCN Society, the WOCN Scope and Standards of Practice reviews the history of the specialty practice, the competencies and educational criteria for the role of the WOC nurse, and sets forth the standards of practice for the WOC nurse and the WOC advanced practice nurse (WOCN, 2010).

**Discussion:**

**Role Clarification**

The WOC nurse provides “excellence in prevention, health maintenance, therapeutic intervention, and rehabilitative nursing care to persons with select disorders of the gastrointestinal, genitourinary, and integumentary systems” (WOCN, 2010, p. 1). WOC specialty nurse education and clinical practice experiences make WOC nurses uniquely suited to fulfill the competencies in the 16 standards outlined in the WOCN Scope and Standards of Practice (see Table 1).

**Standards of Wound, Ostomy and Continence Nursing Practice**

The ANA acknowledges that “registered nurses in specialty practice represent the full spectrum from novice to expert” (ANA, 2010, p. 18). Within the specialty there are many nurses practicing at the expert level. An expert WOC nurse may or may not be an advanced practice registered nurse (APRN). The roles of the WOC specialty nurse and the WOC APRN specialty nurse are delineated in the measurement criteria for each of the 16 standards of WOC nursing practice.

**Table 1. Standards of Wound, Ostomy and Continence Nursing Practice**

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<th>Standards of Practice</th>
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<td>Standard 15. Leadership</td>
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www.wocn.org
Nurse Specialist

The WOC nurse is at minimum, a baccalaureate prepared clinician who provides care to people with wound, ostomy or continence issues when other disciplines do not have the depth or breadth of knowledge to plan and implement specialized care. The WOC nurse applies unique knowledge of clinical and organizational systems to coordinate, plan, and promote optimal patient health care related to WOC nursing. Clinical experience, ongoing education and professional development are necessary for the maintenance of expert specialty skills.

Advanced Practice Nurse

The ANA’s Nursing: Scope and Standards of Practice, 2nd ed. (2010, p. 63) defines the APRN as “a nurse who has completed an accredited, graduate-level education program preparing her or him for the role of certified nurse practitioner, certified registered nurse anesthetist, certified nurse-midwife, or clinical nurse specialist; has passed a national certification examination that measures the APRN role and population-focused competencies; maintains continued competence as evidenced by recertification; and is licensed to practice as an APRN.” This definition is based on the 2008 APRN Consensus Group’s recommendations. Table 2 outlines the criteria used for the APRN definition.

Table 2. Advanced Practice Nurse (APRN)
The APRN Consensus Work Group and the National Council of State Boards of Nursing APRN Advisory Committee has defined the APRN as a nurse:

1. Who has completed an accredited, graduate-level education program preparing him/her for one of the four recognized APRN roles;
2. Who has passed a national certification examination that measures APRN role and population-focused competencies, and who maintains continued competence as evidenced by recertification in the role and population through the national certification program;
3. Who has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients, as well as a component of indirect care; however, the defining factor for all APRNs is that a significant component of the education and practice focuses on direct care of individuals;
4. Whose practice builds on the competencies of registered nurses (RNs) by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy;
5. Who is educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions;
6. Who has clinical experience of sufficient depth and breadth to reflect the intended license; and
7. Who has obtained a license to practice as an APRN in one of the four APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), or certified nurse practitioner (CNP; 2008, pp. 6, 7).

The WOC nurse who is a clinical nurse specialist or nurse practitioner meets this definition of an APRN and the WOCN Scope and Standards of Practice includes standards for this practitioner. In today’s economic arena, the WOC APRN’s role is particularly valuable because the APRN has greater autonomy, can often prescribe for the patient based on their advanced nursing assessment and use of diagnostic tests, and can bill for the encounter, which is helpful to the economic “bottom line” of the facility. The APRN builds on the scope of practice of the WOC nurse specialist and provides leadership in a variety of areas such as developing care
models that manage chronic care issues related to the specialty practice.

The WOCN Scope and Standards of Practice does not address issues of licensure, role practice agreements, billing, coding or salary. Each state has specific statutes regarding licensure and scope of practice for nurses. Federal guidelines delineate regulations regarding billing, coding and reimbursement. Income, salary and specific role functions and duties are varied and impacted by local, regional and individual agency/facility factors and values.

Competency

The ANA’s Nursing: Scope and Standards of Practice, 2nd ed. (2010, p. 64) defines competency as “an expected and measurable level of performance that integrates knowledge, skills, abilities, and judgment, based on established scientific knowledge and expectations for nursing practice.” Essential nursing competencies are determined by the context of individual nursing situations (ANA, 2010). Achieving competency is a dynamic, ongoing process (ANA, 2010). The standardized curriculum blueprint used in the WOCN Society accredited Wound, Ostomy and Continence Nursing Education Programs (WOCNEPs) and a valid certification process administered by the Wound, Ostomy and Continence Nursing Certification Board (WOCNCB®) establishes and validates core WOC nurse competencies. It is the responsibility of the professional WOC nurse from entry level and beyond to build on the core competencies as identified by the WOCN Society to provide quality patient care across the health care continuum. Continued competence is maintained and demonstrated by participation in required professional activities, continuing education and current certification (see Table 3).

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<th>Table 3. WOC Nurse Competency</th>
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<td>Methods of documenting competencies by WOC nurses can include, but are not limited to the following activities:</td>
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<td>• Graduating from a WOCN Society accredited WOCNEP; passing both didactic and clinical components including written exams and demonstrations of clinical competencies.</td>
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<td>• Passing the WOCNCB certification examination or completing the professional growth program (PGP) as outlined by the WOCNCB for continued certification.</td>
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<td>• Attending and completing continuing educational programs with contact hours on an ongoing basis.</td>
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<td>• Obtaining advanced academic degrees.</td>
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<td>• Developing educational programs.</td>
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<td>• Initiating or participating in relevant clinical programs or projects.</td>
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<td>• Participating in wound, ostomy and continence nursing research.</td>
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<td>• Publishing wound, ostomy and continence literature.</td>
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<td>• Teaching or mentoring wound, ostomy and continence nurses.</td>
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<tr>
<td>• Participating in professional organizations.</td>
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<tr>
<td>• Obtaining academic education in wound, ostomy and continence nursing related fields.</td>
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Applying Standards to Practice

The measurement criteria of competencies to meet the standards of practice in the WOCN Scope and Standards of Practice are actualized in the work that WOC nurses do everyday. A quick review of recent articles in the Journal of Wound, Ostomy and Continence Nursing
(JWOCN) reveals numerous examples of how WOC nurses incorporate the standards in their practices as demonstrated by the following articles:

**Standard 5A: Coordination of care and Standard 15: Leadership.** In response to the implementation of F-Tag 315 by the Centers for Medicare and Medicaid Services (CMS), Doughty and Kisanga (2010) developed guidelines to address the issue of bladder management in long-term care facilities. Within that article, leadership was a key WOC nurse skill.

**Standard 7: Quality of Practice and Standard 14: Resource Utilization.** Haugen et al. (2011) used a process improvement approach to reduce the risk for pressure ulcer development when patients were having a procedure performed. The multifaceted plan included a handoff communication tool, a designated armband for those at risk, educational content, use of prevention strategies during the procedures, and efforts to decrease time spent in procedures.

**Standard 13: Research and Standard 11: Collaboration.** Competency in research and collaboration is demonstrated in the article by Gemmill, Sun, Ferrell, Krouse, and Grant (2010) who conducted a study and described the “health-related quality of life concerns” (p.65) for patients who had urinary diversions.

These concrete exemplars in JWOCN articles demonstrate the value that WOC specialty nurses bring to patients with WOC issues. They also showed how WOC nurses incorporated a systems perspective in operationalizing the measurement criteria, which embody the competencies for the standards, from the WOCN Scope and Standards of Practice.

**Standard 8: Education.** Education is the pathway to excellence and is necessary to develop and maintain competence. To meet this standard, “The WOC nurse attains knowledge and competency that reflects current nursing practice” (WOCN, 2010, p. 40). Although attendance at professional conferences is common to all nurses, the WOC nurse is in a unique position to assist agencies in adjusting or changing policies and procedures based on knowledge about evidence-based, best practice gained from professional publications and professional meetings. To maintain competence, it is expected that the WOC nurse will continue to seek knowledge that advances the practice of WOC nursing by participating in professional activities including educational meetings, journal clubs, and web based learning programs. This education helps form a basis for collaboration with a multidisciplinary team.

In-depth experience and education in WOC specialty practice allows the clinician to gather, synthesize and articulate best practice to other nursing staff and to the patient, rather than just providing new information. The WOC nurse can promote adoption of evidence-based care and best practices by dissemination of information through in-services, web resources, formal presentations, and informal meetings with staff. Many WOC nurses publish case studies and formal research as well as make educational presentations at local, regional, or national meetings/conferences. Maintaining certification to validate competency also demonstrates a commitment to lifelong learning that in turn enhances patient care.

**Application of Standards in Different Settings**

The WOCN Scope and Standards of Practice document describes in a broad and generic fashion the multiple competencies that WOC nurses operationalize in their every day practices to
fulfill the professional performance criteria of the nursing standards of practice. Following are a few examples connecting some of the measurement criteria for selected standards to the specialized care provided by WOC nurses in a variety of settings.

**Acute care setting**

**Standard 16: Advocacy.** As exemplified in the measurement criteria, “incorporates the identified needs of patients with wounds, ostomy, or continence issues in policy development and program or service planning” (WOCN, 2010, p. 50), WOC nurses have long been advocates for patients and many opportunities exist to engage in advocacy. For example, surgical procedures continue to evolve and currently are requiring shorter hospital stays. Fast-track clinical pathways have been implemented for patients having colorectal surgery. The WOC nurse needs to be involved with planning these pathways because of the effect of shorter hospital stays on patient education and self-care. New strategies need to be developed and implemented to ensure the patient’s rehabilitation progresses. Expertise in ostomy management helps the WOC nurse anticipate potential areas of concern and develop solutions before they become problematic for patients.

**Standard 15: Leadership.** Measurement criteria for standard 15 states: “the WOC nurse initiates and revises protocols or guidelines to reflect evidence-based practice, to reflect accepted changes in care management, or to address emerging problems” (WOCN, 2010, p. 48). The new frontiers of robotic cystectomy surgery provide another opportunity for the application of the standards. The WOC nurse has the skills to lead the multidisciplinary discussion to formulate a care plan for these patients as the traditional length of stay decreases. The WOC nurse can systematically evaluate care by tracking and analyzing outcomes for these patients.

**Standard 7: Quality of Practice and Standard 9: Professional Practice Evaluation.** Measurement criteria for standard 7 states: “the advanced practice WOC nurse designs quality improvement initiatives” (WOCN, 2010, p. 39). The criteria for standard 9 specifies that “the WOC nurse’s practice reflects the application of knowledge of current practice standards, guidelines, statutes, rules, and regulations” (WOCN, 2010, p. 41). These standards of WOC nursing practice articulate how the WOC nurse can play a key role in developing a strategic response to a national regulation, which can have a widespread impact on hospital costs and practice. As specialists, WOC nurses incorporate new knowledge into practice, collect data, and analyze quality data. For example, in October 2008, CMS ended reimbursement for hospital-acquired, catheter associated urinary tract infections (CAUTI). Recognizing that WOC nurses were well-suited to manage this new regulation, the WOCN Society’s leadership identified the need for a concise, thorough, evidence-based summary about CAUTI for use by clinicians. The Society’s continence committee was tasked with the project and the *Catheter Associated Urinary Tract Infection Fact Sheet* became available in November 2008. The development of this educational material in a timely fashion illustrates the commitment of the WOCN Society to providing up to date resources to its members so they have the necessary tools and knowledge to best serve the needs of people with WOC concerns.

**Home care**

**Standard 5C: Consultation, Standard 6: Evaluation, Standard 4: Planning, and Standard 11: Collaboration.** Consultation, evaluation, planning and collaboration are integrally
woven into professional practice in the home care setting. Cost containment, chronic care management, and avoidance of readmissions for chronic disease management are all opportunities for WOC nursing leadership and specialization in the home care environment.

A framework for data collection and synthesis exists in the OASIS document, which currently drives the plan of care, reimbursement and quality management. Clinical, education, and rehabilitation goals are identified during the process of admitting the patient to service. The WOC nurse consults with case managers and primary staff to maximize the value of visits and contacts with the patient. As a specialist, the WOC nurse has the preparation and background to focus the care and educational activities in a manner that addresses healing, self care management and proper use of resources.

**Standard 13: Research.** Integrating research is essential in all practice settings and particularly in such an independent setting as home care. The utilization of best practice documents addressing subjects such as ankle brachial index, foley catheter management, and ostomy care and the WOCN Society’s evidence-based Clinical Practice Guideline Series (i.e., Prevention and Management of Pressure Ulcers, Management of Wounds in Patients with Lower-Extremity Arterial Disease, Management of Wounds in Patients with Lower-Extremity Neuropathic Disease and Management of Wounds in Patients with Lower-Extremity Venous Disease) is invaluable to strengthen the WOC nurse’s ability to administer and manage a home care practice.

**Standard 5B: Health Teaching and Health Promotion.** Measurement criteria for this standard states that “the WOC nurse employs strategies to promote health and a safe environment” (WOCN, 2010, p. 34). WOC nurses share preventative and health maintenance information about self care, pressure ulcers, foot ulcers, skin protection, and ostomy care. They design booklets, handouts, and web-based fact sheets for patients’ use. In the development of this information, patient characteristics are considered including the patient’s spoken language, developmental level, readiness to learn, cultural beliefs, values, and articulated learning needs. The depth and breadth of knowledge required for this sophisticated process makes the WOC nurse uniquely able to disseminate appropriate information.

**Standard 12: Ethics, Standard 16: Advocacy, and Standard 14: Resource Utilization.** WOC nurses are often confronted with ethical dilemmas and their resolution because of the unique intimacy in delivering care in patients’ homes with access to a wide array of private, personal, social and economic information. With the complexities of reimbursement and health care delivery, the average recipient of home care services needs assistance to understand and properly access the health care system to meet their WOC needs. The WOC specialty nurse serves as a vital advocate in guiding and helping the consumer navigate their way through the many and varied resources to obtain durable medical equipment (DME), access specialized medical care and obtain proper reimbursement for services delivered or anticipated.

**Outpatient settings**

**Standard 5D: Prescriptive Authority and Treatment.** Outpatient practice requires the WOC nurse to function within all of the published standards depending on the role specifics of the position. Both APRNs and specialty WOC nurses utilize the practice standards as described in the WOCN Scope and Standards of Practice; however Standard 5D is the sole standard
exclusive to the APRN.

**Standard 16: Advocacy, Standard 15: Leadership, and Standard 14: Resource Utilization.** The standards of professional practice are significant guides for WOC nurses practicing in outpatient practice settings. In the team approach to patient care, the WOC nurse must work collaboratively and collegiially with other providers. They must apply research findings to plan care for patients and be highly aware of ethical issues to ensure that practice adheres to current legal requirements regulating practice in this setting. Coordinating care across settings, providing patient advocacy and utilizing resources to insure that patients receive required supplies, diagnostic tests and consultations to meet their needs, while maintaining compliance with reimbursement limitations, are integral competencies for WOC nurses practicing in outpatient care.

**Standard 5A: Coordination of Care.** Outpatient (or ambulatory care) settings have a smaller patient care team and fewer readily available resources. The WOC nurse needs to be creative, persistent and knowledgeable about the health care system to successfully coordinate the delivery of care. These patients often have multiple needs (e.g., social services, nutrition counseling, diabetic education, and pain management). Health teaching and coaching are essential to achieve desired clinical outcomes. Services of multiple medical specialties often need to be coordinated in a manner to accommodate the available insurance coverage for the outpatient setting. Patients may not have a primary care provider or the primary care provider may not be aware of a patient’s living conditions. In the ambulatory care setting the WOC nurse frequently sees the patient weekly, has input from a home health provider, and may be the first caregiver to become aware of a patient’s need for protective services, social services and new medical needs. WOC nurses in this care setting routinely assist the patient in navigating the health care system to obtain referrals, transportation, and WOC related supplies such as offloading devices, compression garments, DME, ostomy supplies, medications and dressings.

**Long-term care**

**Standard 1: Assessment, Standard 5C: Consultation, Standard 6: Evaluation, Standard 4: Planning, and Standard 11: Collaboration.** WOC nurses may work or consult in the long-term care (LTC) setting. For some time LTC facilities have been scrutinized regarding pressure ulcer development and have not been reimbursed for the development of these wounds in the facility. Because LTC agencies often do not stock a myriad of products, the WOC nurse’s guidance is essential in developing a product formulary and identifying cost effective products that aid in the prevention and healing of pressure ulcers.

**Standard 2: Diagnosis.** Assisting with ostomy care for LTC residents is important because the residents and staff may not have stayed abreast of new products or pouching techniques. LTC staff often do not have an opportunity to care for residents with an ostomy, making the expertise of the WOC nurse invaluable. The importance of diagnosis based on assessment data is operationalized in the role of ostomy care. The specialty nurse’s ability to determine the reason for leakage, decreased wear time, and skin damage, etc. is key in resolving problems.

**Standard 4: Planning and Standard 7: Quality of Practice.** Incontinence is also a problem for many residents. Another benefit of WOC nurses is their ability to develop protocols for preventing moisture associated skin damage (MASD) and treatment of incontinence associated
dermatitis (IAD). In addition, the specialized knowledge of the WOC nurse is a valuable asset to LTC facilities to ensure implementation of CMS’s F-tag 315 for urinary incontinence and F-tag 314 for pressure ulcers to meet the quality indicators for urinary incontinence.

**Applying Standards to Outcomes:**

Achieving positive patient outcomes is the ultimate goal for the WOC nurse that requires a multifaceted approach. The measurement criteria in the WOCN Scope and Standards of Practice can be used to demonstrate to employers the value that WOC nurses bring to the care of people with WOC issues.

**Standard 3: Outcomes Identification and Standard 4: Planning.** The WOC nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes. When planning care, an important aspect in achieving expected outcomes, as identified by a measurement criteria, is “the use of clinical guidelines developed by experts in the specialty that are linked to positive patient outcomes” (WOCN, 2010, p. 29). For example, during assessment of the patient who has recurrent problems with an ostomy, the WOC nurse identifies the cause of the problem, recommends the appropriate ostomy equipment, plans for the treatment of peristomal skin irritation, and assists with the purchase and reimbursement of ostomy supplies. Although the generalist nurse is involved in teaching the uncomplicated ostomy patient, commonly there is a lack of knowledge about the intricacies of ostomy care that often results in higher supply costs, patient dissatisfaction with care and a decreased quality of life for the patient.

**Standard 1: Assessment, Standard 3: Outcomes Identification, and Standard 6: Evaluation.** Tracking tools and standards of practice can be used to evaluate and validate WOC outcomes. Routine tracking of specialized clinical care and the WOC nurse’s contributions to system improvements is important to provide quantitative evidence to validate the role of a WOC specialist. For example, related to Standard 1: Assessment, how many times during a day or a week does the ostomy nurse assess and identify the etiology of pouch seal problems? How does this compare to staff nurses’ documentation of the daily or weekly assessments of that patient? Tracking tools can be created to verify the number of times the WOC nurse was the first or only person to accurately identify the etiology of problems with the pouching seal for the ostomy patient.

Rapid problem identification leads to timely interventions. The WOC nurse’s anticipatory or early recognition of stoma problems can often save the institution money by preventing dehydration for high output ileostomies. Early recognition of the etiology of pouch leakage prevents skin damage, conserves resources, and promotes patients’ quality of life and satisfaction. The WOC nurse can also accurately diagnose peristomal dermatitis, preventing unnecessary antibiotic use and complications.

**Standard 7: Quality of Practice.** The measurement criteria for this standard recommends “using indicators developed to monitor quality and effectiveness of wound, ostomy, and continence care” (WOCN, 2010, p. 38). The WOC nurse is in a unique position to influence documentation practices of wound healing in the health care environment. For example by instituting the use of a validated tool such as the Pressure Ulcer Scale for Healing (PUSH) tool (NPUAP & EPUAP, 2009), the WOC nurse can provide a legally defensible method of tracking
wound healing.

Identifying gaps in care, which impact on quality, can be ascertained by a comparison of staff and APRN documentation to WOC nurse documentation. The WOC nurse routinely documents stoma viability and the presence of peristomal skin disorders. The WOC nurse is often the first and may be the only person to identify and treat wound, ostomy and continence problems, which can be correlated to a pattern of patient safety issues, and institutional monetary and legal concerns.

**Using outcomes and standards for role negotiation**

By using the WOCN Scope and Standards of Practice to guide WOC nurses in determining what outcomes are uniquely within their realm of practice, it is possible to quantitatively validate the WOC nurse’s contribution to excellence in care. Creating tracking tools that support the number of times a specific intervention occurs gives credence to the work of the WOC nurse specialist. Associating these numbers with cost savings and legal criteria for practice can validate the importance of WOC nursing practice and skills to nursing administrators who are uniquely suited to develop and disseminate the information to the business office and boardroom.

The WOCN Scope and Standards of Practice can provide nursing administrators with a better understanding of the full scope and competencies of the WOC specialty nurse. When interviewing candidates for WOC nurse positions, nurse administrators can identify the most qualified candidates by exploring key experiences/competencies highlighted in the WOCN Scope and Standards of Practice. As articulated in the Institute of Medicine’s report (2010), in this era of health reform, it is vital that all nurses practice to the full extent of their education. Awareness of the WOC nursing competencies outlined in the WOCN Scope and Standards of Practice will enable nurse administrators to recognize the value of the contributions that WOC nurses provide.

**Conclusion:**

In accordance with ANA’s *Nursing: Scope and Standards of Practice, 2nd ed.* that “outlines the expectations of the professional role of the registered nurse” (ANA 2010, p. xvii), the purpose of this white paper is to provide a resource for WOC nurses that helps guide decision making and practice. The definition of the scope and standards of practice for WOC nursing enables the individual WOC nurse to articulate as well as demonstrate the unique contributions of the specialty. As outlined in this paper, as WOC nurses operationalize the competencies delineated in the WOCN Scope and Standards of Practice, patients will receive more comprehensive care, clinical outcomes will improve, and overall costs of care will decrease.

The Wound, Ostomy and Continence Nursing: Scope and Standards of Practice can be purchased in the WOCN Bookstore ([www.wocn.org/bookstore](http://www.wocn.org/bookstore)).
References:


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