



Fact Sheet: How Does a Wound, Ostomy and Continence Nurse Fit into your Palliative/Hospice Care Team?

...as a dynamic, necessary, and important member of the team.

Purpose

To describe the benefit, role and functions of wound, ostomy and continence (WOC) nurses in palliative/hospice care.

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Background

The goal of palliative/hospice care is to relieve suffering and provide the best possible quality of life for people facing pain, symptoms and stresses of serious and/or terminal illness. Comfort is the focus of care, and healing may not be the primary goal when managing the conditions presented by this population. To be eligible for reimbursement coverage of hospice care by Medicare, guidelines stipulate that the illness will cause death within six months or less if the illness runs its normal course (Centers for Medicare & Medicaid, 2013); and most other insurances follow the same criteria. A person may live longer than six months, but the potential for death within six months is still a possibility. While hospice care includes palliative care, palliative care can be needed and provided at any stage of illness (Resnick, 2012).

Benefits of WOC Specialty Nursing

Palliative/hospice care is provided by an interdisciplinary team of doctors, nurses, and other specialists who work collaboratively to provide the best possible outcome for each individual patient. WOC nurses are uniquely qualified to be members of this team and are dedicated to providing basic and advanced wound, ostomy and incontinence care. WOC nurses are specialty practice nurses that can offer evidence-based interventions to ameliorate many of the vexing challenges that negatively impact the quality of life for patients with palliative/hospice care

needs. Patients needing palliative/hospice care are often at risk for developing painful and/or malodorous wounds, skin breakdown, fecal or urinary incontinence, and/or having fecal or urinary diversions. These patients deserve quality care, which includes prevention, treatment and comfort measures. WOC nurses are well prepared to provide care that relieves suffering, helps manage symptoms, and improves the quality of life. For example, data from a recent national study of almost a half million episodes of care, in 785 home health care agencies, indicated that WOC nurses had a significant impact on the agencies' achievement of better patient outcomes (i.e., improvement or stabilization of wounds, incontinence and urinary tract infections), compared to agencies without WOC nurses (Westra, Bliss, Savik, Hou, & Borchert, 2013).

WOC nurses are experienced registered nurses, with a minimum of a bachelor's degree, who have completed special education beyond basic nursing education and/or are board certified in the nursing management of patients with WOC needs. WOC nurses possess expert skills in evaluation, prevention, education/training, nutritional counseling, and complex treatment modalities to meet the needs of patients with WOC needs, in all care settings, including those with palliative/hospice care needs. Benefits of WOC nursing include:

- Enhanced patient comfort and quality of life.
- Increased patient/family satisfaction.
- Improved continuity of care across settings.
- Increased staff understanding about the prevention and management of WOC issues in patients with palliative care/hospice needs.
- Cost effective supply management.
- Identification and prevention of complications or unmet needs.

Role and Functions of a WOC Specialty Nurse in Palliative/Hospice Care

WOC nurses influence and guide patient care to achieve optimal outcomes through the delivery of direct hands-on care, and indirectly by serving as educators, consultants, researchers, or administrators (WOCN Society, 2010). These achievements are accomplished through a variety of role functions and activities including the following:

- As an expert, assesses the needs of the patient and family, taking into consideration their goals and preferences when developing an individualized plan of care.
- Comprehensively assesses wound etiology, contributing factors, and in consultation with the patient/family, determines if the goals of care are palliative, preventative, and/or curative.
- In coordination with the patient and family, establishes goals to manage non-healing wounds, drainage, odor and exudate.
- Assists with pain management by recommending or providing options for topical therapy and support/pressure redistribution surfaces; and makes recommendations to other disciplines for treatment and comfort measures.
- Educates the staff, patient, family and caregiver about the following:
 - Types of wound, ostomy and continence conditions and complications that occur in patients with palliative/hospice needs.
 - Prevention/treatment options.

- Signs and symptoms of complications.
- How to perform selected wound, ostomy and/or incontinence care at the bedside (e.g., dressing changes, pouch care, fecal/urinary incontinence management) in the home or other care settings.
- Recommends cost-effective wound management options based on the characteristics of the wound: type, location, size, drainage, odor, pain, infection, necrosis, bleeding, etc.
- Recommends support/pressure redistribution surfaces that promote an optimal wound management environment to prevent deterioration of the existing wound(s) and the development of additional wounds or complications.
- Acts as an integral part of the inter-disciplinary team to enhance all levels of care for the patient with palliative/hospice care needs.
- Coordinates care with the patient's family, physician(s), social worker(s), and wound clinic, if appropriate, to enhance the treatment or identify alternative options for wounds or other complications/complex problems that are difficult to manage.

References

- Centers for Medicare & Medicaid Services. (2013). Medicare Hospice Benefits. Retrieved January 2013, from <http://www.medicare.gov/Pubs/pdf/02154.pdf>
- Resnick, B. (2012). Differentiating programs versus philosophies of care: Palliative care and hospice care are not equal. *Geriatric Nursing*, 33(6), 427-429. Doi: 10.1016/j.gerinurse.2012.09.008.
- Westra, B. L., Bliss, D. Z., Savik, K., Hou, Y., & Borchert, A. (2013). Effectiveness of wound, ostomy and continence nurses on agency-level wound and incontinence outcomes in home care. *J Wound Ostomy Continence Nurs*, 40(1), 25-33. Doi: 10.1097/WON.0b013e31827bcc4f.
- WOCN Society. (2010). *Wound, Ostomy and Continence Nursing Scope & Standards of Practice*. Mt. Laurel, NJ: Author.

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