

# Role of the Wound, Ostomy and Continence Nurse in Continence Care



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## Acknowledgments

### Role of the Wound, Ostomy and Continence Nurse in Continence Care

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**Statement of Position:**

The Wound, Ostomy and Continence Nurses Society (WOCN) believes the tri-specialty certified nurse (Certified Wound Ostomy Continence Nurse or CWOCN) or advanced practice tri-specialty certified nurse (Certified Wound Ostomy Continence Nurse-Advanced Practice or CWOCN-AP) possesses unique knowledge, expertise for assessment, and first line management of incontinence as well as for prevention of incontinence. The CWOCN or CWOCN-AP provides care and consultation in the treatment of potential and actual skin complications through absorption, and containment, in persons with urinary, fecal, or dual incontinence.

**Purpose of the Position Statement:**

To identify the role of the certified continence care nurse within the continuum of continence care nursing across all care settings. To delineate role function based upon experience, education, licensure, and scope of practice. To promote the continence care nurse specialist role to key stakeholders (educators, industry, health care administration, insurers). To provide a framework of excellence in continence care nursing to impact outcomes for persons experiencing urinary, fecal or dual incontinence.

**History:**

The role of the Wound, Ostomy and Continence (WOC) nurse as continence care specialty nurse evolved from the commitment of an early pioneer of specialty ostomy care, Norma Gill, a woman dedicated to helping patients after ostomy surgery and Betty Lowe, who published a continence-related topic, straight catheterization, in the ET Journal (Lowe, 1975-76). Their legacy endures in a strong society of professionals that embraced the tri-specialty of wound, ostomy and continence nursing care since 1982. In 2009, the WOCN Society, as part of an overall initiative to document the role of the tri-specialty WOC nurse (CWOCN), developed a document defining the role of the continence care nurse. The identified focus of the continence care nurse was providing expert care to patients with urinary and/or fecal incontinence. The role encompassed clinical expertise including the expanded professional role as consultant, educator and administrator/manager in a variety of health care settings. The role of the advanced practice continence care nurse (CWOCN-AP) was also identified and described as an expanded role in the delivery of continence care within the scope of advanced practice nursing consistent with current licensure (WOCN, 2009).

With recognition of WOC nursing as a nursing specialty by the American Nurses Association (ANA) and the publication of *Wound, Ostomy, and Continence Nursing: Scope and Standards of Practice* in 2010, the professional role of the WOC nurse was further defined including not only specialty clinical practice but also the full scope of professional practice that includes the many aspects of professional leadership, scholarship, ongoing education and certification. (WOCN, 2010). In 2018 this document was updated to reflect consistency with the ANA's current publications (WOCN, 2018).

The WOCN Society is proud of its history of developing and supporting the role of the continence care nurse along with the Society's principal role in defining full scope WOC nurse practice and the unique contributions of this practice to continence care. The role of the continence nurse is defined within the context of current continence nursing care and the unique contributions of the tri-specialty certified nurse (CWOCN/CWOCN-AP).

**Supportive Statements:**

Continence care nursing is a patient centered collaborative practice (Davies, 2017; Gemmill & Wells, 2010) that uses evidence-based national and international clinical guidelines (Corcos et al., 2017; Gormley et al., 2012; Qaseem et al., 2014; Tse et al., 2016) in the care of patients with urinary and/or fecal incontinence. Continence care nursing creates positive outcomes, improves quality of care (Bliss et al., 2013; Choi et al., 2014; Wagg et al., 2009) and is cost effective (Arnold, Milne, & English, 2016; Jansen et al., 2017; Medley, 2014). The CWOCN/CWOCN-AP has specialty knowledge and skills related to bladder, bowel and pelvic floor dysfunction related to incontinence (Paterson et al., 2016). Specialty preparation is facilitated by entry level education via accredited independent WOC Nursing Education Programs (WOCNEPs) and further advanced by specialty continuing education. Specialty knowledge and skills are validated by the Wound, Ostomy and Continence Nursing Certification Board (WOCNCB) in both entry level and advanced practice nursing (WOCN, 2018).

The CWOCN/CWOCN-AP works with a diverse patient population in many different practice settings. Continence care nurses work with all age groups and in a wide variety of specialty practices such as women's health, urology, gastroenterology and end of life care. Continence care nursing is found in almost every care setting including acute care, home care, outpatient clinics, extended care facilities, rehabilitative centers, academia and nurse-led clinics and practices.

The current practice of the CWOCN/CWOCN-AP has a unique clinical focus but is quite diverse. The CWOCN/CWOCN-AP is a clinical expert focused on the continuum of care that encompasses specialty related screening, holistic assessment and expert management (Palmer & Willis-Gray; 2017; WOCN, 2018). The clinical skills the CWOCN/CWOCN-AP contributes are varied and often employment and/or professional role dependent. CWOCN/CWOCN-AP nurses are important members of the patient care team due to their skills in guideline-defined first line treatments for urinary and fecal incontinence and lifestyle modification including but not limited to: smoking cessation, weight management, fluid and dietary counseling; behavioral interventions such as urge suppression and bladder training, toileting programs and pelvic muscle training. The CWOCN also has knowledge of and skill in secondary and tertiary level treatments such as medication management and neuromodulation (Corcos et al., 2017; Gormley et al., 2012; Tse et al., 2016; Qaseem et al., 2014). The CWOCN/CWOCN-AP has a unique focus due to the tri-specialty integrated role incorporating wound, ostomy and continence nursing. Thus, the tri-specialty WOC nurse (CWOCN/CWOCN-AP) blends expertise in the management of incontinence, but also incontinence-related skin care, skin risk prevention, the management of incontinence-associated dermatitis and moisture-related skin damage (Arnold-Long et al., 2018; Beeckman, 2016; Black et al., 2011). They also are experts in the selection, evaluation and use of a variety of incontinence products such as body worn absorbent products (BWAPs; Gray et al., 2018), absorbent products placed on the bed or chair, toilet adaptations, male and female external urinary collection or containment devices, urinary catheters (intermittent and indwelling), drainage bags and accessories (Moore and Franklin, 2016; Wilde and Fader, 2016; WOCN, 2016) as well as fecal containment with anal pouching and fecal management systems (Beitz, 2006; Callan and Willson, 2016; Cottenden et al., 2017).

The future is bright for the CWOCN/CWOCN-AP. Tri-specialty knowledge (wound, ostomy, continence) and skills will be invaluable in a world of increasing need for continence

nursing care as the population ages and care is increasingly focused in the home and clinic settings.

### **Clinical Examples:**

As a tri-specialty certified nurse, the CWOCN/CWOCN-AP has the unique knowledge and skills related to fecal and urinary incontinence for evaluation and management of patient problems requiring:

1. Screening for incontinence (Doughty & Moore, 2016)
2. Assessment of voiding/stooling dysfunction (Doughty & Moore, 2016)
3. Treatment of voiding/stooling dysfunction (Doughty & Moore, 2016)
4. Absorption and Containment using BWAP (Body Worn Absorbent Products; Gray et al., 2018)
5. Urinary and/or Fecal Containment (Beitz, 2006; Callan & Willson, 2016; Moore & Franklin, 2016; Park et al., 2018; Wilde & Fader, 2016;).
6. Skin Risk Prevention and Care
  - a. Incontinence associated dermatitis (IAD) and moisture associated skin damage (MASD; Beeckman et al, 2015; Beeckman, 2016; Black et al., 2011).
  - b. Pressure injury risk (Beeckman, 2018; Gray & Giuliano, 2018; Lachenbruch et al., 2016).
  - c. Friction injury risk to skin (Berke, 2015).

### **Future Recommendations:**

Continence nursing practice links nurses practicing in multiple specialties, including the tri-specialty WOC nurse. While this diversity strengthens the scope of this specialty, it has also contributed to divergence in deflections of the scope and practice of the continence nurse specialist. This role is further limited by societal covertness of the expanding incontinence epidemic with the aging population. This statement seeks to bridge that role by not only defining the unique contribution of the tri-specialty WOC nurse to continence nursing practice, it also acknowledges the Society's fundamental support of continence nursing as a unique specialty practice that involves nurse experts in multiple specialty practices.

#### **A. Advocacy**

Advertising of incontinence containment products and pharmaceuticals have brought some acknowledgement and acceptance of this hidden and taboo subject. Yet, this has not encouraged the typical healthcare provider to broach this subject during routine physicals or other visits. It also has not encouraged the population impacted by incontinence to discuss this with their healthcare provider. Incontinence frequently is considered part of the typical aging process and a problem to be tolerated instead of treated. Healthcare providers may often feel overwhelmed with prevention and management of a patient's multiple chronic diseases with incontinence seen as a non-life-threatening problem and more of a nurse-related function. Many primary care providers may not ask about incontinence because they do not have the comfort level to assess and provide meaningful treatment options. In 2018 the Women's Preventive Services Initiative recommended annual screening for incontinence in all women by primary care providers (Reilly et al., 2018).

The tri-specialty WOC nurse is adept at discussing topics that are typically avoided due to conventional social sensibilities. In fostering a more open approach to incontinence, the CWOCN/CWOCN-AP can establish a forum to share the substantial positive outcomes that are achievable with relatively small behavioral changes. Speaking to patients with other skin related concerns such as friction or pressure injuries requires the management of incontinence as a necessary component of addressing the underlying cause. As such, patients presenting with moisture associated dermatitis (MASD) such as IAD or intertrigo in addition to friction and/or pressure injuries should be queried regarding their continence status.

While this is at least a beginning, this advocacy can be extended significantly through such things as radio interviews, speaking to women's groups and talk show interviews. Advocacy could be further extended by speaking to family practice and internal medicine practices and advocating use of intake systems (electronic tablets, review of systems lists) to include questions about bowel and bladder habits with their patients, creating pathways in the electronic medical record to focus on bowel and bladder issues with care pathways for referral to the continence nurse specialist to improve overall quality of care. Limitations on length of stay in the inpatient setting may not permit time to address continence care effectively, but outpatient follow-up or referral is often appropriate. Often it is simply a matter of the primary care provider being aware of existing resources to help their patients. The CWOCN/CWOCN-AP must explicitly communicate the scope of practice that they offer.

Additionally, advocacy can be extended to product and pharmacologic development especially in skin protection, moisture containment and tube securement. For example, nurse researchers publishing in the Society's official journal, *Journal of Wound, Ostomy and Continence Nursing*, have worked with industry partners to explore the use of spiral shaped fibers in body worn absorbent products to reduce surface pH and the risk of incontinence associated dermatitis (Bliss et al., 2017) and development of a transcutaneous tibial nerve stimulation device for treatment of overactive bladder and urge incontinence as an alternative to percutaneous stimulation predominant in current clinical practice (Perissinotto et al., 2015).

## **B. Patient Care**

The CWOCN/CWOCN-AP, educated and certified in continence nursing care, is in the best position to guide patient care. This care ranges from screening to history and physical assessment, implementing first line treatments and care as well as appropriate referrals by the CWOCN to the CWOCN-AP providing secondary and tertiary treatment (see Appendix). Care of patients with incontinence is needed at all levels as even first line treatments such as behavioral and dietary modifications can have significant impact on the reduction or elimination of incontinence, thereby measurably improving quality of life for patients. More advanced care is necessary when the primary interventions are not successful. This may include an in-depth physical examination and testing along with interventions and treatments that are more extensive in conjunction with pharmaceuticals. The CWOCN/CWOCN-AP provides holistic care considering prevention and interventions for fecal and/or urinary incontinence and their sequelae across the lifespan.

For example, the continence care nurse is well suited to be in the forefront of developing a treatment pathway to avoid accidental bowel leakage (ABL) for a patient with identified risk for bowel incontinence.

The CWOCN/CWOCN-AP is in the role of navigator for fecal and urinary incontinence care between medical professionals and the client with continence issues. The CWOCN/CWOCN-AP role is to empower other health care professionals and patients to help realize the need for sound evidence-based continence nursing practice. All providers and nurses hold some responsibility in assessing, treating and evaluating patients' responses to chronic illnesses such as diabetes and obesity. Continence care should be consistent with the CWOCN/CWOCN-AP leading the way in all levels of continence nursing care (e.g., acute, clinic, home, long term care, telehealth), guiding patients to the correct level of intervention.

### **C. Public and Patient Education**

Patient education is an area of expertise for the WOC nurse. Typically, the tri-specialty certified WOC nurse translates between other specialists and the patients to explain and implement necessary treatments and interventions. This dialogue needs to routinely include and promote relevant healthy bladder and bowel education.

The future of education is through use of technology to reduce patient barriers such as travel time, inability to leave home, and access to care. The evolution of web-based communication and the emergence and increased use of Telehealth/Telemedicine has made it easier to facilitate support groups and disseminate education (Benton, 2018).

The breadth of continence topics and the associated education deficits among staff nurses, caregivers and patients is astounding, but the tri-specialty WOC nurse can share expertise regarding:

- Current available internet applications and/or websites for continence care needs: BWAP, external devices, pads for beds, apps for bathroom location and accessibility, supply resources and availability.
- Practical solutions for continence: helping to explain/navigate insurance coverage for containment supplies, evaluating community resources and items available locally, cost for appropriate over the counter products, teaching and supporting care givers.
- Simple educational topics for patients and caregivers: appropriate hydration and fluids, the method to perform pelvic floor exercises, correct and appropriate use of skin care products to prevent and/or treat IAD.
- Educating caregivers, nursing assistants, clinic and/or bedside nurses (acute, home and long-term care) how to correctly use continence products:
  - Types of external collection devices for both men and women for both fecal and urinary incontinence.
  - Different types of catheters, catheter composition, catheter attachments (pouches), styles and appropriate use.
  - Teaching providers, patients and/or caregivers how to catheterize (sterile, clean intermittent) appropriately.



- Evidence-based care of suprapubic and indwelling urinary catheters.
- Use of simulation, virtual reality and artificial intelligence will play an increasing role in educating healthcare providers, caregivers and patients in the future.
- Perineal skin assessment across the lifespan for males and females (basic to advanced).
- Educating patients about pre-procedure pelvic floor exercises and/or straight catheterization when they are scheduled for surgeries or medical procedures, (e.g., prostatectomy, cystectomy, low anterior resection, ileal-anal anastomosis, hysterectomy, childbirth, pelvic organ prolapse repair).
  - Collaborating with gynecologists, urogynecologists, urologists and surgeons to include a CWOCN/CWOCN-AP referral in the routine preoperative orders for patients undergoing a surgery or procedure with high risk for subsequent incontinence.
- Management of patients with neurogenic bowel and bladder dysfunction to include long term risk assessment and follow up including recommendations and/or implementation of long-term bowel and bladder management protocols (e.g., timed voiding, double voiding, methods of obtaining appropriate stool consistency and evacuation with suppositories or enemas).
- Medications and their effect on bowel/bladder continence
- Sexuality and the pelvic floor: male, female and transgender issues.
- Mental health and continence: how to address stigma, social isolation (Yip et al., 2013) and to improve outcomes.

The CWOCN/CWOCN-AP is well suited and recognized for the ability to teach patients health care related information. Dissemination of access to technology-based support groups, educational topics and/or pre-operative educational meetings must occur for significant impact in these areas. Education continues to provide an opportunity for future expansion in continence care.

#### **D. Best Practice and Research**

Evidence is pivotal to the role of the continence care nurse specialist. Continence care nursing has a paucity of research to validate the interventions upon which the practice is based and therefore relies on best practice and expert opinion for much of the current evidence. Publications regarding current practice, standards of care, and scope of practice are essential to the continence nursing specialty.

Although research validates the impact of the WOC certified nurse on continence outcomes in some settings (Beuscher, 2014; Bliss et al., 2013; Westra et al., 2013), ongoing research to determine the impact of continence care nurses is necessary to substantiate the role. Further research of outcome comparisons between continence care nurses and other providers is desired to further validate the role. These aforementioned areas of research are more urgently necessary as the physician shortage looms at the onset of the increasingly aging population. It behooves the continence care nurse specialist to publish regarding continence care interventions and outcomes. Areas of future

opportunity include participation in consensus panels, consensus statements, development of guidelines, best practice statements and research.

The international continence care community is growing and provides a forum for continence care nurses everywhere to partner in ways to improve all levels of care as well as to help influence key opinion makers and/or leaders. Nationally and locally, partnering with organizations with a common focus/outlook such as rehabilitation nursing and medicine, urologists and urology nurses, physical therapy/pelvic floor therapists, and gynecology/urogynecology may be of benefit. Development of internet applications, websites and Telehealth/Telemedicine programs to stream line product acquisition and guidelines is essential (Franken et al., 2018; Gray, 2002; WOCN, 2018).

**Conclusion:**

A person with continence issues is always at risk for skin, wound and related complications and requires the expert knowledge and skill set of a tri-certified wound, ostomy and continence nurse. The tri-specialty certified nurse (CWOCN, CWOCN-AP) has an in-depth and unique knowledge regarding-product selection, use and evaluation as well as skills (risk assessment, prevention and treatment) that cross between wound, ostomy and continence nursing care. It is exactly because of our unique knowledge and skill set that we can incorporate all three focus areas of wound, ostomy and continence into our nursing practice. This unique expertise is the reason that a tri-specialty nurse (CWOCN/CWOCN-AP) is optimally positioned to meet the needs of persons who are challenged with continence issues.

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**Appendix:**

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