

Combining wound, ostomy and continence care: is it time for a paradigm shift in the UK?



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For this edition of the journal, I have invited Kimberly LeBlanc as Guest Editor to discuss the role and responsibilities of nurses specialising in wound care and beyond. The starting point was a recent debate of the role and responsibilities of Tissue Viability Nurses (TVNs) in the UK in the last issue of this journal (Holloway et al, 2019). Kim's views on the topic follow in the remainder of this editorial.

In 2014, Ousey and colleagues eloquently described the complexities of the TVN role and the high-level expectations assigned to TVNs, including promoting cost savings, resource management, research, collaboration and coordination of patient care with other specialities, as well as patient safety (Ousey et al, 2014). Certainly, this description could easily be assigned to a wound care specialist globally. Other debates highlighted the difficulties in determining who is a wound care specialist and what are the roles and responsibilities of TVNs (Holloway et al, 2019).

Healthcare agencies, professionals and consumers struggle to determine who should have the designation of a wound care specialist. Using Canada as an example, the main educational routes for advanced wound care are offered by the Wound, Ostomy and Continence (WOC) Institute (owned and operated by the not-for-profit Nurses Specialized in Wound, Ostomy and Continence Canada (NSWOCC)), Western University and their Masters of Clinical Science in Wound Healing Programme, and the International, Interdisciplinary Wound Care Course. Several foundational wound courses are also offered by the WOC Institute, Wounds Canada and universities and colleges across Canada (Morrell et al, 2017). Given the range of opportunities, it is not surprising that nurses within Canada struggle to find the programme best suited to their needs.

Many paths can lead to advanced knowledge and leadership in the field of wound care, however, there is no standardisation or universally accepted means for quantifying the role of a specialist. The UK has three different clinical nurse specialists roles for wounds, ostomy and continence care; namely

TVNs, Stoma Care Nurses and Nurse Continence Advisors. Whereas, in North America, nurses tend to specialise in all three areas as Wound, Ostomy and Continence Nurses (WOCNs) in the USA, Nurse Specialist in WOC (NSWOC) in Canada, or Enterostomal Therapy Nurses (ETNs) elsewhere (Baich et al, 2010)

Holloway et al (2019) debated the readiness of TVNs in the UK to consider expanding the scope of their practice to include stoma care and continence. The group raised a number of concerns, including the risk that nurses will become overburdened if their roles are expanded, the advanced education required to achieve competency in the tri-specialty may seem overwhelming, a lack of resources to expand the roles, and specialists in stoma and continence care being resistant to a change in role designation. However, the proposed solution could be a strategy to improve collaboration among the specialists to reduce variance and improve cost-effective and quality of care (Holloway et al, 2019)

Holloway et al also looked at transitioning to a tri-speciality approach in the context of the current UK healthcare climate, which advocates standardisation, benchmarking and cost-effective care.

STANDARDISATION AND BENCHMARKING

For more than 50 years, under the leadership of the World Council of Enterostomal Therapists (WCET) ETNs, WOCNs and NSWOCs have been held to a high standard of education (WCET, 2020).

In the Canadian system, NSWOCs receive competency-based education through the WOC Institute. The Institute's Education Programme (WOC-EP) is designed for baccalaureate-prepared registered nurses with at least two years of clinical experience. The WOC-EP focuses on quality clinical and cost outcomes and prepares nurses to write the Canadian Nurses Association (CNA) certification exam in wounds, ostomy and continence (WOC-EP, 2020). Similarly, in the USA, the culmination of WOCN education is a certification exam.

The benefits of a standardised certification exam lie in the fact that healthcare providers, agencies and patients can expect a certain level of competency among tri-specialty certified nurses. This is not to say that non-certified nurses do not possess a high level of competency, but rather certified tri-specialty nurses have a well-established, global means of benchmarking their knowledge and competency to other clinical specialists. Certified nurses are recognised for their practice excellence and commitment to lifelong learning. Employers value them as their certification is a testament to the nurses' advanced knowledge, skills and advanced professional credibility (Canadian Nurses Association, 2020). Certification provides a tangible means for ensuring that those who use the title 'specialist' in relation to WOC nursing have met a global set of core competencies.

The UK currently has many wound care interest groups and higher learning institutions, offering educational opportunities and pathways to develop wound care expertise. There are advanced programmes, such as the Tissue Viability and Wound Management Masters at the University of Huddersfield, the Wound Healing and Tissue Repair MSc at the Cardiff University, and the MSc Clinical Skin Integrity and Wound Management at University of Hertfordshire to name but a few educational pathways (University of Huddersfield, 2020; Cardiff University, 2020; University of Hertfordshire, 2020).

The Tissue Viability Society is a UK organisation that aims at unifying TVNs and promotes wound care awareness and education. The society has strong ties to the European Wound Management Association (EWMA) and the European Pressure Ulcer Advisory Panel (EPUAP). All of these groups report missions to promote wound healing and prevention of harm through education; yet a key factor missing is a means of promoting standardised education which is rooted in core competencies and standards of practice. EWMA, however, are addressing this with the publication of Level 5 (Diploma Level) and 6 (Degree Level) curricula for post-registration nurses (Pokorná et al, 2017; Probst et al, 2017), with the Level 7 (Masters Level) curriculum currently in development.

COST-EFFECTIVE CARE

Healthcare organisations across the globe have to operate under often tight financial constraints while continuing to strive to deliver high-quality patient care. Healthcare managers are continually seeking ways to optimise their human and economic resources with evidence-based clinical decisions and cost-effective products and services. These same individuals are also tasked with meeting the growing demand for services. With too few beds in hospitals and long-term care facilities, patients face lengthy wait times. Moving patients from hospitals to community care is one strategy to help rein in healthcare costs and free up beds in acute-care settings (Canadian Foundation for Healthcare Improvement, 2018). However, this also shifts the pressure on to home care agencies to meet demand and control spending (Canadian Home Care Association, 2013).

At the policy level, governments face the unenviable challenge of ensuring both high-quality care and system sustainability. They want to see favourable public reporting numbers, low hospital readmission rates — and balanced budgets.

Tri-specialty WOC nurses contribute to care effectiveness and cost-efficiency by:

- ▶ Bringing best-practice approaches to the assessment and treatment of wounds, ostomies and continence issues
- ▶ Educating patients and their families about how to manage ongoing holistic health needs
- ▶ Informing evidence-based and cost-efficient care decisions for wound, ostomy and continence patients as interdisciplinary health team members
- ▶ Contributing to research projects, guidelines and policies related to their specialties.


It has been well documented that many individuals suffer from a multitude of wound, ostomy and/or continence issues, often in combination. Tri-specialty WOC nurses are able to provide fast and efficient care to individuals who suffer from any of these issues (Baich et al, 2010; Bliss et al, 2013).

The combination of these practices has been shown to lead to higher-quality care, lower costs and better outcomes for patients. For example, a literature review examining NSWOCs' impact

on home care for patients with wounds identified numerous benefits when an NSWOC was directly involved in administering care or acting as a consultant to other care providers (Baich et al, 2010). Those benefits included greater healing success, faster healing times, increased interest in wound care education among other nurses, and the introduction of standardised protocols for wound care (Baich et al, 2010).

With a tri-specialisation in wound, ostomy and continence, nurses are helping to address the challenges facing the global healthcare system. Employing tri-specialty WOC nurses is an effective strategy for controlling costs through high-quality, evidence-based care that leads to better outcomes for patients. Tri-specialty WOC nurses bring about these benefits as deliverers of care but also as sources of specialised knowledge for interdisciplinary healthcare teams, best practice and protocol development, research and other avenues (NSWOCC, 2020).

IS IT TIME FOR A PARADIGM SHIFT?

Given the benefits of employing nurses with a tri-speciality in wounds, ostomy and continence, TVNs in the UK should re-examine their current position to remain as three distinct, yet overlapping specialties. There is a golden opportunity in the UK, given the provision of existing university-based tissue viability programmes, to develop a master’s programme in wound, ostomy and continence care. Such programmes would serve to promote a tri-speciality WOC nurse designation, break down perceived barriers and promote a unified and cost-effective approach to care based on clinical competencies and certifications. 

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