

D  
O  
W  
N

the RABBIT HOLE

*Rose W. Murphree, DNP, RN, CWOCN, CFCN*

# Disclosures

- I have no conflict of interest.
- Employer: Emory University's Nell Hodgson Woodruff School of Nursing's Wound, Ostomy, and Continence Nursing Education Center

# Professional Outcomes

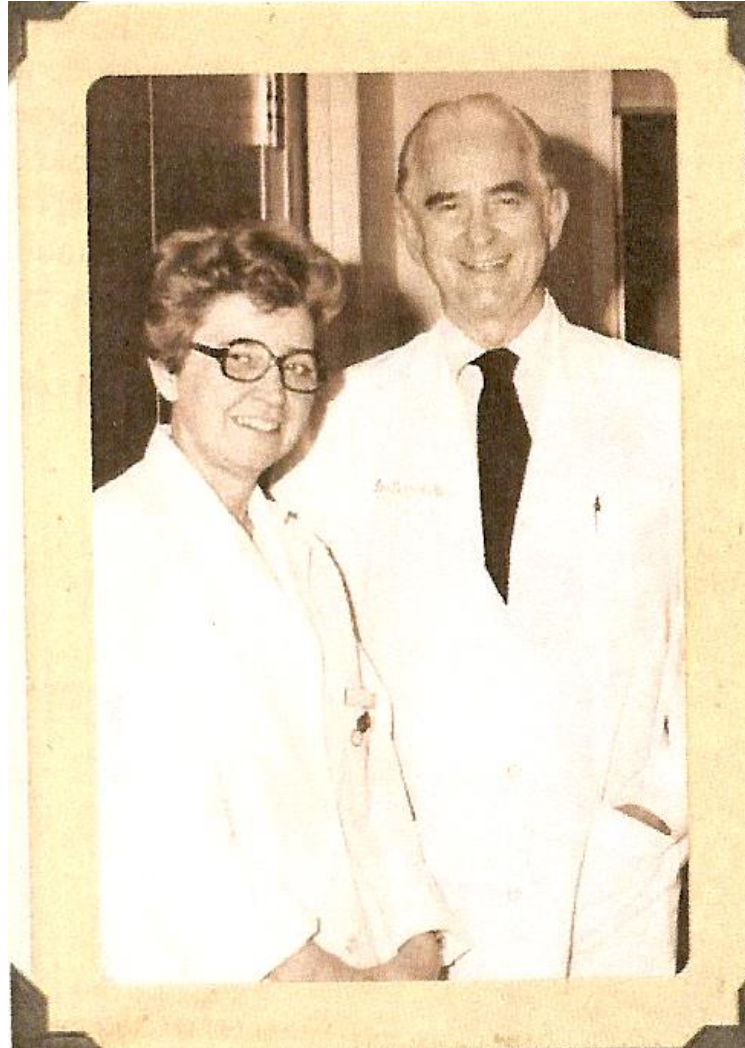
As a participant in this activity

- Recognize gaps in current personal practice areas
- Identify which Rabbit Hole you've jumped into
- Locate Alice's magic mirror to help you strategically get out of the hole

## Historical Perspectives on WOC Nurse Role

October, 1958

A wonderful  
relationship  
evolves!



Through the 1960's

**1961: First formal School of Enterostomal Therapy**

**1968: American Association of Enterostomal Therapists (AAET) created**

**1969: Name changed to North American Association of Enterostomal Therapists (NAAET)**

Through the 1970's

**1971: Name changed to International Association of Enterostomal Therapists (IAET)**

**1976: ET role becomes a nursing role; IAET votes to require RN licensure for ET School (ET Nurse)**

**1979: Board Certification offered**

Since the 1970's

**1981: Canadian Association of Enterostomal Therapy (CAET) forms**

**1985: BSN requirement for ET School attendance**

**1991: Name changed from IAET to WOCN Society (Wound Ostomy Continence Nurses Society)**

**1991: BSN or RN with Baccalaureate level competencies required for WOC Nursing school attendance**

# Current Roles of WOC Nurse

- Clinician/Consultant
- Staff Development
- Leader and Manager
- Research Consumer



# Clinician/Consultant

## Primary Focus:

### Management of patients with

- ostomies & continent diversions
- potential/actual skin breakdown & acute/chronic wounds
- fecal/urinary incontinence

## Challenges?

- Setting priorities with patient load
- 60 hours of work in 40 hour work week
- Work-life balance

# Staff Development

## Primary Focus:

### Education of staff regarding

- ostomies & continent diversions
- potential/actual skin breakdown & acute/chronic wounds
- fecal/urinary incontinence

## Challenges?

- Staff incentive for attending education
- Time to develop CNE activities
- Administrative support

# Leader and Manager

## Primary Focus:

### Administrative/departmental management

- Census statistics
- Showing your worth
- Fiscal responsibilities/accountability

## Challenges?

- Does C-Suite understand?
- How does staff view WOC nurse role?
- Time management strategies

# Research Consumer

## Primary Focus:

Utilize research to

- Drive changes within system
- Assure evidence-based care is current
- Assure positive patient outcomes

## Challenges?

- Time for journal reading
- Networking with others
- Feeling all alone

So HOW do  
we get  
out of the  
Rabbit Hole?

# Time-in-Motion Study

Name		Work Location			Date	Arrival	Departure
Jane Doe		<input type="checkbox"/> Clinic	<input type="checkbox"/> Home	<input checked="" type="checkbox"/> Office	9/9/2014	8:30A	5:00P
INSTRUCTOR/CLINICIAN TIME & TASK ANALYSIS FORM							
Time	Bb	Clinic	E-mail	Phone	Personal	Other	Comments
7:00 - 7:20A							
7:20 - 7:40A							
7:40 - 8:00A							
8:00 - 8:20A							
8:20 - 8:40A			10				
8:40 - 9:00A	15				5		Personal phone call
9:00 - 9:20A		20					
9:20 - 9:40A		20					
9:40 - 10:00A		20					
10:00 - 10:20A		20					

# Current Productivity Tool

## Pressure Ulcer Incidence Tracking Form

Month \_\_\_\_\_

Year: \_\_\_\_\_

	MR#	Gender	Age	Ulcer Stage	Ulcer Site	Unit	Root Cause Analysis/ Comments
1.							
2.							
3.							
4.							
5.							

# Role Analysis

Current Status	Goal	Proposed Action Steps
<b>Inappropriate utilization of WOC nurse for preventive care and simple wound care (skin tears and incontinence associated dermatitis), leading to reduced time for complex wound and ostomy care and for program development</b>	Staff empowered to provide preventive care and simple wound care; WOC nurse provides complex wound care and ostomy patient education, thus improving clinical outcomes and serving as “nurse extender” for staff	<ol style="list-style-type: none"><li>1.) Develop/approve nurse- driven protocols for pressure ulcer prevention, skin tear management, and prevention/management IAD.</li><li>2.) Assure ready availability of products needed for protocol implementation</li><li>3.) Disseminate protocols/ educate staff regarding staff nurse/WOC nurse roles and new protocols</li><li>4.) WOC nurse to provide support to staff during transition</li></ol>



# Resources Evaluation

- Current tools available on phone or computer
- Wound Treatment Associate™
- Ostomy Care Associate™
- Other WOC Nurse Extenders

# Personal Education and Professional Development

- Journal Club
- Networking opportunities
- Online courses
- WOCN<sup>®</sup> Society webpage
- Pub Med searches