



Wound
Ostomy and
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Dear Dr. Loeb,

I am writing on behalf of the members of the Wound Ostomy and Continence Nurses Society. It has come to our attention that in various care settings across the United States, risk and quality management personnel who monitor surgical site marking practice are declaring that stoma site marking is considered out of the scope of practice for the certified wound ostomy and continence nurse (WOC nurse) for ostomy surgical procedures. This has been noted most prominently in acute care settings. This determination is being made based on their interpretation of the Joint Commission's National Patient Safety Goals.

Certified WOC nurses have had the honor and privilege of including stoma siting in their practice since the inception of the specialty practice in 1959. The process is collaborative with the surgical team and is proceeded with a physician order. The WOC certified nurse engages in intensive patient assessment preoperatively prior to the perioperative process. This patient assessment includes evaluation of body shape and size, activity level, type of surgical procedure planned, age, vision, hand dexterity, social and family needs), as well as provision of extensive patient education at the time of siting.

The actual stoma siting process performed by the WOC nurse is done with the patient observed in numerous positions to mimic activities of daily living. This procedure is done with the intent to ensure, if possible, that the surgical team has a guide for the best location of the ostomy for a stable pouching surface that will provide the best possible quality of life when the patient returns to activities of daily living. This process when performed by a WOC certified nurse in non-emergent situations takes a modest amount of time and includes as noted patient education and counseling. This site marking is done with the understanding that in the operating room the patient is flat and prone and the marking is intended as a guide for the surgical team to use to landmark the stoma, if surgically possible given patients anatomy and disease process.

We are requesting a clarification of the Joint Commission policy statement UP.01.01.01 and UP.01.02.01 within the National Patient Safety Goals effective January 1, 2013, pertaining to the role of the WOC certified nurse specialist and the vital contribution they play in preoperative patient preparation for bowel and or bladder diversion. We believe the Joint Commission is correct when they state within UP.01.02.01 that “...*the individual who knows the most about the patient should mark the site. In most cases, that will be the person performing the procedure.*” However, our position is that in the case of stoma siting the WOC nurse is the person who knows the most about the patient and therefore should be siting the patient in consultation with the surgical team. We believe this collaborative approach is in the best interest of the patient and that excluding the WOC nurse from the process can actually compromise patient safety.

We believe that the role of the WOC certified nurse in coordinating stoma siting, in collaboration with the surgical team, provides proper preparation for quality of care and patient quality of life. We would appreciate your additional insight and clarification on this issue.

We look forward to your guidance and if you have any questions please feel free to contact our organization’s Executive Director, Nicolette Zuecca at nzuecca@wocn.org. Thank you for considering our request.

Sincerely

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