

# CANADIAN STANDARDS OF PRACTICE FOR NURSES SPECIALIZED IN WOUND, OSTOMY AND CONTINENCE. 3<sup>RD</sup> EDITION

JANUARY 2021



NURSES SPECIALIZED IN  
WOUND, OSTOMY AND CONTINENCE  
CANADA  
INFIRMIÈRES SPÉCIALISÉES EN  
PLAIES, STOMIES ET CONTINENCE  
CANADA

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## **DISCLAIMER**

A Nurse Specialized in Wound, Ostomy and Continence (NSWOC) brings progressive expertise honed through continued education, mentoring and clinical experience. As such, the competencies listed within reflect a fusion of minimum standard expectations to more advanced proficiencies based on practice setting, organizational policies, independent knowledge, skills, and judgment.

These standards are not binding on nurses or the organizations that employ them. The application of these standards should be based on individual needs and local circumstances. They neither constitute a liability nor a discharge from liability. While every effort has been made to ensure the accuracy of the contents at the time of publication, neither Nurses Specialized in Wound, Ostomy and Continence Canada (NSWOCC) nor the authors offer any guarantee as to the accuracy of the information contained in them nor accept any liability with respect to loss, damage, injury, or expense arising from any error or omission in the contents of this work.

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## **ACKNOWLEDGEMENTS**

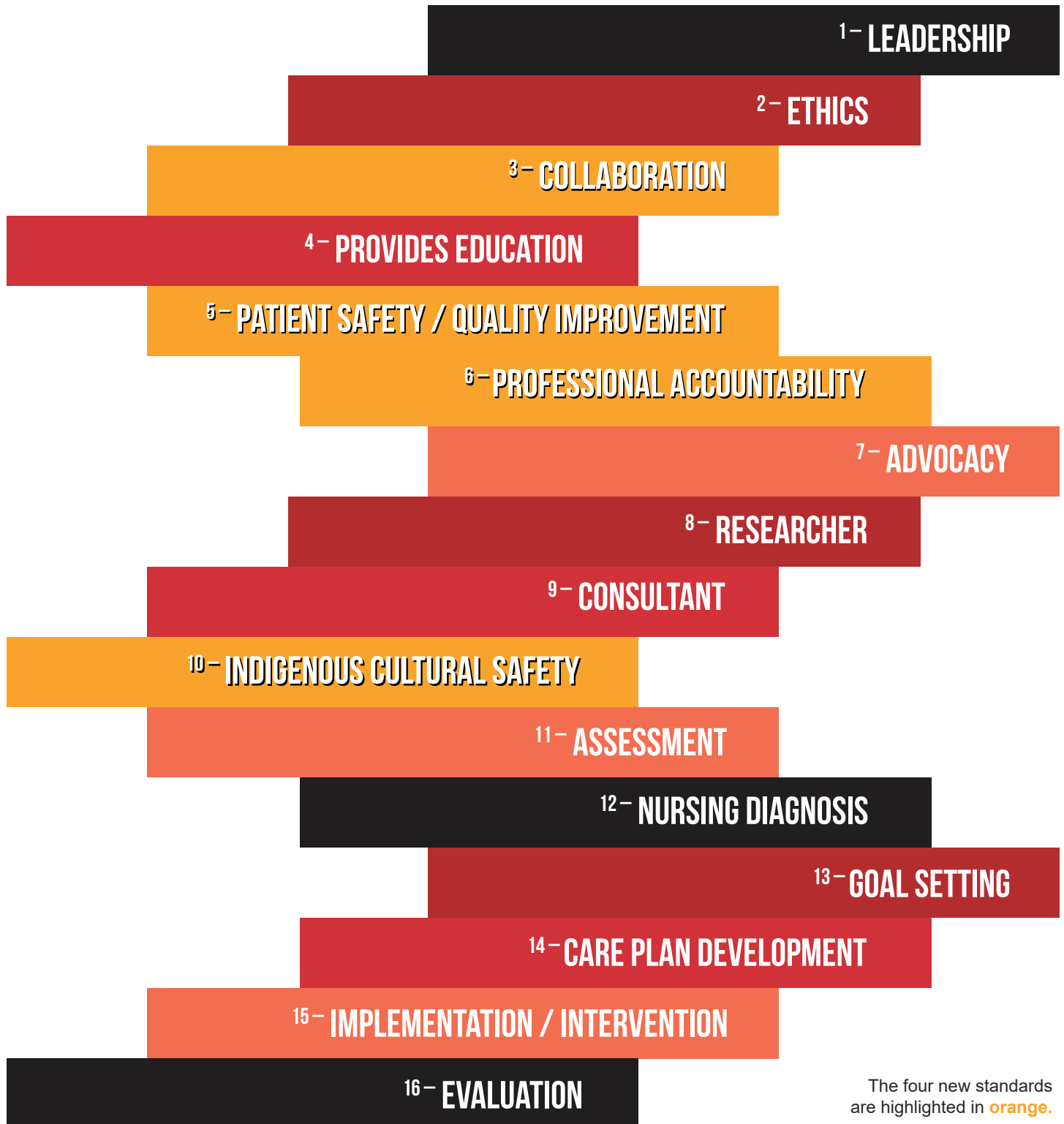
Canadian Standards of Practice for Nurses Specialized in Wound, Ostomy and Continence 3rd edition was edited and produced by John Gregory IIWCC, Opencity Inc.

# THE 16 STANDARDS

The Canadian Standards of Practice  
for Nurses Specialized in Wound, Ostomy and Contenance. 3<sup>rd</sup> Edition.



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The four new standards  
are highlighted in orange.

# EXECUTIVE SUMMARY

These national standards of practice are intended for Canadian Nurses Specialized in Wound, Ostomy and Continence (NSWOC). Recognized as nurses who have specialized training in wound, ostomy and continence by the Canadian Nurses Association (CNA), NSWOC is the only nursing specialty with CNA certification in wound, ostomy and continence care (WOCC(C)).

Historically, the Canadian Association of Enterostomal Therapists (CAET) published the first Standards for Enterostomal Therapy Nursing Practice in 1997. The second edition was released in 2016.<sup>1</sup> The CAET organization was re-branded in 2018 to Nurses Specialized in Wound, Ostomy and Continence Canada (NSWOCC).

Revision of the NSWOC Standards of Practice every five years enables the organization to reflect the evolving health care environments, patient and caregiver needs, and educational achievements of the NSWOC. Regular revision is also a requirement of the CNA for ongoing nursing specialty certification.

These practice standards demonstrate why the CNA has recognized the Wound, Ostomy and Continence Institute with the 2020 Employer Recognition Award for exemplary support of CNA-certified nurses and the CNA Certification Program.

**Aim** – These revised Standards of Practice aim to support clinical practice based on informed evidence to improve the care and management of people living with wound, ostomy and continence (WOC) challenges.

**Intended Users** – Health care professionals who specialize in direct or indirect care of people living with WOC challenges.

The NSWOC brings progressive expertise honed through continued education, mentoring and clinical experience. As such, the competencies listed within reflect a fusion of minimum standard expectations to more advanced proficiencies based on practice setting, organizational policies, independent knowledge, skills, and judgment.

Please encourage the adoption of these standards in your health care organizations.

Debra Johnston MN, BScN, RN,  
NSWOC, WOCC(C), Committee  
Chair | January 2021

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## CONFLICTS OF INTEREST

There are no conflicts of interest noted.

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# NSWOC & WOC-INSTITUTE PROGRAMS AT A GLANCE

NSWOCC is a registered charity of 625 nurses specializing in the nursing care of patients with challenges in WOC. Through robust standards of practice and leadership, NSWOCC facilitates specialized nursing care to promote excellence in the practice, education, and research of WOC care.

Mission - Leading excellence is our passion | Enhancing lives is our inspiration | Innovation is our commitment

Vision - Every person deserves specialized wound, ostomy and continence care

Values - Nursing specialty excellence | Leadership | Collaborative partnerships | Compassion

NSWOCC represents all NSWOCs providing them with a strong national association through which they can support each other and speak with a powerful, unified voice. NSWOCC is taking an active role in legislative policy to influence the health care decisions that affect NSWOC professionals every day.

An NSWOC is a registered nurse with advanced and specialized knowledge and clinical skills in wound, ostomy, and continence care who has graduated from a World Council of Enterostomal Therapists (WCET) recognized education program.

NSWOC is the only nursing specialty with CNA certification in wound, ostomy, and continence care (WOCC(C)). From acute care hospitals, outpatient clinics, community, long-term care, rehabilitation and independent practice, an NSWOC provides specialized holistic assessment and management as an interprofessional team member to meet individuals'/significant others' needs with ostomies, acute and chronic wounds, as well as urinary and fecal continence challenges.

The NSWOC *Power of 3* describes the value of three specialties (wound, ostomy, and continence) in a registered nurse who has completed a post-graduate education program in WOC care. NSWOCs reduce costs, enhance patient safety, and improve patient access and flow by providing evidence-informed, high-quality care. In parallel, NSWOCs reduce the number of specialized nurses needed to optimally care for WOC patients—from three to one.<sup>2</sup>

NSWOCC operates a Wound, Ostomy and Continence academy called the WOC–Institute. Our tri-specialty is unique. We strive to improve patients’ lives cared for by wound, ostomy, and continence nurses and to support those health care professionals who have chosen this dynamic and evolving field by providing comprehensive education and skills-based training to improve their practice. The WOC–Institute offers various online programs. Advanced programs include clinical preceptorship to allow nurses to improve their skills and understanding of WOC from a distance. The WOC–Institute’s online and onsite educational programs are delivered by a team of knowledgeable and dedicated nurse leaders who are CNA-certified WOCC(C).

The membership profile, see Figure 1, emphasizes the breadth of and increasing academic achievements of NSWOCC members.<sup>3</sup>

Advanced nursing practice, researcher, and consultant are achieved through combined experience, continuing education, and advanced education. An NSWOC develops progressive expertise in advancing the tri-nursing specialty through research, knowledge translation, and system-level thinking. At a minimum, an NSWOC requires a master’s or doctoral degree in nursing along with specialty training to function in the role of clinical nurse specialist or advanced practice nurse.

## WOC–INSTITUTE PROGRAMS

**Wound, Ostomy and Continence Education Program (WOC-EP)** – The NSWOC graduate leads WOC teams and has the knowledge, skills, and judgment to manage complex patient issues in the areas of WOC.

**Skin Wellness Associate Nurse (SWAN) Program** – Nurses that graduate from the SWAN program work as integral team members under the direction of NSWOCs and other clinical specialists to care for stable patients within their scope of practice.

**Foundations in Skin Health Programs** – Individuals who complete the skin health programs develop foundational knowledge in WOC to aid in the day-to-day care of those living with an ostomy, wound or continence issue. They work in collaboration under the direction of NSWOCC’s WOC–Institute programs.

**Industry Skin Wellness Associate (ISWA)** – ISWA program graduates have an enhanced ability to position their product portfolios from a clinical practice lens and to provide optimal support for nurses caring for WOC issues.

These programs are summarized in Figure 2.

Figure 1. NSWOCC membership profile

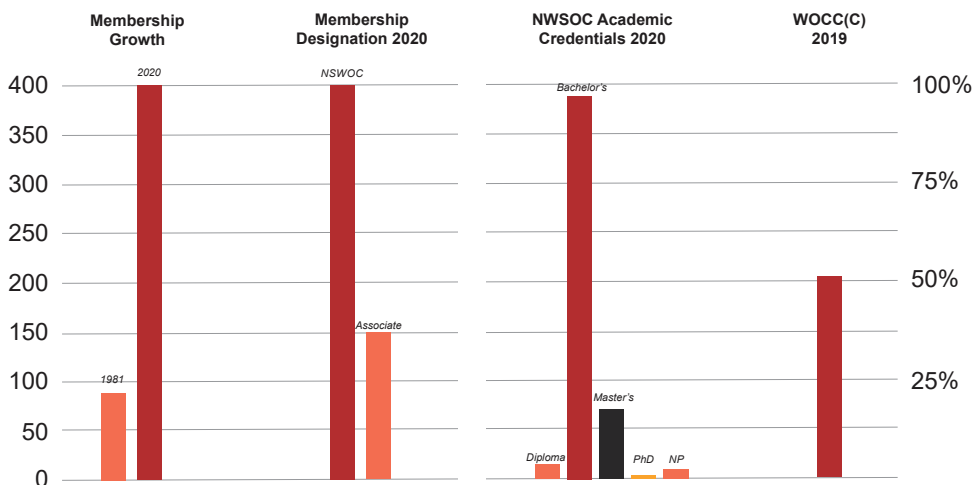




Figure 2. WOC–Institute Programs at a Glance

	<b>WOC-EP</b>	<b>SWAN</b>	<b>ISWA</b>	<b>Foundations in Skin Health</b>
<b>Graduate knowledge level</b>	Advanced practice nurses/ clinical nurse specialists/ nurse leaders. Ability to work at full scope of the RN role in the areas of WOC, managing complex patients	Advanced practice nurses/ clinical nurse specialists/ nurse leaders. Ability to work at full scope of the RN role in the areas of WOC, managing complex patients	Enhanced ability to provide optimal support for nurses caring for those with WOC issues. Industry partners will gain the advanced ability to work collaboratively with health care professionals and to be ambassadors for ethical partnerships	Foundational knowledge of either WOC depending on the courses taken. Works in collaboration with an NSWOC and SWAN
<b>Entry requirements</b>	University prepared RNs	Licensed practical nurses/ registered practical nurses and diploma RNs	Proof of employment in industry	Any health care professional or caregiver
<b>CNA certification</b>	Yes	No	No	No
<b>Online/onsite</b>	Blended online and onsite	Online	Online	Either online or onsite
<b>Competency-based</b>	Yes	Yes	No	No
<b>Standards of Practice</b>	Yes	Yes	No	No
<b>Clinical component</b>	225 hours of clinical preceptorship with an experienced NSWOC mentor	75 hours of self-directed and experienced NSWOC supported preceptorship	50 hours of simulated experience in collaboration with an NSWOC, SWANs and other health care professionals	
<b>Ongoing mentorship</b>	Yes	Yes	Yes	Yearly refresher courses are recommended either online or onsite
<b>Program length</b>	12 months	4 months	4 months	10 weeks online or 2 days onsite
<b>Designation</b>	NSWOC, WOCC(C)	SWAN	ISWA	Certificate of completion only. No designation

# QUADRUPLE AIM FRAMEWORK

Health systems around the world strive to achieve the best quality of care for their patients.<sup>4</sup>

The World Health Organization defines the quality of care as “the extent to which health care services provided to individuals and patient populations improve desired health outcomes.”<sup>5</sup> Governments and health care organizations, both globally and nationally, look for strategies to improve their health care system(s).<sup>6</sup> The Institute for Healthcare Improvement (IHI) in the United States has been a significant contributor to improvements in science. They have been highly regarded and recognized for their contributions to advancing and sustaining better health outcomes and care worldwide for more than 25 years.<sup>7</sup> In recent years, IHI introduced four core objectives for a better health care system:<sup>7,8</sup>

1. Improving the patient experience of care.
2. Improving the health of populations.
3. Reducing the per capita cost of health care.
4. Improving workforce wellness.

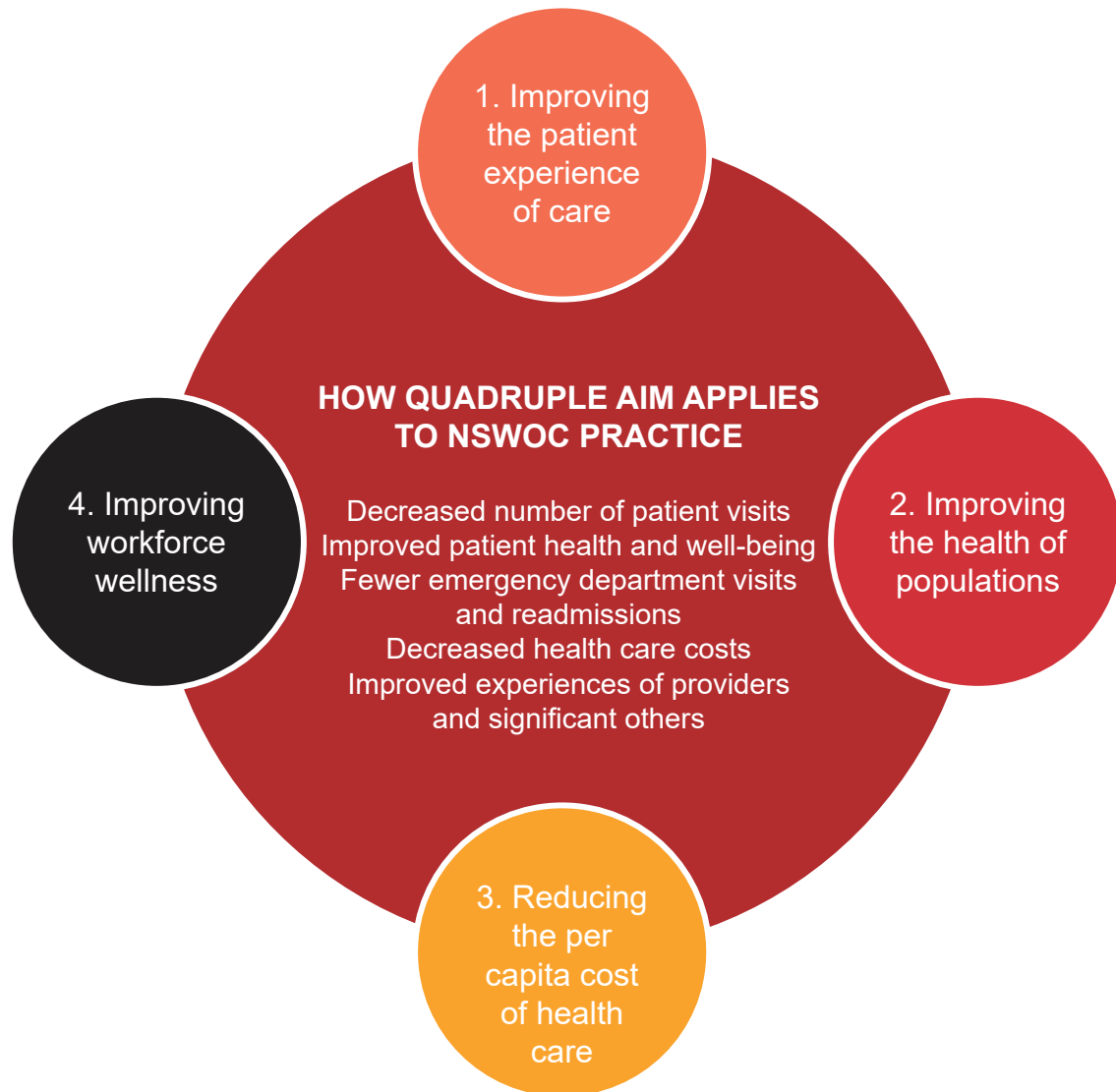
These four objectives together form a quality-improvement framework called the Quadruple Aim.<sup>8</sup> In Canada, specifically in Ontario, the government has taken a bold step in utilizing this framework to organize its health care transformations. It is envisaged that this will soon be adopted by other provinces.<sup>9</sup>

### **The application of the Quadruple Aim to NSWOC practice**

The Quadruple Aim framework and each of its objectives can, in fact, be applied to NSWOC principles/standards. These sixteen standards impact some or all the Quadruple Aim’s listed goals. These standards of practice were developed to offer the highest level of evidence-based information to support emerging and established WOC practitioners. WOC practitioners who provide care to patients who require much needed treatments can improve their mental health and overall well-being.<sup>10</sup> Enhanced patient satisfaction/experience creates a cascading effect in improving population health (better patient outcomes), reducing health care costs, and enhancing provider satisfaction by bringing back joy into their work.<sup>10,11</sup> In applying the Quadruple Aim lens, interventions and care provided by an NSWOC have been found (as summarized in Figure 3) to improve measurable health care outcomes including:<sup>12,13</sup>

1. decreased number of patient visits;
2. improved patient health and well-being;
3. fewer emergency department visits and readmissions;
4. decreased health care costs; and
5. in turn, improved experiences of provider and significant others.

Figure 3. The application of the Quadruple Aim to NSWOC practice



As a result, each of these 16 standards has an interconnected effect not only on how WOC practitioners can contribute to each of the objectives of the Quadruple Aim but also how they begin to shape and improve the health care system in Canada.

# STANDARDS DEVELOPMENT METHODOLOGY

A review of the literature was conducted in February 2020 through Queen’s University.

The search strategy employed focused on the following keywords and phrases: *wound, ostomy, continence, standard of practice, and scope of practice*. All papers in English were considered with no limit to the year of publication. Databases searched encompassed organization websites and libraries:

British Columbia College of Nursing Professionals;  
Canadian Gerontological Nursing Association;  
Canadian Nurses Association;  
College of Nurses of Ontario;  
College and Association of Registered Nurses of Alberta;  
Community Health Nurses Association of Canada;  
College of Registered Nurses of Manitoba;  
College of Registered Nurses of Newfoundland and Labrador;  
College of Registered Nurses of Prince Edward Island;  
College of Registered Psychiatric Nurses of Alberta;  
College of Registered Psychiatric Nurses of Manitoba;  
Nova Scotia College of Nursing;  
Nurses Association of New Brunswick;  
Nurses Specialized in Wound, Ostomy and Continence Canada;  
Ordre des infirmiers et infirmières du Québec;  
Registered Nurses Association of the Northwest Territories and Nunavut;  
Registered Psychiatric Nurses Association of Saskatchewan;  
Saskatchewan RN Association;  
Society of Gastroenterology Nurses and Associates; and  
WOCN Society library.

Databases:  
CINAHL;  
EMBASE;  
Google Scholar;  
MEDLINE;  
Nursing and Allied Health Source on ProQuest;  
PsycInfo; and  
PubMed.

The committee reviewed the 101 articles identified and retained 74 as relevant for the project. Additional articles were identified in support of the Province of Québec, Quadruple Aim, and Indigenous peoples. Article review summaries were organized by the existing 12 standards,

noting where new emerging standards should be considered. Four smaller teams developed sections of the standards. Task force members not involved in the individual standard development worked in pairs to validate the references and to refine the accuracy of other statements.

The synthesis of the literature led the committee to identifying and incorporating four new standards: Collaboration, Professional Accountability, Patient Safety/Quality Improvement, and Indigenous Cultural Safety. Patient-centred care is fundamental to the care provided by an NSWOC, and as such, patient-centred care has not been delineated as a specific standard. Instead, patient-centred care is embodied as an essential component of each standard.

Peer reviewers provided input into these standards of practice. A total of 37 peer reviewers provided valuable input into the document. This was collected via Survey Monkey during November 2020. Overall, 95% of the reviewers stated that they would recommend these standards to NSWOC colleagues in Canada. Minor refinements were made to the document, and the overall results and insights were discussed with the task force members. Finally, the completed recommendations were approved by the NSWOC Board before publication.

## GUIDE TO THE STANDARDS

Each of the 16 standards begins with an introductory statement to provide context to the content within. Two levels of practice are listed below to reflect the advancing educational achievement, knowledge, skills, and judgment of an NSWOC. The first level will highlight both standard expectations and advanced proficiencies gained by progressive experience and expertise for the NSWOC with an undergraduate, graduate or PhD level of advanced education. The second section will highlight the extended scope of practice for an NSWOC with a nurse practitioner (NP) designation.

“Advanced nursing practice is an umbrella term describing an advanced level of clinical nursing practice that maximizes graduate educational preparation, in-depth nursing knowledge and expertise in meeting the health needs of individuals, families, groups, communities and populations.”<sup>14</sup>

At the time of writing, the term Advanced Practice Nurse (APN) is not a protected title; however, the current APN roles are the clinical nurse specialist and the nurse practitioner in Canada. While the educational background of NSWOCs is evolving to higher levels, the current minimum entry into the NSWOC education program is an undergraduate degree in nursing. As such, not all NSWOCs are considered APN at this time.<sup>15</sup>

Through the document, we have carefully chosen to use the term *patient* for consistency and conciseness. This is intended as an all-encompassing term that can include clients and residents in a variety of settings. We introduced the use of *significant others* as a similar term to include family members and caregivers.

These are drawn from three sources i) refined statements from the second edition ii) informed practice from the literature synthesis iii) the expert opinion of the authors, shown with † the symbol.

The numbering of the standards in this third edition does not correlate with the numbering of the standards in previous editions.

These standards of practice are a poignant reminder of how the role and organization of nurses in Canada has evolved. The pandemic in 2020 forced many established practices to be re-examined, adapted, and refined. The practice change is evident with the inclusion of four new standards: Collaboration, Professional Accountability, Patient Safety/Quality Improvement, and Indigenous Cultural Safety.

# NSWOC STANDARD 1 — LEADERSHIP

An NSWOC develops leadership by advancing the tri-nursing specialty expertise by participating in professional development, research activities, knowledge translation, and system-level thinking. Leadership for an NSWOC is not limited to the clinical level but adds value at many organizational, operational, strategic, and academic levels.

An NSWOC may:

- Work across all health care sectors to support individuals and families with WOC issues to achieve the desired health outcomes.<sup>16,17,18</sup>
- Serve as an agent of change who is dynamic and adaptive and demonstrates flexibility and creativity to improve health care services for individuals and families with WOC issues.<sup>14,16,19,20</sup>
- Thrive by implementing a framework of excellence for WOC care issues.<sup>18</sup>
- Is involved in leadership role(s) and partnership(s) with stakeholder initiatives that support and promote WOC care within the public, health care administration, political, and insurer sectors.<sup>†</sup>
- Engage in person- and family-centred care and collaborates with the health care team members and affiliates to facilitate appropriate access to care resources by individuals and families with complex needs.<sup>17,21</sup>
- Engage individuals and their significant others with complex needs in their care and helps them to find appropriate information to make informed decisions.<sup>†</sup>
- Promote the uptake of current evidence-informed practice and education to the public, patients, significant others and health care team, as well as organizational partners and affiliates.<sup>1,22</sup>
- Manage services and resources in a fiscally responsible manner to ensure improved access for patients to safe, effective, and appropriate care.<sup>1,17</sup>

# NSWOC STANDARD 2 — ETHICS

The ethical principles listed below are to be applied in all fields of the NSWOC practice (direct care, policy making, teaching, mentoring, research, management), including dealing with therapeutic product manufacturers and pharmaceutical companies, by all individuals, no matter their level of expertise, and in all settings of practice, including virtual interactions and social media.

An NSWOC may:

- Provide safe, competent, and culturally sensitive WOC nursing care to the public by using knowledge, skills, and judgment. <sup>16,20,23-30</sup>
- Follow the applicable codes of ethics for registered nurses. <sup>1,20,23,25,31</sup>
- Engage in identifying, deliberating and resolving complex value choices. <sup>32</sup>
- Promote health values of patient well-being while respecting inherent dignity and personal choices regarding wound, ostomy, or continence care issues. <sup>11,17,24,28,30,31,33</sup>
- Maintain privacy and confidentiality of patient information per organizational policy, professional association regulation, and provincial/territorial legislation. <sup>1,17,20,21,24,28,30</sup>
- Act with integrity, honesty, and professionalism in all aspects of care with a patient requiring wound, ostomy or continence expertise, ensuring fairness in the use of resources and preserving dignity. <sup>11,20,21,24,28,30</sup>
- Clearly and accurately represent self with respect to name, title, and role. <sup>17,28</sup>
- Promote and maintain respectful communication in all professional interactions, including patients, colleagues, students, and other health care workers. <sup>17,28,30</sup>
- Initiate, maintain and terminate NSWOC-patient relationships in an appropriate manner and within professional boundaries, including directing friends and family members to seek care from other health care providers. <sup>17,28,34</sup>
- Identify the effect of own values, beliefs, and experiences in carrying out clinical NSWOC activities; recognizes potential conflicts; and takes action to prevent or resolve. <sup>17,24,28,34</sup>

# NSWOC STANDARD 3 — COLLABORATION

An NSWOC demonstrates collaboration by developing and maintaining relationships that are respectful of patient values, needs, wishes, experience, beliefs, and knowledge to promote the achievement of goals / outcomes.

An NSWOC may:

- Collaborate with the patient, significant others, and the interprofessional team to develop and enhance the care plan.<sup>17,33,35</sup>
- Continuously build upon a network of resources (organizational, industry, and virtual) to facilitate innovative, collaborative opportunities for both the patient and the health care system.<sup>35</sup>
- Improve interprofessional collaboration by communicating clearly and respectfully while promoting a safe environment for idea sharing, problem-solving, and innovation.<sup>17,35,36</sup>
- Collaborate to improve quality of care and patient outcomes and promotes cost-effective management of resources.<sup>32,33</sup>
- Collaborate to ensure safe and effective transitions through the health care trajectory.<sup>16,24,32,37</sup>
- Collaborate effectively by working within the scope of practice of an NSWOC while understanding the roles of other health care team members.<sup>17,23,24,37</sup>
- Collaborate with stakeholders, including public and professional organizations, to build and influence health policies to improve outcomes of individuals.<sup>17,35</sup>
- Collaborate in a variety of mediums including in person, by telephone, written, or remotely, as required, and may involve the patient, significant others, or other members of the health care team.<sup>34,38</sup>
- Collaborate with other health care professionals by requesting consultations and accepting appropriate referrals within NSWOC scope of practice outlined by agency or institutional policies.<sup>34</sup>



# NSWOC STANDARD 4 – PROVIDES EDUCATION

As a nursing leader, an NSWOC demonstrates leadership by providing specialized education using the steps of the nursing process (assessment, planning, implementation, and evaluation) to promote optimal care, knowledge, and service to patients, significant others, students, interprofessional teams, and other groups.

An NSWOC may:

- Assess the learning needs of patients, significant others, interprofessional teams, and other groups through subjective and objective data on the topic(s) of WOC management. <sup>13, 14, 22, 24, 25, 28, 32, 36, 39-42</sup>
- Plan education in collaboration with patients, significant others, interprofessional teams, and other groups that incorporates cultural competence, health literacy skills, technology literacy skills, and age-appropriate content to provide optimal WOC education. <sup>18, 24, 25, 28, 32, 35-37, 43-46</sup>
- Implement individualized, competency-based, learning plans for patients, significant others, interprofessional teams, and other groups using evidence-informed strategies and principles of teaching and learning to provide optimal WOC education. <sup>13, 14, 18, 22, 24, 25, 28, 31, 32, 35, 37, 41, 43, 44, 46</sup>
- Create positive learning environments for patients, significant others, interprofessional teams, and other groups that promote active engagement in the development of self-management and professional skills required for the care/teaching of WOC management. <sup>13, 14, 18, 22-25, 28, 31, 32, 35, 37, 41, 43-48</sup>
- Disseminate specialized knowledge, skills, and judgment when providing optimal WOC education (e.g., product knowledge and specialized nursing knowledge) to patients, significant others, interprofessional teams, and other groups. <sup>11, 14, 15, 18, 22, 24, 25, 27, 28, 31, 32, 35, 36, 39, 42, 45-47, 49</sup>
- Evaluate the effectiveness of the WOC education provided in collaboration with the learner (i.e., patients, significant others, interprofessional teams, and other groups), and revises the education plan as required. <sup>13, 14, 23, 24, 28, 35, 37, 39, 43, 44</sup>
- Document the WOC education that is planned, implemented, and evaluated according to organizational policy and professional standards. <sup>14, 25, 27, 28, 31, 40, 41, 44</sup>
- Contribute to the professional development of students, colleagues, and professional teams through the roles of coach, mentor, and preceptor. <sup>14, 18, 20, 23-25, 28-32, 35, 37, 43, 44, 47, 48</sup>

- Participate in reflective-practice and uses feedback from consumers (e.g., managers and colleagues/professional teams) to improve NSWOC nursing practice.<sup>20,22,23,25,27,29,40</sup>
- Practice self-awareness (i.e., values, beliefs, experiences and how they impact patients, significant others, interprofessional teams, and other groups) and takes action to prevent/resolve conflicts where necessary.<sup>24,27,34,50</sup>
- Pursue professional growth and development opportunities to maintain competency through continuing education and CNA certification.<sup>22-24,32,39-43,47,49</sup>

# NSWOC STANDARD 5 – PATIENT SAFETY/ QUALITY IMPROVEMENT

Patient safety should be at the forefront of every decision made by an NSWOC. Risk management strategies and a quality improvement process are to be implemented to ensure errors and near misses are documented, discussed, and evaluated in a continuous effort to enhance patient safety and reduce the number of adverse outcomes. Quality improvement processes are not intended to result in punitive action, rather be used as educational and training opportunities to avoid similar situations in the future.

An NSWOC may:

- Adhere at all times, to regulatory standards of practice set out by provincial regulatory bodies geared towards protecting the public. In addition to provincial guidelines, the NSWOC practices self-regulation whereby the nurse ensures they have the appropriate knowledge, skills, and judgment before engaging in any form of care to ensure patient safety.<sup>23,34,37,38,51-54</sup>
- Document care using standardized, validated categorization, risk, and assessment tools and participates in data collection/research processes to drive quality improvement through evidence-informed policy development.<sup>51</sup>
- Meet and collaborate with stakeholders to identify gaps within the health care system and develops comprehensive sustainable plans to fill those gaps.<sup>18</sup>
- Participate in quality-improvement analysis with internal and external providers for all complaints or care leading to a potential or actual adverse event to mitigate the future recurrence of risk.<sup>†</sup>
- Advocate with all levels of government and local/organizational policymakers for the implementation of strategies designed to increase/enhance patient safety across all areas of practice.<sup>55</sup>
- Discuss all risks associated with a specific treatment with the patient and intervene to prevent situations that may result in potential harm.<sup>†</sup>
- Remain up to date on all new research and outcomes related to WOC. Actively seek and participate in continuing educational opportunities, and maintain CNA certification for NSWOC to sustain competency, ensure quality and safe patient care.<sup>56</sup>

# NSWOC STANDARD 6 – PROFESSIONAL ACCOUNTABILITY

Professional accountability encompasses an NSWOC's practice; the professional relationship between an NSWOC and the patient/significant other; and finally, the organization setting in which an NSWOC works.

An NSWOC may:

- Use a reporting system to capture near misses as well as adverse events in the process of care.<sup>17,21,28,30</sup>
- Take measures to maintain competency and practice, ensuring patient safety is not compromised, minimizing risks for patients to promote positive patient outcomes.<sup>17,28,29,33</sup>
- Provide safe clinical practice within the scope of practice.<sup>29,30</sup>
- Assess own practice regularly and takes the necessary steps to improve personal competence.<sup>27-30</sup>
- Develop clear standards and metrics against which professional performance will be measured.<sup>49</sup>

An NSWOC's professional accountability to the patient may:

- Identify themselves to the patient and explains their role.<sup>20</sup>
- Use a patient-centred practice approach.<sup>24,57</sup>
- Respect and promote patient's dignity, self-determination, cultural diversity, and safety.<sup>24,30,35,52</sup>
- Use evidence-informed knowledge, and specialized skills, and judgment to design WOC care planning while incorporating patient's goals of care and interprofessional collaboration.<sup>30</sup>
- Take actions when patient safety is potentially or actually at risk.<sup>57</sup>
- Support patient's health care self-management by providing accurate information and resources.<sup>57</sup>

An NSWOC's accountability to the interprofessional team and organization may:

- Recognize and work within the limits of their knowledge, skill and judgment and their legal scope of practice.<sup>58</sup>
- Participate in ongoing professional development for continued competence, based on self-reflection, peer review or organizational professional evaluation system.<sup>17</sup>
- Utilize and applies outcome indicators to improve patient-safety programs.<sup>33</sup>
- Work with the employer and other organizations, as needed, to resolve professional practice in WOC care issues.<sup>17</sup>
- Be accountable to the patient, profession and employer. Accountability is directly related to liability and any failure to meet the expected registered nurse (RN) standards of care that hold the nurse legally liable is potentially subject to regulatory professional misconduct or criminal charges.<sup>17</sup>

- Share responsibility with infection control teams and surgical specialties to reduce and monitor specific issues to WOC care (e.g., surgical site infection rates, the impact of lower limb cellulitis admissions, pressure injuries, and post-op ostomy visits at the emergency department).<sup>33</sup>

An NSWOC may share responsibilities for the organization's performance and provision of services:

- Has a clear outline of responsibilities and goals expected from NSWOCs within the organization and health care system.<sup>33</sup>
- Recognize, act on, and report actual and potential workplace and occupational safety risks to proper authorities.<sup>24</sup>
- Maintain accurate and timely documentation about WOC care.<sup>24,57</sup>

# NSWOC STANDARD 7 — ADVOCACY

An NSWOC is uniquely positioned to advocate for the implementation of appropriate interventions at the clinical, organizational, and political levels. The following standards depict an NSWOC's role as advocate to support best practice for all clients with WOC issues.

An NSWOC may:

- Raise public and political awareness about the health needs of patients with WOC issues.<sup>1,18,23</sup>
- Advocate for practice environments that meet the unique health needs of patients with WOC issues.<sup>1,18,35,38,39</sup>
- Support NSWOC to advocate as a national voice for equitable health care across Canada for patients with WOC-related health care needs.<sup>1,16-19,23,35,38</sup>
- Advocate for best practice interventions based on evidence for WOC care in collaboration with the interprofessional team and health care system.<sup>1,16,19,43,47</sup>
- Assist patients to navigate the health care system to obtain necessary resources, equipment, and financial assistance.<sup>1,22,33,35,41</sup>
- Inform patients/significant others of their local ostomy resources to obtain community support.<sup>1</sup>
- Advocate for access to translation services to address language barriers if required.<sup>1</sup>
- Advocate for early access to an NSWOC for preoperative counselling and stoma site marking.<sup>1</sup>
- Advocate for access to an NSWOC for ongoing follow-up after an ostomy is created.<sup>1,11,47</sup>
- Advocate for cultural sensitivity throughout all aspects of the patient's health care experience.<sup>1,24,37,59</sup>
- Lobby local and national governments for programs to support the unique and diverse needs of patients with WOC issues.<sup>17-19,35,38</sup>
- Advocate for interventions that are based on best practice and incorporated into goal planning to facilitate patient-centred care.<sup>11,22,33</sup>

# NSWOC STANDARD 8 — RESEARCHER

An NSWOC leads and conducts research, critically appraises and interprets research findings, and promotes research dissemination. In addition, an NSWOC encourages incorporation of the best available evidence into practice to ensure quality of care and services for patients and significant others living with WOC-related conditions. This standard describes the role of an NSWOC in the production, dissemination, and utilization of research findings.

An NSWOC may:

- Critically analyze, evaluate, and implement research findings to address gaps, barriers, and fragmentation in the health care system to achieve the intended outcomes for WOC patients and significant others.<sup>1,14</sup>
- Contribute to enhancing the current state of NSWOC knowledge and practice by employing scientific inquiry and the evidence-informed process to advance WOC care.<sup>1,44</sup>
- Maintain evidence-informed practice by attending regular education sessions, webinars, seminars, courses, and conferences as well as presenting research findings in conferences.<sup>1,44</sup>
- Update self with the latest products, equipment, treatment strategies, health issues to deliver safe and competent care.<sup>1,44</sup>
- Critically appraise and interpret research findings, participates in research activities, and submits articles for publication.<sup>1,44</sup>
- Promote excellence in care by utilizing evidence-informed and innovative best practices.<sup>60</sup>
- Promote dissemination of research findings and best practice to peers and interprofessional teams to guide complex decision making and to manage and plan patient outcomes.<sup>1,14</sup>
- Serve on internal and external committees related to support evidence-informed practice and research.<sup>1</sup>
- Participate in quality-improvement initiatives, including, but not limited to, chart audits, prevalence and incidence studies, and discharge reviews.<sup>1</sup>
- Develop quality indicators for data collection.<sup>1</sup>
- Utilize best practice and a knowledge translation framework to plan patient care and improve WOC care services.<sup>17,22,60</sup>
- Analyze, evaluate, and uptake emerging evidence and technologies to guide changes in practice and advance outcomes for populations living with WOC issues.<sup>17,37,43,53</sup>

- Use knowledge about the current and emerging community, as well as global health care issues and trends to optimize patient health outcomes.<sup>36</sup>
- Engage in collaborative health research culture by conducting, participating in, implementing, and evaluating evidence-informed findings.<sup>17,43</sup>
- Contribute to strengthening the link between research and clinical practice by facilitating the comprehension of and applying research findings.<sup>19</sup>
- Review research findings to guide implementation of applicable changes in a specific practice.<sup>19</sup>
- Develop/implement best practice policies, procedures, protocols and care maps in conjunction with the interprofessional team.<sup>60</sup>
- Integrate specialized clinical knowledge, experience, research, and in-depth nursing and related knowledge to advance care and outcomes for a population living with WOC.<sup>†</sup>
- Identify, critique, implement, evaluate, and support research-based innovations and acts as a knowledge broker for other health care practitioners.<sup>14,56</sup>

An NSWOC with NP designation may:

- Use evidence-based tools (AGREE II, SIGN, etc.) to make informed decisions when providing WOC care.<sup>1,53</sup>
- Identify research problems and carry out research projects to advance best practice interventions for specific clinical situations in the population receiving WOC care.<sup>1,32</sup>



# NSWOC STANDARD 9 — CONSULTANT

An NSWOC engages in the consultation process at all levels of health care settings. The role of an NSWOC in the consultation process is to ensure that the patient is accessing appropriate and safe care to achieve the desired outcomes. As a driver for changing and improving clinical practice and quality of care, an NSWOC engages in consultation actions with stakeholders to implement or enhance WOC services; develop collaborative care planning; provide mentorship to peers; prepare and lead training/education sessions; make appropriate referrals to other specialists; and develop policies, procedures, and guidelines.

An NSWOC may:

- Conduct formal and informal consultations pertaining to the prediction, prevention, and management of WOC-related issues.<sup>1</sup>
- Consult with patients and relevant stakeholders to gather data needed to assess and formulate the plan of care.<sup>1,36</sup>
- Recommend evidence-informed plans of care and negotiate how interventions will be delivered, by whom, and if follow-up is required for WOC-related issues.<sup>1</sup>
- Consult with various levels of government to advise or lobby on behalf of patients with WOC issues.<sup>1</sup>
- Recognize when consultation, referral, or transfer of client care is required to promote continuity and deliver safe, appropriate and competent care.<sup>1,52</sup>
- Accept consultations and referrals from other health care providers related to patients with WOC issues.<sup>†</sup>
- Direct and coordinate patients' care in various health care settings, considering the scope of practice of each member of the health care team.<sup>1</sup>
- Provide point-of-care education to staff for WOC concerns as conditions arise.<sup>†</sup>
- Provide leadership and consultation to committees pertaining to WOC-related issues.<sup>1</sup>
- Provide leadership and consultation to monitor appropriate purchase and use of wound and ostomy supplies to ensure cost-effective outcomes and reduce waste.
- Provide leadership and consultation pertaining to prevalence and incidence studies about WOC-related issues.<sup>1</sup>
- Provide consultation and clinical expertise to partner with industry to develop, test the quality of new WOC products.<sup>18</sup>

# NSWOC STANDARD 10 — INDIGENOUS CULTURAL SAFETY

An NSWOC may interact with Indigenous peoples in Canada living in remote, rural, and urban settings. Therefore, it is essential to provide WOC care that meets their unique needs, respects their culture, and focuses on the desired outcomes.

An NSWOC may:

- Acknowledge that the land on which we provide care is within the traditional or treaty territory of Indigenous peoples.<sup>61</sup>
- Support cultural practices, Indigenous knowledge systems, and connections to the land throughout the nursing process.<sup>62</sup> Acknowledges that these practices are essential to cultural revitalization and lead to improved health outcomes.<sup>63</sup>
- Adapt a reconciliation approach to their NSWOC practice, which focuses on establishing mutually respectful relationships between Indigenous and non-Indigenous peoples.<sup>62</sup>
- Recognize Indigenous peoples as each having their own distinct culture, collective consciousness, traditions, languages, way of life, and spiritual beliefs.<sup>62,64</sup>
- Support capacity-building initiatives in urban and remote Indigenous communities by engaging with Indigenous-led health-service partnerships.<sup>63-65</sup>
- Understand that the perspectives of Indigenous Elders and Traditional Knowledge Keepers of cultural ethics, concepts, and practices are vital.<sup>62</sup>
- Use effective culturally safe communication and collaboration with health care professionals/medicine peoples/healers, when providing health care for Indigenous patients, significant others, and communities.<sup>66</sup>
- Inquire appropriately about traditional medicines and ideologies and explores how to integrate their use into a comprehensive WOC care plan.<sup>63</sup>
- Facilitate access to health benefits not covered through social programs, private insurance plans, or provincial/territorial insurance. Understands the role of an NSWOC in making product recommendations within these systems, such as federal non-insured health benefits (NIHB).<sup>67</sup>
- Work with Indigenous groups and communities when conducting research or when engaging in advocacy.<sup>68</sup>
- Address the limited access to specialized care by advocating for increased use of technology, especially in remote communities.<sup>69</sup>

# NSWOC STANDARD 11 — ASSESSMENT

Assessment is a critical element of the NSWOC role, allowing for a thorough comprehension of the patient and their environment. An extensive assessment creates an opportunity for an NSWOC to establish a relationship with the patient and to understand the patient's expectations towards goals of care.

An NSWOC may:

- Apply advanced assessment techniques, critical thinking, and clinical decision-making skills when assessing patients with health concerns related to WOC.<sup>18,29,34,52</sup>
- Systematically collect and critically analyze health data by performing a comprehensive and focused health assessment using numerous sources of data and tools.<sup>30,34,52</sup>
- Perform a focused, systematic, continuous assessment of the patient's health status, including history, physical, and biopsychosocial assessment.<sup>29,47,53</sup>
- Perform a comprehensive continence assessment, which includes contributive and reversible causes of incontinence. Physical assessment that may include a pelvic examination for masses, prolapse, and urethral hypermobility as well as a digital rectal exam of the prostate, and a neurologic assessment.<sup>30,70</sup>
- Communicate data pertinent to the patients' health (including consultation with the patient, significant others and the interprofessional team) and reflect patient expectations.<sup>18,38,53</sup>
- Use validated assessment tools to support evidence-informed assessment.<sup>30,41</sup>
- Document and communicate data according to agency or institution policies and professional standards.<sup>1,30</sup>
- Seek information to ensure understanding and follow-up as necessary with test results and diagnostic interpretation by specialist(s).<sup>54</sup>

An NSWOC with NP designation may:

- Order and interpret specific screening and diagnostic imaging, cardiac, and laboratory testing when clinically indicated and relevant to specific patient populations in accordance with pertinent agency, provincial and federal legislation and standards, as well as evidence-informed decision making.<sup>34,38,51,52,54</sup>

# NSWOC STANDARD 12 – NURSING DIAGNOSIS

Nursing diagnoses are the clinical judgments made about the human response to health conditions/life processes or to the vulnerability of that response made by the patient, their significant others, or the community.<sup>71</sup> A nursing diagnosis can help an NSWOC identify priorities within goals of care and establish or manage expectations to help a patient come to terms with their current health condition.<sup>72</sup>

An NSWOC may:

- Develop nursing diagnoses in collaboration with the patient or caregiver and interprofessional team.<sup>23,41</sup>
- Utilize assessment data consistent with knowledge and practice to formulate nursing diagnoses.<sup>23,41</sup>
- Compare the identified data with established norms or the individual's previous condition(s) to determine health deviations.<sup>55</sup>
- Communicate and document nursing diagnoses according to agency or institution policies and professional standards.<sup>23,30,34,38,41,52</sup>

An NSWOC with NP designation may:

- Utilize advanced knowledge and skill set to rule out differential medical diagnoses and diagnose the patient.<sup>34,38,52</sup>
- Use critical inquiry and clinical reasoning to formulate a differential medical diagnosis by systematically integrating clinical findings obtained during the physical assessment, interview, diagnostic tests/procedures, and findings from other health care team members.<sup>34,52,73</sup>
- Ensure that diagnostic tests are interpreted, and results are acted upon in an appropriate and timely manner.<sup>34,52</sup>
- Communicate the medical diagnosis to patient and interprofessional team members, including implications for short- and long-term outcomes and prognosis, as required.<sup>34,52,73</sup>

# NSWOC STANDARD 13 – GOAL SETTING

Developing goals is a significant and multifactorial step in the patient care pathway. The points below highlight how an NSWOC involves the patient, the team, and the system to design a goal that best matches the patient's circumstances.

An NSWOC may:

- Formulate goals in collaboration with the patient or caregiver and the interprofessional team.<sup>16,25,27,32</sup>
- Consider available resources and consider the social determinants of health when formulating goals.<sup>16,27</sup>
- State goals in terms of measurable outcomes that are achievable within an identifiable period of time.<sup>1</sup>
- Ensure that goals consider associated risks, benefits, costs (patient and health care system), current scientific evidence, and clinical expertise.<sup>16,27</sup>
- Set goals designed to maximize patient wellness that are congruent with present and potential capabilities.<sup>27</sup>
- Ensure goals are communicated and documented according to agency or institution policies and professional standards.<sup>27</sup>

An NSWOC with NP designation may:

- In discussion with the patient, significant others, and interprofessional team, formulate a plan of care based on medical diagnosis and evidence-informed practice by determining and discussing management options while incorporating patient-specific considerations, such as socioeconomic factors, geography, and patient's developmental stage.<sup>73</sup>
- Consult other health care providers at any stage in the care of a patient from initial assessment to evaluation of treatment effectiveness when the needs of the patient are beyond the legislated scope or competence of the NP and when the NP identifies the patient would benefit from the expertise of another health care provider.<sup>52</sup>
- Evaluate the recommendations received from other consulting health care providers.<sup>52</sup>
- Communicate recommendations or proposed treatments from consultations or referrals with clients and other health care providers.<sup>34,52</sup>

# NSWOC STANDARD 14 — CARE PLAN DEVELOPMENT

Care plan development is an essential pillar of an NSWOC practice. The principles in this standard should be used to guide an NSWOC in formulating a comprehensive patient-centred WOC care plan that promotes patient independence, autonomy, and wellness outcomes across the spectrum of care.

An NSWOC may:

- Involve patients, significant others, and interprofessional team in the development, implementation and evaluation of individualized care plans.<sup>34</sup>
- Ensure the care plan is patient-centred by considering the needs, preferences, culture, values, beliefs, and socio-determinants of health impacting the outcome.<sup>47,60</sup>
- Deliver patient-centred care in a safe, competent, respectful, compassionate, and ethical manner.<sup>23</sup>
- Provide care that promotes patient's engagement in self-management and informed decision making, while facilitating appropriate access to health resources, information, referrals, and resources.<sup>1,23</sup>
- Develop a WOC care plan that utilizes rehabilitation and community resources to promote patient independence, responsibility for own care, maximize function, and promote positive health outcomes to facilitate patient transition across the health system.<sup>1</sup>
- Use innovation (e.g., new technology) and creativity, especially in complex clinical situations where advanced WOC expertise and knowledge are needed, to develop an effective care plan capable of achieving the desired outcomes.<sup>1,14,19</sup>
- Integrate credible research, evidence-informed practice, critical inquiry, and a comprehensive patient assessment into the care plan.<sup>1,16,23,29</sup>
- Develop a WOC care plan that supports continuity and quality of care, provides direction to the patient and caregiver (including patient/family teaching and self-care), and communicates care goals to the interprofessional team.<sup>1,60</sup>
- Ensure that the care plan reflects comprehensive knowledge of the pathophysiology of the gastrointestinal, genitourinary, integumentary, and related systems and the complications that may be associated with the disease or treatment.<sup>1</sup>

- Act as a care coordinator/system navigator to ensure that WOC evidence-informed prevention and management strategies are consistently applied in care plan development to achieve better patient outcomes.<sup>11</sup>
- Develop a discharge plan in collaboration with patient, significant others, and interprofessional team to ensure realistic and achievable goals and continuity of care.<sup>†</sup>
- Document the discharge plan as per organizational policy and following professional standards.<sup>1</sup>
- Lead change and practice improvement strategies to create care policies and treatment plans that can elevate patient outcomes and improve care efficiency.<sup>74</sup>
- Understand that WOC plans of care may need to be flexible to align with changing goals of care.<sup>60</sup>

# NSWOC STANDARD 15 – IMPLEMENTATION / INTERVENTION

The principles listed below are to be applied when carrying out interventions. These interventions should be evidence informed and carried out by the most appropriate care provider with the knowledge, skills, judgment, and training to perform the skills. The care plan being implemented should be achievable and meet patient goals.

An NSWOC may:

- Utilize advanced knowledge, skills, and judgment when recommending and applying evidence-informed interventions.<sup>19,52</sup>
- Recommend actions/interventions designed to meet achievable goals as identified in collaboration with the patient, significant others, and the interprofessional team.<sup>1</sup>
- Design a care plan with a logical sequence of actions that attains each goal that involves community resources and required supports to implement the plan.<sup>1</sup>
- Recommend the most appropriate care provider to perform the prescribed WOC interventions.<sup>1</sup>
- Identify potential gaps in care of the tri-specialty and advocates for strategies to close the gaps to promote positive patient outcomes.<sup>51</sup>
- Obtain and document informed consent from the patient or substitute decision maker before performing interventions.<sup>29,30,34,38</sup>
- Perform invasive and non-invasive interventions for which they have the appropriate education, training, and a period of clinical mentorship as well as have developed and maintained competence.<sup>34,38</sup> These interventions must be according to local agency/organizational policies and procedures and within the scope of the nursing class of registration as outlined by their provincial regulatory body. These may include but are not limited to:
  - Pre- and post-operative counselling/stoma site marking and ongoing education related to ostomy management to strengthen the patient's self-care abilities, to reduce complications, and to prevent adverse effects.<sup>19</sup>
  - Conservative sharp wound debridement (CSWD) of nonviable tissue, including the paring of corns and calluses.<sup>60</sup>
  - Ankle-brachial index (ABI), in conjunction with a comprehensive lower leg assessment, for individuals with lower leg ulcerations.<sup>29,60</sup>
  - Digital examination of the stoma.<sup>1</sup>
  - Application of silver nitrate (AgNO<sub>3</sub>).<sup>1</sup>



- Selection of the most appropriate wound, ostomy, fistula, and continence product, as supported by evidence-informed practice to help the patient attain an optimum level of rehabilitation and quality of life.<sup>1</sup>

An NSWOC with NP designation may:

- Order diagnostic tests, such as ultrasound, echocardiogram, electrocardiogram, and imaging.<sup>51</sup>
- Order therapeutic diet by enteral or parenteral administration.<sup>52</sup>
- Prescribe medications, devices, and assistive aids required with scope of practice.<sup>52</sup>
- Set closed, simple fractures.<sup>51</sup>
- Reduce dislocations of fingers, toes, and anterior shoulder.<sup>51</sup>
- Select appropriate interventions for patients whom they have relevant knowledge of the patient's health history, advanced assessment, and diagnostic tests, including potential implications, treatment options, and expected outcomes/prognoses.<sup>34,38</sup>
- Provide timely access for patient follow-up.<sup>54</sup>
- Prescribe pharmacological and non-pharmacological therapies, including controlled drugs and substances, according to federal and provincial legislation, under the Controlled Drugs and Substances Act and New Classes of Practitioners regulations and organizational policies, using best evidence and considering potential therapeutic benefit(s) and risk(s).<sup>34,38</sup>
- Complete prescriptions accurately, completely, and legibly. Educates patients about prescriptions, including expected action, importance of compliance, potential side effects, signs of adverse side effects, potential interactions, specific precautions to take, and recommendations for follow-up.<sup>54,73</sup>
- Ensure that necessary precautions or resources are available to manage treatment-related outcomes.<sup>34,38</sup>

# NSWOC STANDARD 16 — EVALUATION

Critical inquiry is an integral part of an NSWOC's knowledge-based practice that encompasses assessment, planning, intervention, and evaluation. The principles listed below should be used to help an NSWOC use professional judgment and critical thinking to gather information and create a well-reasoned analysis to evaluate the plan of care and modify the plan accordingly.

An NSWOC may:

- Evaluate the effectiveness of selected treatments and interventions upon patient outcomes.<sup>30,34,38</sup>
- Use scientific findings, validated tools, and patient experience to measure and identify factors affecting treatment outcomes.<sup>16,29,30,34,41</sup>
- Collaborate with other health care providers to evaluate the effectiveness of a patient's treatment plan, modifying it accordingly involving the patient and significant others.<sup>16,23</sup>
- Maintain, adjust, or discontinue a treatment plan based upon a patient's therapeutic response while focusing on promoting evidence-informed interventions that provide better patient and population health outcomes, improve patient experience, and address health care restraints.<sup>19,34,75</sup>
- Develop, promote, and establish policies, programs, and NSWOC practice changes if needed, based on the outcome evaluation.<sup>34,41,74</sup>

An NSWOC with NP designation may:

- Monitor and document patient's response to drug therapy. NP may decide to continue, adjust, or withdraw medication based on the patient's response or to consult with another health care professional.<sup>54</sup>
- Monitor adverse drug reactions and reports these in accordance with reporting requirements of Health Canada.<sup>54</sup>

# GLOSSARY

## ABBREVIATIONS

APN – advanced practice nurse  
CNA – Canadian Nurses Association  
ISWA – Industry Skin Wellness Associate  
NIHB – Non-insured health benefit  
NSWOC – Nurse Specialized in Wound, Ostomy and Continence  
NSWOCC – Nurses Specialized in Wound, Ostomy and Continence Canada  
NP – nurse practitioner  
RN – registered nurse  
SWAN – Skin Wellness Associate Nurse  
WCET – World Council of Enterostomal Therapists  
WOC – wound, ostomy and continence  
WOC–Institute – Wound, Ostomy and Continence Institute  
WOCC(C) – Wound, Ostomy and Continence Certified (C)anada

## DEFINITIONS

### **advanced practice nursing**

“Advanced practice nursing (APN) is an umbrella term for registered nurses (RNs) and nurse practitioners (NPs) who integrate graduate nursing educational preparation with in-depth, specialized clinical nursing knowledge and expertise in complex decision-making to meet the health needs of individuals, families, groups, communities and populations.”<sup>14</sup>

### **advocate**

Supporting others in speaking for themselves or speaking on behalf of those who cannot speak for themselves.<sup>76</sup>

### **advocacy**

The act or process of supporting a cause or proposal.<sup>77</sup>

### **collaboration**

An opportunity where two or more people/organizations work together to achieve the same objectives or outcomes.<sup>78</sup>

### **consultant**

An individual who is considered an expert in a specific field that can offer advice or services.<sup>77</sup>

### **consultant nurse**

An expert practitioner as a generalist nurse or within a specialty practice area who provides expert knowledge and advice.<sup>79</sup>

**culturally sensitive care**

An aspect of patient-centred care that provides an opportunity to reflect on a patient's culture, values, and beliefs that impact the nurse-patient relationship and health care needs.<sup>80</sup>

**ethics**

The discipline dealing with what is good and bad and with moral duty and obligation.<sup>58</sup>

**evidence-informed practice**

CNA defines evidence-informed decision-making as “a continuous interactive process involving the explicit, conscientious and judicious consideration of the best available evidence to provide care.”<sup>81</sup>

**Indigenous cultural safety**

Recognizing and respecting the unique history of Indigenous peoples to provide appropriate care and services in an equitable and safe way, without discrimination.<sup>82</sup>

**Indigenous peoples of Canada**

To reflect the inclusion of a new Standard on Indigenous peoples, the following definitions have been included to assist NSWOCs:

- capacity building. Activities geared toward strengthening Indigenous communities' abilities to accurately define health risks, trends, and emerging issues; to effectively design and carry out research; and to support self-governance of Indigenous communities.<sup>83</sup> An essential ingredient in capacity building is transformation that is generated and sustained over time from within.<sup>84</sup>
- Elder. Indigenous Elders are not defined by age or gender, but as individuals who have earned the respect of their community through the wisdom, harmony, and balance of their actions. Elders strive to lead by example and base their actions on deep-rooted values and principles. The definition of an Indigenous Elder can vary; however, Elders share the common trait of having a profound sense of spirituality that influences every aspect of their lives and that is reflected in their teachings.<sup>85</sup>
- Indigenous peoples. Indigenous peoples is a collective name for the original peoples of North America and their descendants. Often, Aboriginal Peoples is also used.<sup>86</sup>
- reconciliation. Establishing and maintaining a mutually respectful relationship between Indigenous and non-Indigenous peoples in this country. For reconciliation to happen, there must be an awareness of the past. Reconciliation acknowledges that the legacy of residential schools exists to this day. The legacy is reflected in the intense racism and the systemic discrimination that Indigenous peoples regularly experience in this country.<sup>62</sup>

**patient-centred care**

An approach that fosters respectful, compassionate, culturally appropriate, and competent care that is responsive to the needs, beliefs, and preferences of clients and their family members and that supports a mutually beneficial partnership between clients, families, and health care service providers.<sup>87</sup>

**patient safety**

The absence of preventable harm to a patient during the process of health care and the reduction of risk of unnecessary harm associated with health care to an acceptable minimum. An acceptable minimum refers to the collective notions of given current knowledge, resources available, and the context in which care was delivered weighed against the risk of non-treatment or other treatment.<sup>88</sup>

**professional accountability**

Practicing in accordance with legislation and college standards.<sup>89</sup>

**Quadruple Aim**

A framework that considers population costs, patient experience, provider experience, and population health to improve and build an effective health care system.<sup>9</sup>

**standard**

Something established as a measure or model to which other things should conform.

There are three types of standards in health care:

- outcome standard. The evaluation of the results of activities in which a nurse has been involved;
- process standard. The evaluation of the actual activities carried out by the caregiver; and
- structure standard. The evaluation of the setting in which care is rendered and resources are available.<sup>90</sup>

**standard of practice**

“Standard: An authoritative statement that sets out the legal and professional basis of nursing practice. The primary purpose of standards is to identify for nurses, the public, government, and other stakeholders, the desired and achievable level of performance expected of nurses in their practice, against which actual performance can be measured.”<sup>52</sup>

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NURSES SPECIALIZED IN  
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CANADA  
INFIRMIÈRES SPÉCIALISÉES EN  
PLAIES, STOMIES ET CONTINENCE  
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**NURSES SPECIALIZED IN WOUND, OSTOMY  
AND CONTINENCE CANADA (NSWOCC)**  
[HTTP://NSWOC.CA](http://NSWOC.CA)

Nurses Specialized in Wound, Ostomy and Continence Canada (NSWOCC) is a registered charity of nurses specializing in the nursing care of patients with challenges in wound, ostomy and continence. NSWOCC provides national leadership in wound, ostomy, and continence, thus promoting high standards for practice, education, research, and administration to achieve quality specialized nursing care.

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