



Basic Business Concepts for the WOC Nurse

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Introduction

- ▶ New Services for pre-operative ostomy patients in our clinic
- ▶ Pre-surgery ostomy education
- ▶ Patient ostomy education statistics
- ▶ Ostomy care training device

This presentation will discuss implementation of new services for ostomy patients in our clinic. They will include pre-surgery ostomy care education and stoma site marking. With the increasing number of ostomy patients in our area and number of ostomy creation surgeries in our hospital, we need to expand our ostomy care services to include pre-surgery ostomy care education and stoma site marking. The nearest ostomy clinic with those services is 4.5 hours away in Omaha, NE, which prevents most patients being seen prior to surgery. Ostomy complications may arise post-surgery which could have been avoided if pre-surgery ostomy education is initiated. This presentation will discuss pre-surgery ostomy education benefits and nationwide statistics on ostomy complications, and a training device needed for proposed pre-surgery ostomy education service.

Capital vs. Standard Operating Expenses

- ▶ **Operating Expenses: day-to-day**
 - ❖ Employee salaries
 - ❖ Medical supplies
 - ❖ Utilities
 - ❖ IT expenses
- ▶ **Capital Expenses: improvements, investments**
 - ❖ Buying new medical equipment
 - ❖ Building a new clinic building
 - ❖ Department renovations



(Kampus, n.d.)

Operating expenses include daily expenses for running a healthcare facility such as employee compensation, cost of supplies, EHR software fees, utilities, etc.; the revenue for healthcare budget comes from insurance and patient payments (Bichachi, 2025). Effective healthcare budgeting helps to deliver best patient care while maintaining financial stability (Bichachi, 2025). In contrast, capital expenses are costs of obtaining new equipment, or infrastructure upgrades. Capital expenses are carefully planned considering the current and future healthcare organization needs and trends, making sure compliance with the current evidence-based practice guidelines is achieved (Bichachi, 2025). When considering making a capital expense, an organization need to consider future financial and patient benefit and/or potential losses.

Capital vs. Standard Operating Expenses

- ▶ **Wound care supplies prices are rising each year**
- ▶ **WOC practice operating expense examples:**
 - Adhesive bandage costs
 - Specialized dressings
 - Cast kits
 - Skin substitutes
 - Accessories: shoes, boots,
 - Ostomy supplies
 - Staff education
 - Free wound supplies

It is estimated that wound care costs rise 9% to 12 % annually (Carmichael et al., 2021) In our wound clinic we are faced with rising wound care supplies. For example, Mepilex dressings have been in our formulary for many years, but nationwide inflation in recent years caused our management to run a cost analysis and find alternative silicone adhesive foam bandages that would be comparable in quality, but lower in price. The result of that analysis is the trial of another comparable brand with anticipated switchover this year. Operating Expenses of a WOC practice include special wound dressings, cast kits, accessories such as surgical shoes, offloading boots, ostomy supplies, also costs of staff education and giving free supplies to low-income patients. The raise in price of already significantly priced supplies such as skin substitutes can affect a wound clinic's financial stability, as the reimbursement in 2026 have changed. A single flat rate of \$127.14 per square cm for skin substitute cost reimbursement is now in effect by CMS, making future choice of skin substitutes for facility formulary carefully considered to prevent budget deficits (Horibe & Hamm, 2025).

WOC Nursing Operating Budget Considerations

- ▶ Adequate variety of stock wound care supplies
- ▶ Formulary reflects evidence-based wound care practice
- ▶ Minimum variety of ostomy supplies and accessories



(Wallace Medical Supply, n.d.)

WOC practice should consider stocking various wound care dressings, such as non-adherent, collagen, absorbent, antimicrobial, disposable compression wrap kits, as well as must-haves like rolled gauze, ace bandages, tape. There should be a regular review of what products were used and how often to establish proper par levels. These products should be used in conjunction with the evidence-based guidelines as well as manufacturer's guidelines.

Ostomy formulary should include most common types and sizes of 1- and 2-piece type appliances to accommodate the various patient situations, also most recommended ostomy accessories, such as barrier rings, ostomy belts, stoma powder and skin barrier wipes. How many brands to stock is per individual practice's budget. For example, in our clinic I was limited to stock 1 brand only, but I have established contacts with other ostomy appliance manufacturers' representatives to obtain samples for my patients when needed.

Song et al. (2020) concluded that having a facility wound care formulary decreases losses and promotes cost-effective care. In their study, implementation of a formulary module software in an outpatient clinic in 6 months led to 54% reduction of costs per month for wound care chargeable supplies (Song et al., 2020).

WOC Nurse Value

- ▶ Hiring a WOC nurse results in reduction of HAIs
- ▶ WOC nurses are experts in evidence-based wound/ostomy care
- ▶ WOC positively affects quality of life of wound/ostomy patients



National Database of Nursing Quality Indicators data showed lower HAPI rates and more effective pressure prevention strategies at hospitals that employed WOC nurses (Gallagher & Chraplyvy, 2022). Publications on the impact of WOC nurses in acute, outpatient, home care and other settings show improvement in clinical outcomes of wound/ostomy patients, reduction on HAPI costs, decrease in litigation costs, and improvement of staff education on evidence-based wound/ostomy care (Gallagher & Chraplyvy, 2022).

As an inpatient wound/ostomy nurse at our hospital I advocate for evidence-based wound care, HAPI prevention, consult on complicated wounds and ostomies, make the necessary referrals for post-discharge wound/ostomy care at patient's locality, determine home care wound care needs, assist with staff wound care education. I get to follow up with many patients in our hospital based wound clinic and see the positive impact having an inpatient wound/ostomy specialist direct wound care from the start of the hospital stay,

Marketing

- ▶ **Make an informational handout about services provided or use WOCNCB offered brochure**
- ▶ **Distribute the handout to all primary care, specialty clinics, urgent care facilities and hospitals within desired radius**
- ▶ **Run Ads on local radio**
- ▶ **Participate in the local yearly health fair**
- ▶ **Reach out to other acute/rehab facilities within the state**

I am a Family Nurse Practitioner certified in Lymphedema, compression and wound care, enrolled in WOC course with over 10 years of long-term, acute and outpatient experience in wound and ostomy care. My expertise includes managing new and existing ostomies, ostomy complications, diabetic, venous, arterial and surgical wounds, wound debridements, skin graft applications, lymphedema and chronic edema management, and negative pressure wound dressing management.

In our small rural town with one regional medical center not much marketing is needed, handout about services provided distributed to local healthcare offices should be sufficient, focus should also be on the smaller rural communities further away with healthcare gaps. Also, communication should be established with other hospitals/hehabilitation facilities in the state, as they provide more services and some of the local patients treated by them would need wound/ostomy care follow up.

Local radio ads about services provided may be beneficial to reach a larger target audience.

My non-profit organization runs a yearly health fair. I can participate and offer foot checks for diabetic patients and provide education on prevention of diabetic foot ulcers. WOCN certification board offers free of charge brochures about the skills of a certified WOC nurse by request (Wound Ostomy and Continence Nursing Certification Board, n.d.)

Business Plan

- ▶ **Needs assessment and research to determine medical device needed**
- ▶ **Facility's protocol and chain of command**
- ▶ **Device maintenance and ordering parts/accessories**

The steps of medical equipment planning include assessment, equipment selection, procurement, placement and maintenance (McKesson, 2025).

First, the needs of the clinic population should be considered in determining a need of new equipment. Then research is done and the most cost-effective device is chosen that meets the required specifications. Then presentation with the researched information and chosen device is made to the manager who can check the budget and make decision of the timeframe of the device acquisition. The manager might also be mandated to report to the upper management regarding budget spending.

The next step after the manager's approval is sending the request to the supply department manager, so it can be directed to the purchasing department. Purchasing department can also inquire about the availability of parts/accessories for the device and their availability for future purchasing. The manager of the department that requested the device will put in place the device maintenance per manufacture's guidelines and assign team members responsible for it.

Product Purchase Business Plan

► The equipment purchase proposition for our clinic:

VATA Ostomy Pouching Trainer

- ❖ 4 different stomas
- ❖ 4 different locations
- ❖ Liquids to simulate drainage



This ostomy pouching trainer will give an opportunity to demonstrate to patient how the stoma will look like during the pre-surgery visit. The trainer kit comes with 4 different stomas and the ability to attach them to different locations. It also has a skin breakdown/irritation presentation so this can be discussed with patient and education to prevent leaking can be started. The trainer has a belt, and it can be positioned over the patient's abdomen to demonstrate where the stoma will be located.

Different pouching systems can be demonstrated and applied over the trainer over the stoma, and, for complete realistic experience, liquids could be passed through the stoma, so the pouch emptying can be demonstrated and practiced.

In my practice, once a patient and his/her supporting family member participate in the ostomy appliance change, they express relief and confidence that they can handle it at home. Some still have hesitancy, but with the reinforcement of ostomy care education and practice, they master this skill well. Starting practice pre-surgery can ease patients' and their caregiver's anxiety about what awaits them after surgery. The involvement of a wound/ostomy nurse during the preoperative phase is crucial for ensuring comprehensive understanding of the ostomy and educating on potential peristomal skin complications following surgery (Solitano et al., 2024)

Product Purchase Business Plan

▶ New equipment purchase plan at my organization

- ▶ Requisition process:
 - Manager presentation with needs and potential benefits of the requested device
 - Manager approval
- ▶ People involved in purchase:
 - Wound clinic manager
 - Materials department manager
 - Purchasing specialist



(Vectorjuice, n.d.)

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Summary

- ▶ WOC is involved in purchase business plans
- ▶ WOC value
- ▶ Capital vs operating expenses
- ▶ Steps in obtaining a new device for your practice setting
- ▶ People involved in the process



(Copilot, 2026)

In this presentation we addressed the role of WOC in obtaining new equipment for the practice setting. WOC nurse brings the expertise of worldwide accepted high quality education of best practices in wound/ostomy/continence care, personal experience and helps guide the facility's practices and business decisions regarding wound and ostomy care.

Healthcare facility's expenditures include operating and capital expenses. Operating expenses are money spent on daily needs such as medical supplies, utilities, staff salaries, education expenses, etc. The capital expenses include long term improvement project costs, new equipment purchases, healthcare related acquisitions.

The steps in obtaining of new healthcare equipment involve research, administrative process, procurement and management. Every facility has a unique approach to this process, so as a WOC nurse leader, we need to make ourselves familiar with this process to improve our practice and provide best possible care to our patients.

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