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Fall 2007, Volume 21

National Pressure Ulcer Advisory Panel

the NPUAP  
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## PRESIDENT'S MESSAGE

### Public Policy Work Continues

Joyce Black

Influencing public policy at a national level has been a longstanding purpose of the NPUAP. This work continues and I want to bring you up to date on some of our efforts.

The headquarters of NPUAP is in Washington, DC and we have chosen to routinely hold our business meetings in the capital city in order to converse with policy makers. Dr. Joanne Lynn, Medical Director of CMS, has dialogued with the entire Panel at the last two Panel meetings. We have discussed the upcoming plans for payments for pressure ulcers present on admission to acute care and the plans for post acute care reform (see later discussion). These discussions have become "front and center" in the meetings, and offer all members of the Panel a chance to express thoughts and concerns directly to her. I know of few other groups who open their meetings to a dialogue at this level, but instead rely on a few people to carry the "public policy torch". NPUAP's dialogue is richer by having the views and opinions of everyone from board members to corporate representatives being heard.

We will also be holding our **2009 Consensus and Best Practices Conference** in Washington, DC. We hope you plan to attend as we will discuss the impact of the newly revised international guidelines for

pressure ulcer prevention and treatment at that conference.

A major change proposed by CMS is "post-acute care reform". This initiative is designed to improve continuity of care from setting to setting by making a uniform data base for all settings. The proposed document was open for public comment through September and NPUAP offered substantial comment on many aspects of patient care above and beyond pressure ulcers. The plan at this point introduces this document, called the CARE document, in 2011. We will stay alert if further revisions are proposed.

A change in acute care will occur in October of 2008, when a revised set of ICD 9 codes will capture the stages of pressure ulcers present on admission (The current ICD 9 of 707 only indicates "pressure ulcers"). The change will allow hospitals to indicate that stage III and IV pressure ulcers (and a few other conditions) were present on admission and thereby adjust their billing mix. **Further, the proposed change will not allow hospitals to collect additional money for stage**

**III or IV pressure ulcers that develop during the hospital stay.** The NPUAP was asked if the proposed changes in the ICD 9 code are logical. I commented at a public hearing at CMS on the value of coding pressure ulcers by stage. How ICD coders in medical records will be able to "find out" if pressure ulcers were indeed present on admission is a bigger issue and one that NPUAP alone cannot answer. You will need to work with your own medical records to assure that (1) skin is being full assessed at admission (defined for this issue as 2 calendar days from admission) and (2) how this information will be conveyed in the current admission history and physical examination and discharge summary. Of course, the issues revolve around who documents stage III and IV pressure ulcers and on what documents such data would be found.

Between October 8, 2007 and October of 2008 CMS will be collecting data, with the final change to occur in 2008. So, there is a year to refine the process of patient assessment on admission and the documentation of conditions on admission. We fully appreciate the need to work closely with physicians and nurses to refine the admission assessment of all patients.

Joyce Black  
NPUAP President

## NPUAP Recommendation on Measurement of Wound Area

The most common method of determining wound area is to measure the longest length and width and multiply the two measurements for area in squared centimeters. The major problem with this technique is that the estimated area is either a rectangle or square, and we all know that wounds are not squares or rectangles. The estimated area is essentially always overestimated.

Based on recent research (What Method To Measure Wound Area? *Advances in Skin & Wound Care*, in press), NPUAP has made the following recommendation for measuring wound length and width. **When length and width ruler measurements are used, wounds are to be measured with a head to toe orientation, the longest length head to toe, and the widest width side to side, perpendicular (90°) to length, encompassing the entire wound.** ■

## NPUAP Pressure Ulcer Guideline Update

Collaborative efforts to develop international pressure ulcer prevention and treatment guidelines continue between the European Pressure Ulcer Advisory Panel (EPAUP) and the National Pressure Ulcer Advisory Panel (NPAUP). EPAUP is taking the lead role on the PU Risk Assessment and Prevention Guidelines while the NPUAP is taking the lead role for the Pressure Ulcer Treatment Guidelines. Evidence tables are being constructed and draft guidelines are being prepared for stakeholder review and input over the next several months.

NPUAP is a co-sponsor of the 2008 World Union of Wound Healing Societies conference (June 4-8, 2008 in Toronto, Ontario) and with EPAUP, is responsible for presentation of the Pressure Ulcer Stream for this conference. Dr. Janet Cuddigan and Dr. Diane Langemo are the PU Stream Co-chairpersons for the WUWHS Conference and also co-chairpersons for the NPUAP segment of the above work. ■



### SAVE THE DATE!

**FEBRUARY 27-28, 2009**

Arlington, VA ★ Hyatt Regency Crystal City  
(Washington, DC Metropolitan Area)

Join the **National Pressure Ulcer Advisory Panel** in our Nation's Capital for the **11<sup>TH</sup> NPUAP Biennial Conference!**



### NEW GLOBAL GUIDELINES: Influencing Public Policy & Clinical Practice

NPUAP will present two concurrent conferences:

- **Best Practice**
- **International Guidelines**

Visit our website for details on oral and poster abstract submissions.

**Stay tuned at [www.npuap.org](http://www.npuap.org)**



## AAHSA Joins the NPUAP COC

The American Association of Homes and Services for the Aging, represented by Karyn Downie, RN, MPH, joined the NPUAP Collaborating Organizations Council in August. The members of the American Association of Homes and Services for the Aging ([www.aahsa.org](http://www.aahsa.org)) help millions of individuals and their families every day through mission-driven, not-for-profit organizations dedicated to providing the services that people need, when they need them, in the place they call home. The 5,700 member organizations, many of which have served their communities for generations, offer the continuum of aging services: adult day services, home health, community services, senior housing, assisted living residences, continuing care retirement communities and nursing homes. AAHSA's commitment is to create the future of aging services through quality people can trust. ■

### UPCOMING EVENTS

#### Best Practice Conferences

October 22, 2007 • Kalamazoo, MI

#### S3I Conference

April 2008 • Salt Lake City, UT

#### 11th NPUAP Biennial Conference

February 27–28, 2009 • Arlington, VA (Washington, DC Area)  
Hyatt Regency Crystal City

### Submit Your 2008 WUWHs Abstract NOW!

Go to <http://portal.wuwhs2008.ca> for detailed information.

If you wish to discuss submission of an abstract, information is provided on the website.

If in North America, toll-free number is 1-888-512-8173.

NPUAP Corporate  
Advisory Council  
Member Spotlight

## EHOB, Incorporated



As a leader in research and development of static air technology, EHOB is committed to offering support surface solutions, known as the WAFFLE® Brand Line, to prevent and treat pressure ulcers **On a Bed, On a Foot, and On a Chair.**

### ON A BED

Flotation support offers a uniform weight distribution, ideal for the anatomy of the body. Today, the WAFFLE Overlay begins in ER and moves with the patient throughout each level of care; a virtual safety net in light of the new CMS ruling. By emphasizing intervention strategies and including the use of static air technology, a facility in Texas reduced its pressure ulcer prevalence and incidence rate from 17% to 0% in two years (Stow, 2003).

### ON A FOOT

The Foot WAFFLE elevates the heel from the surface, while sustaining the integrity of the foot to prevent and treat up through Stage IV pressure ulcers. Recent clinical studies from Duke University Hospital (Stone, 2005) and St. Agnes Hospital (Team, 2006), resulted in a reduction of heel ulcer nosocomial rates with the help of WAFFLE. EHOB's recent acquisition of LaMed's lower limb product line includes an Ankle Foot Orthosis and devices for the ambulatory patient.

### ON A CHAIR

Flotation support gives very uniform pressures and small deformations. (Chow and Odell, 1978). WAFFLE Static Air Seat Cushions and Pads are designed to redistribute the body's weight on a chair. A study confirming the success of static air healing occurred in a hemodialysis patient with a Stage III sacral wound. (Harkewood, Christianson, 2007).

Leading the company's mission is company founder Dr. Jim Spahn, whose CEU seminars are available to professionals around the world. A seminar schedule, clinical studies, patient caregiver education and protocols may be accessed online at [www.ehob.com](http://www.ehob.com) or by calling 800.966.3462. ■

Christianson, J. & Harkwood J. (2007). Improving the Quality of Life in the LTC Hemodialysis Patient. Kaiser Permanente Long Term Care, Bellflower, California.

Jones, P. (2005). Heel Pressure Ulcer Prevention. Duke University Hospital, Durham, North Carolina.

Stow, J. (2005). Reduction of Pressure Ulcer Incidence and Specialty Bed Rental Dollars Across the Continuum of Care. Memorial Hermann Northwest Hospital, Houston, Texas.

Team. (2006). 4 North Action Plan for Heel Ulcers. St. Agnes Hospital, Baltimore Maryland.

CORPORATE  
ADVISORY  
COUNCIL

## Corporate Advisory Council Review

The Corporate Advisory Council (CAC) of the National Pressure Ulcer Advisory Panel enjoys the unique opportunity of involvement and participation in educational opportunities, research programs and public policy activities that influence policies related to the prevention and treatment pressure ulcers in the United States. Membership of the CAC grants access to many of the activities of the NPUAP by fostering a collegial relationship between manufacturer, collaborating organizations, corporate provider organizations and the Board of Directors. The NPUAP is comprised of nationally renowned experts on pressure ulcer prevention and treatment and provides guidance and recommendations for many national healthcare policies and initiatives regarding pressure ulcers.

Although the CAC membership are not voting members, their involvement in the interests and pursuits of NPUAP is not only requested but encouraged

with the formal business decisions made by the NPUAP Board of Directors. Involvement provides the CAC member with innovative, avant-garde, cutting edge pressure ulcer management information. Members of the Panel, including the CAC, meet semi-annually and have the opportunity to participate in work groups that address education, research and public policy. The counsel's role is fundamental to the mission of NPUAP and provides input for consideration the Board of Directors. The CAC also provides a portion of the final funding to the Panel but there are also benefits such as, priority consideration when important information regarding pressure ulcers becomes available or for exhibition at the bi-annual conference.

**NPUAP provides an "open-door" forum for CAC members' opinions, beliefs and judgment.**

Currently there are 16 CAC members ranging from advanced dressing

manufacturers to nutritional product companies and support surface manufacturers. CAC members were excited to envision many successful landmark projects over the past several years that the NPUAP have developed and introduced and for consensus at the bi-annual conferences.

Current projects of the NPUAP Board of Directors which are of interest to the CAC membership are:

1. International Pressure Ulcer Guidelines
2. The Support Surface Standards Initiative
3. Recommendations to CMS for new ICD-9 codes and HCPCS codes and the In-patient Assessment project.
4. Pressure Ulcer Prevalence and Incident Data Collection Project.

The co-chairs of the CAC are Rosalyn Jordan of Huntleigh Healthcare and Terry Coggins of Smith-Nephew, Inc. If you are interested in becoming a NPUAP CAC member, please contact the NPUAP office at 202.521.6789. ■

SUPPORT  
SURFACE  
STANDARDS  
INITIATIVE

## S3I News

By Evan Call, Co-Chair S3I

The Support Surface Standards Initiative (S3I) held their Fall meeting at the University of Pittsburgh 11 and 12 of September. At the meeting, the NPUAP proposal that S3I transition from temporary standards committee, to an ongoing standards committee with formal ties to ANSI / RESNA was unanimously approved. This forms the formal US standards body for Support Surfaces (mattresses) used in Acute Care, Long Term care and Home Care environments. NPUAP is also sponsoring the proposal to form an ISO committee with the same mission. The first meeting of which is to be held in Ogden Utah, with subcommittees meeting at various times through the week of October 22-29.

The focus of the standards activity is currently centered on three main areas; Support surface related terms and defini-

tions, to provide consistent tools for education and industry to describe support surfaces and their influence on the body. Tests to define the performance of support surfaces intended to protect or regain tissue integrity, and tests to measure the effective life of the support surface.

To date a series of important terms and definitions have been compiled and validated for use in industry. In addition four test methods have been outlined and S3I is currently seeking funding and industry lab support to validate the methods for use in various labs throughout the country and ultimately around the world. These work items become the basis of the S3I submission as a starting point for world wide standardization in support surfaces at the ISO meeting in Ogden in October. ■