

## President's Message

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#### New Board Member Profiles

By Sharon Baranoski, MSN, RN,  
CWOCN

Spring has sprung, and like everything else that is in bloom, so is NPUAP. We just completed a very successful 7th National Conference: Pressure Ulcer Prevention: From Research to Practice, on February 23–24, 2001, in Washington, D.C.

The monograph, *Pressure Ulcers in America: Prevalence, Incidence, and Implications for the Future*, debuted, with various board members presenting elements of this very important project. The monograph will be available for sale by the time you read this issue of *Inside*

the NPUAP. Drs. Elizabeth Ayello and Janet Cuddigan are to be commended for their time, commitment, and effort at turning the monograph into a working document that can be utilized by all disciplines and healthcare providers. NPUAP will be disseminating this information to key contacts in the public policy arena.

I would like to thank the co-chairs of this year's conference, Drs. Barbara Bates-Jensen and Joyce Black. The Planning Committee did an excellent job of coordinating and planning our conference. Attendees were very pleased, as evidenced by the evaluations. Congratulations

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## Pressure Ulcers in America: Prevalence, Incidence, and Implications for the Future

It's here and available! NPUAP is delighted to announce that its monograph, *Pressure Ulcers in America: Prevalence, Incidence, and Implications for the Future* has arrived.

The monograph is the result of the combined efforts of the entire NPUAP panel. The National Pressure Ulcer Advisory Panel appointed the Challenge 2000 Task Force to summarize the status of pressure ulcer incidence and prevalence in the United States over the last decade. The task force was chaired by Carrie Sussman, PT. Members of the task force were (in alphabetical order) Elizabeth A. Ayello, PhD, RN, CS, CWOCN; Sharon Baranoski, MSN, RN, CWOCN; Barbara Bates-Jensen, PhD, RN, CETN; Dan R. Berlowitz, MD, MPH; Laura Bolton, PhD; Janet Cuddigan, PhD, RN, CWCN; Roslyn

Jordan, RN; Diane K. Langemo, PhD, RN; and Courtney H. Lyder, ND, RN, GNP, FAAN. Initial drafts were peer-reviewed by NPUAP Panel members. Thank you to all who participated.

Some of the highlights and recommendations from the monograph were presented at the 7th National Conference by Janet Cuddigan (editor) and Elizabeth A. Ayello (associate editor). There was immediate and overwhelming positive reaction to the monograph. The attendees' responses indicated that the document is an important contribution to the pressure ulcer community. They were impressed by the comprehensive and thoughtful critique and were eager to have their own copy. For information about ordering the

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on a job well done! I would also like to publicly thank our sponsors, Eastern Paralyzed Veterans Association; Kinetic Concepts, Inc. (KCI); and ConvaTec, a Bristol-Myers Squibb Company. All in attendance appreciated the financial contribution to the syllabus, lunches, and the overall conference. A program is only as successful as the faculty that presents it, and our faculty was the best. Thanks to all.

One of the most exciting events of the conference was recognizing JoAnn Maklebust, MSN, RN, CS, CNP, Detroit, Michigan, as the 2001 Kosiak Award winner. JoAnn has been instrumental in pressure ulcer education, research, and public policy for many years.

Her continued effort to reduce pressure ulcers in America is a leading theme of the *Pressure Ulcers in America* monograph. Congratulations JoAnn!

The 2001 Research Award was also presented. The recipient is Diane Yastrub, RN, BSN, MSN, CS, FNP, from Glen Cove, New York. We can expect to hear more from Diane as she continues her research.

2001 will be a very busy year for NPUAP: new research projects, partnering with HCFA on special projects, and continuing to educate healthcare providers with our Avoidable/Unavoidable meetings. We look forward to working for all of our patients and clients.

Have a great spring!

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monograph, visit the NPUAP Web site: [www.npuap.org](http://www.npuap.org).

The following is a copy of the abstract.

**Abstract**

In 1989, the National Pressure Ulcer Advisory Panel (NPUAP) set a national goal to reduce the incidence of pressure ulcers by 50% by the year 2000. During the ensuing decade, NPUAP engaged in an active program to improve clinical practice on pressure ulcers through education, research, and public policy. An assessment of progress toward this goal is now in order.

A Medline database search for all articles published and catalogued between January 1, 1990, and June 1, 2000 (and later updated through December 31, 2000), yielded more than 300 studies on pressure ulcer incidence and prevalence over the past decade. Pressure ulcer incidence and prevalence data were analyzed across care settings and in specific populations such as individuals with spinal cord injuries, the elderly, infants and children, patients with hip fractures, persons of color, and those at the end of life receiving palliative or hospice care. Study data presented in this NPUAP report, *Pressure Ulcers in America: Prevalence, Incidence, and Implications for the Future*, indicate a wide variation in the range of incidence rates (i.e., acute care, 0.4%–38%; long term care, 2.2%–23.9%; home care,

0%–17%). Inconsistencies in methodology used and the populations studied contributed to these differences and made comparisons and analyses of trends problematic. However, many positive developments in the prevention and treatment of pressure ulcers have occurred over the past decade, including development of evidence-based practice guidelines, standardization of risk assessment, and improved technologies for prevention and treatment. Small studies from individual settings have shown that 50% reductions in pressure ulcer incidence rates are possible. A 25% reduction in the rate of pressure ulcer development was reported in a nursing home chain, using the Minimum Data Set (MDS). Several studies reported fewer full thickness (Stage III or IV) ulcers.

Nonetheless, there remain concerns regarding whether improvements in pressure ulcer care can be sustained on a national level. Future efforts to improve practice must be directed at expanding knowledge of best practices for prevention and treatment of pressure ulcers, developing effective strategies for translating these practices into care environments, and standardizing methods for determining pressure ulcer incidence and prevalence. The NPUAP reaffirms its mission to improve patient outcomes in pressure ulcer prevention and management through education, public policy, and research by setting new goals to address the unresolved issues and concerns surrounding this national health issue.



# Notes From NPUAP

By Rick Guggolz, Executive Director

Spring is around the corner and NPUAP has been busy with many projects and activities. We hope you will take the time to review the many updates that are provided in this issue of the newsletter, marking the debut of NPUAP's electronic distribution of the publication.

## *7th Annual Conference a Success: Kosiak and Research Awards Presented*

More than 200 attendees and exhibitor representatives attended the 7th National Conference, February 23–24, at the Omni Shoreham Hotel in Washington, D.C. As is always the case when NPUAP comes to Washington, mother nature provided snow for the occasion, causing conference organizers to wonder just who would be in town to speak on Friday morning. When all was said and done, the conference speakers were very well received over the two-day meeting, and exhibitors seemed pleased with the responses from attendees.

Janet Cuddigan and Elizabeth Ayello presented the findings of the NPUAP Challenge 2000 project to determine the prevalence and incidence of pressure ulcers in different healthcare settings over the last decade. NPUAP honored **JoAnn Maklebust, MSN, RN, CS, CNP**, with the 2001 Kosiak Award. Ms. Maklebust's superior clinical practice, extensive scholarly endeavors, and Panel participation made her an ideal candidate for the award. JoAnn is employed by Harper University Hospital, Detroit Medical Center, in Detroit, Michigan. **Diane Yastrub, RN, BSN, MSN, CS, FNP**, was awarded the 2001 Research Award. Diane is employed by the Glen Cove Center for Nursing and Rehabilitation in Glen Cove, New York.

We would like to thank Kinetic Concepts, Inc.; the Eastern Paralyzed Veterans Association; and ConvaTec for their financial contributions to this meeting. Thanks are also extended to the planning committee, speakers, and conference co-chairs, Joyce Black and Barbara Bates-Jensen. Copies of the on-site syllabus, including speaker handouts, are available from the national office for \$25. The NPUAP Board will soon begin the site-selection

process for the 8th Annual Conference, to be held in 2003.

## *Avoidable/Unavoidable Meetings*

The next Avoidable/Unavoidable meeting is slated for April 18 in Sacramento, California. Please contact the national office for registration materials.

## *Who's on First: Web Site Updated*

Check the Web site for the current board listing as we bid farewell (from the board) to Rita Frantz and Janet Cuddigan. But we know that we have not seen the last of these "Super Volunteers," who have devoted countless hours to NPUAP and who will now become alumni. We welcome our three new board members—Dr. Morris Kerstein, Dr. Mona Baharestani, and Dr. David Brienza—and look forward to their participation.

## *Corporate Advisory Council Members Sought*

When you travel to industry meetings and when you deal with wound care vendors throughout the year, always keep in mind that NPUAP is continually seeking to grow our current number of CAC members. Simply forward the information to my attention at the national office for follow-up. Additional CAC members will increase our breadth of knowledge and resources and also provide NPUAP with additional revenue to pursue its goals, objectives, and activities. Thank you in advance for your efforts in this area.

## *Finishing Touches Being Put on NPUAP's Challenge 2000 Monograph*

As I write this article, the Challenge 2000 monograph is undergoing its final tweaking. The document will be printed and ready for sale/distribution in April.

## *NPUAP Slide Set Update*

NPUAP's fourth slide set is now available, and a *new* slide set #2 is also available. An order form appears on the NPUAP Web site. Slide set #4 covers Pressure Ulcer Treatment and includes 35 slides.

## *NPUAP to Exhibit at Industry Meetings*

NPUAP plans to exhibit in 2001 at the Symposium  
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# UPDATE: The Use of Electrical Stimulation for Wound Healing

In April 1996, ECRI prepared a technology assessment for the Health Care Finance Administration (HCFA) entitled “Electrical Stimulation for the Treatment of Chronic Wounds.” On the basis of the ECRI assessment, HCFA issued a national coverage decision denying Medicare reimbursement for the use of electrical stimulation (ES) for the treatment of wounds.

In 1997, the American Physical Therapy Association and five named individuals filed a civil action against the Secretary of HHS and the HCFA Administrator and were successful in obtaining an injunction of HCFA’s national coverage decision in November 1997. This court injunction required HCFA to issue a retraction of the national denial decision. A coverage memorandum was issued, allowing intermediaries to cover electrical stimulation on a case-by-case basis.

Since November of 1997, there have been multiple avenues of communication between healthcare providers, APTA, and ECRI concerning this issue. We were all pleased to see HCFA moving forward on this issue in 2000.

October 17, 2000, the Medical and Surgical Procedures Panel of the Medical Coverage Advisory Committee (MCAC) held a hearing in Baltimore to determine whether there was sufficient evidence to support the efficacy of electrical stimulation for the treatment of non-healing wounds (pressure, arterial, venous insufficient, and diabetic). Diane Krasner testified on behalf of NPUAP. The result of that meeting was a unanimous affirmative to the question “Is the evidence adequate to draw conclusions about the effectiveness of electrical

stimulation as an adjunctive therapy for chronic nonhealing wounds?”

The second question then brought before the panel was “If the evidence is adequate to draw conclusions about the effectiveness of electrical stimulation as an adjunctive therapy for chronic leg ulcers, what is the size, if any, of the overall health effect?” The seven categories were: breakthrough technology, more effective, as effective but with advantages, as effective with no advantages, less effective but with advantages, less effective with no advantages, and not effective. Again, there was a unanimous vote by the panel for the category “More effective.”

On February 22, 2001, the Executive Committee of MCAC again gave a unanimous vote for the use of “electrical stimulation for the treatment of chronic nonhealing wounds.” This decision must appear in the official minutes of the MCAC to be official.

When this decision finally appears in print, HCFA has 60 days to publish a coverage policy. Presently, APTA is working with the coverage issues office of HCFA on the development of this policy.

For those of us who have utilized this therapeutic modality with very impressive outcomes, this is a huge success for wound care. This particular therapeutic modality has been under the careful scrutiny of HCFA since 1988. We all look forward to a positive coverage policy.

**On February 22, 2001, the Executive Committee of MCAC again gave a unanimous vote for the use of “electrical stimulation for the treatment of chronic non-healing wounds.”**

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sium on Advanced Wound Care in Las Vegas (booth #807); the WOCN meeting in Portland (June); the Clinical Symposium on Wound Care in Orlando (September), and possibly at the NAHC, AHCA, and APTA annual meetings. The Wound Care Congress

in Providence (October) is also being considered. If you will be attending any of these meetings and can spare an hour or two at the NPUAP booth, please contact the national office.

I look forward to seeing you in August at the next Panel meeting.



## New Board Member Profiles

### *Dan Berlowitz, MD, MPH*

Dr. Dan Berlowitz is currently associate director of the Center for Health Quality, Outcomes, and Economic Research at the Bedford VA Hospital and associate professor of medicine at Boston University. His clinical background is in internal medicine and geriatrics. He maintains an active clinical practice that includes teaching of medical students, residents, and fellows. His main focus, though, is on health services research and studying the quality of medical care. He has been conducting research on pressure ulcers for nearly 15 years, trying to understand how information available in large databases such as the nursing home Minimum Data Set can be used to better understand and improve pressure ulcer care.

### *Mona Baharestani, PhD, NP*

Dr. Mona Baharestani is the director of Wound Healing in the Division of Hand, Plastic & Reconstructive Surgery at the North Shore-Long Island Jewish Health System in New Hyde Park, New York. Dr. Baharestani serves as a consultant to industry, long-term care, and home care agencies as well as performing medico-legal consulting. Dr. Baharestani is actively involved in research, has published widely in the areas of wound healing, and has presented more than 470 national and international lectures.

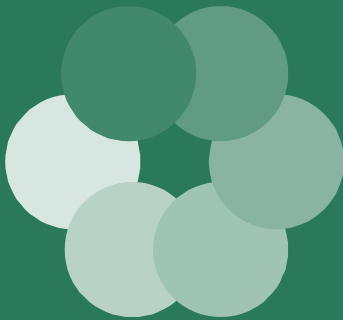
### *David Brienza, Ph.D*

Dr. David Brienza is associate professor of rehabilitation science, bioengineering, and electrical engineering at the University of  
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## *NPUPAP* **Educational Slide Sets**

The National Pressure Ulcer Advisory Panel has four new slide sets available:

- #1—Pressure Ulcer Basics**
- #2—Incidence, Prevalence, and Risk Assessments**
- #3—Strategies for Pressure Ulcer Prevention**
- #4—Pressure Ulcer Treatment**



### **For an order form:**

contact NPUPAP at  
11250 Roger Bacon Drive, Suite 8  
Reston, VA 20190-5202  
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Fax: 703-435-4390  
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Pittsburgh. He also serves as director of the Soft Tissue Mechanics Laboratory and the Rehabilitation Engineering Research Center on Wheeled Mobility and Seating. He received a BS degree in electrical engineering from the University of Notre Dame, South Bend, Indiana, in 1986, and MS and Ph.D. degrees in electrical engineering from the University of Virginia, Charlottesville, Virginia, in 1988 and 1991, respectively.

Dr. Brienza's pressure ulcer-related research is focused on prevention, soft tissue mechanics, support surface and seat cushion development, and clinical efficacy of support surface and seat cushion interventions. He is also involved in the design and development of wheelchair technology and seat cushion standards development.

***Morris D. Kerstein, MD, FACS***

Dr. Morris Kerstein completed his surgical training at Boston City Hospital in 1971. He has held academic appointments at Yale University, the University of Chicago, and

Tulane University School of Medicine, where he was also associate dean. He became department chairman in 1990 at Hahnemann University School of Medicine in Philadelphia.

In December 1998, he was appointed vice chairman and director of research in the Department of Surgery at the Mount Sinai Hospital and Medical Center, Mount Sinai Hospital, NYU School of Medicine. He is a retired rear admiral and a member of the faculty of USUHS in Bethesda, Maryland.

Dr. Kerstein's publications number more than 700, which represent manuscripts in peer-reviewed journals and abstracts. He has edited and published 12 books and 61 book chapters as well as numerous periodicals, monographs, and supplements.

He is currently a member of 45 societies and has served as a distinguished visiting professor on 13 occasions since 1985. He has occupied leadership roles in a number of societies, including the presidency of the Vascular Society and the Wound Healing Society. His research funding has totaled more than one million dollars.

