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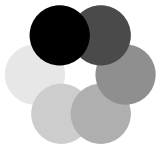
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NATIONAL
PRESSURE
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ADVISORY
PANEL

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President's Message: Shaping the Future

By Sharon Baranoski, MSN, RN, CWOCN, CCNS

In April 2001, the NPUAP Board of Directors completed a two-year-long project—Pressure Ulcers in America: Prevalence, Incidence, and Implications for the Future. The resulting monograph is especially timely in light of the Healthy People 2010 Objective 1-16: to reduce the prevalence of pressure ulcers in nursing homes by 50 percent by the year 2010. By taking stock of the pressure ulcer problem (past and present), we feel we will all be in a better position to shape the future. The monograph

is a comprehensive review of the incidence and prevalence data published over the last decade. We hope you have ordered your copy. If not, you are missing out on a valuable historical document.

NPUAP has never been known to “rest on its laurels,” and this year is no different. We have just completed a core nursing curriculum—Pressure Ulcer Prevention and Treatment: A Competency-based Curriculum—that we will be sharing in the near future on our **President**—continued on page 2

NPUAP Takes the Initiative

By David Brienza, Ph.D.

NPUAP is moving to center stage in a new aspect of the battle against pressure ulcers. May 1, 2001, witnessed the kickoff of NPUAP's Support Surface Initiative (SSI). With this project, NPUAP proposes to coordinate the development of uniform technology, test methods, and reporting standards for support surfaces. There is a need for such standardization in order to facilitate access to and use of information about support surfaces that is invaluable at all levels.

A wide array of support surfaces is available in the United States. Having a variety of choices is clinically important to meet the varied needs of patients, but choosing from the many alternatives is complicated. Further complications arise from the lack of standard-

ized information about support surface characteristics and the inconsistent manner in which this information is reported. Means to measure and compare support surface characteristics as proposed in the SSI will facilitate this process. The goal is to develop a scientifically based system to test and objectively characterize support surfaces.

Standardization is significant for researchers, manufacturers, vendors, health care professionals, and funding agencies. Standards would provide a means of product comparison. Currently, clinicians are a patient's primary source of information, much of it anecdotal, about available support surfaces. Clinicians bear a heavy burden to stay abreast of new technology. Standards would give them an

Initiative—continued on page 2

We have accomplished all of the strategic initiatives that we set out to do and have continued to develop more.

President—*continued from page 1*

Web site. It is the hope of the Board that this “best practice” educational tool will be the yardstick for other discipline curriculums.

Our Public Policy Committee has been very busy with partnering with CMS (formerly HFCA) and continuing our discussion of prevention and treatment issues and how we can achieve a successful prevention program in long-term care and home care. Two Board members were invited to provide clinical input to the federal revision of the F314 Tag. We recently worked with NNHS and have recommended two pressure ulcer questions that should be added to the survey.

The Research Committee has started work on a two-year-long project regarding support surface guidelines. The objective is to develop uniform terminology, test methods, and reporting standards for support surfaces. This will provide us with objective means for evaluating and comparing support surface characteristics. They have set the stage for yet another milestone document in the future.

Accolades to our Education Committee: They have successfully marketed our monograph, our slide programs, and soon will have available a video series—watch our Web site. Besides creating educational tools, they have set the date for the 2003 National Conference. Mark your calendars NOW—it is February 21–22, 2003, in New Orleans. You won’t want to miss this conference. The Education Committee has also completed the *Patient Guide to Pressure Ulcer Prevention*. This will be available on our Web site.

We have had a great year. We have accomplished all of the strategic initiatives that we set out to do and have continued to develop more. We are a Panel that never seems to run out of energy, interest, or topics to cover. We appreciate the support of our partners: the collaborating organizations, corporate advisory council, and, of course, our very strong and dedicated alumni. Watch the Web site for future updates, projects, and meeting information.

Have a beautiful fall season. 🍂

Initiative—*continued from page 1*

objective mechanism by which to match support surface characteristics with patients’ needs. In addition, standards would allow manufacturers to more easily compare products, target gaps in the market, and promote quality assurance. Vendors would benefit by being able to clearly compare products across manufacturers by using common terminology. Of benefit to all in a payer-reimbursement-driven market would be the clarity that could guide funding agencies in efficaciously meeting patients’ needs.

As more attention is focused on the prevention and treatment of pressure ulcers, the role of support surfaces takes on increased importance as a health policy issue. Growing recognition of the prevalence of pressure ulcers and the costs associated with their treatment is illustrated by inclusion in Healthy People 2010, the national government’s plan for health policy. One of the goals of this plan is to significantly reduce pressure ulcer incidence during the current decade. Support surfaces are an integral part of any plan of care aimed at the prevention and treatment of pressure ulcers.

NPUAP is uniquely suited to coordinate the development of support surface test methods because it is viewed as the authority on pressure ulcer care in the U.S. As an independent, not-for-profit organization composed of leading professionals representing various disciplines, all of whom share a commitment to the prevention and management of pressure ulcers, NPUAP will coordinate a committee of researchers, clinicians, policy-makers, and manufacturers. This committee will work to develop voluntary support surface performance standards in the U.S. In addition, this committee should work in conjunction with the European Pressure Ulcer Advisory Panel Support Surface Work Group in the development of international standards.

Now that the SSI has been proposed, the next important step comes with the Fall Working Group Meetings. Beginning in January 2002, NPUAP will define the scope of the project, organize working groups, and identify test laboratories and assign tasks. This is simply the next step in a working plan of the quest for standardization that will take NPUAP through October 2003. 🍂

Notes From NPUAP

By Rick Guggolz, Executive Director

Summer has gone, and NPUAP remains busy with many projects, activities, and new initiatives. We hope you will take the time to review the many updates that are provided within this issue of the newsletter, the second issue that NPUAP has also distributed electronically.

The Panel met in August in Chicago, and I'll outline some of the highlights below—more specific details are contained in the other articles in this issue:

- The 8th National NPUAP Conference is now slated for New Orleans in 2003 (February 21–22); plan now to join us in “The Big Easy” in 2003.
- Avoidable/Unavoidable meetings are coming up this October in Des Moines and November in New York City (check the NPUAP Web site for agendas and registration details).
- Sales of the Prevalence and Incidence monograph continue to increase, and we recently sent an order form and cover letter to 5,000 wound care professionals.
- Sales of NPUAP's four educational slide sets are going well, and three of the slide sets will soon be available on videotape.
- We exhibited in September at the Clinical Symposium on Wound Care in Orlando.
- Expanded one-day educational opportunities are being explored for 2002.
- The Research Committee is working to create a database on currently funded

research projects on pressure ulcers.

- A Purple Pressure Ulcer Task Force has been formed.
- Our elections are complete and four current Board members were re-elected; we welcome Dr. George Taler to the Board of Directors in 2002.
- Funds are being solicited for the Research Committee's Support Surface Initiative, and \$60,000 has been pledged to date.
- The Thomas Stewart Founders Award has been created, named in honor of Dr. Thomas Stewart, whose early efforts spearheaded the creation of NPUAP.

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 revenues to pursue its goals, objectives, and activities.

I look forward to seeing you at the next Panel meeting, to be held January 10–12, 2002, at the Hotel Inter-Continental in New Orleans. The first day of the meeting (January 10) will be for those involved in NPUAP's Support Surface Initiative (SSI). 🍀

NPUAP Important Future Dates

2002 Panel Meeting (Board, CAC, Collaborating Organizations)

- **January 11–12**
(Support Surface Initiative participants to meet January 10)
Hotel Inter-Continental, New Orleans, LA

2002 Avoidable/Unavoidable Meetings

- **February 15**
Hollywood, FL
- **October 25**
Orlando/Winter Park, FL
- **October 26**
Discerning From Documentation Appropriate
Prevention and Treatment of Pressure Ulcers
(Orlando/Winter Park, FL; for health care attorneys)



NPUAP Public Policy Committee Report

By *George Xakellis, MD, MBA*

The Public Policy Committee met during the NPUAP Board meeting in Chicago on August 17–18, 2001. The main agenda items were

- 1) the CMS (formerly HCFA) revision of Tag 314,
- 2) strategies for increasing provider knowledge of the prevention and treatment of pressure ulcers,
- 3) methods to improve the measurement of pressure ulcer prevalence for the Healthy People 2010 pressure ulcer reduction goal, and
- 4) strategies to increase public awareness of the pressure ulcer problem and to provide the public with high-quality information on the prevention and treatment of pressure ulcers.

The committee agreed on the following actions:

- 1) write a letter to CMS outlining the NPUAP perception on how to improve Tag 314;
- 2) develop a list of professional organizations with members who treat pressure ulcers and lobby for inclusion of pressure ulcer test questions on their professional certifying examinations;
- 3) write a letter to the CDC suggesting ways to modify the survey that collects national prevalence of pressure ulcers to more accurately reflect the national prevalence of pressure ulcers (it was the opinion of the committee that the current methodology underreports the prevalence of pressure ulcers);
- 4) work with collaborating organizations to develop a campaign to raise public awareness of the pressure ulcer problems and to identify Web sites and other sources of additional high-quality information on pressure ulcers; and
- 5) discuss with the NPUAP Education Committee ways to develop materials for public education on pressure ulcers. 🍌

Purple Pressure Ulcer Task Force

By *Richard Bennett, MD*

NPUAP established a task force at its recent August meeting to review the issue of “purple pressure ulcers.” These lesions are often described as Stage I pressure ulcers under current NPUAP definitions but may involve deep-tissue damage and can rapidly progress to deep Stage II–IV pressure ulcers. The specific aims of the task force are to determine the state of knowledge with respect to understanding the epidemiology, natural history, evaluation, and treatment of pressure-related tissue damage under intact skin; identify potential methods that might be utilized to improve the diagnosis of minor versus more extensive tissue

damage under intact skin; and recommend opportunities for future research regarding these lesions.

NPUAP recognizes that the work of the task force might lead to new recommendations concerning how pressure ulcers should be described and staged. The task force will be co-chaired by Richard Bennett, MD, and Joyce Black, PhD, RN. Members include NPUAP Directors Mona Baharestani, PhD, NP; Morris Kerstein, MD; Barbara Bates-Jensen, PhD, RN; and David Brienza, PhD, and Corporate Advisory Council Representatives Jan Stanfield, RN, MBA, and Steven Antokal, RN, BSN, CWOCN. 🍌

Research Committee Report

By *Stephen Sprigle, Ph.D.*

Discussion and planning focused on four projects for the Research Committee.

Dan Berlowitz assumed the chair of the PUSH Task Force, and the committee has been staffed with current and alumni members of NPUAP. The goal of the group is validation of the PUSH tool. Discussion centered on collecting PUSH data within current or planned research projects. Anyone interested in collecting PUSH data within their projects is asked to contact Dan at Dberlow@bu.edu.

The Research Compendium, a synthesis of currently funded pressure ulcer research, is nearing completion. A federal search has identified about 10 current projects, and a call has been made for information on nonfederal projects, including manufacturer-supported research. Please submit project information to www.rst.pitt.edu/npuap/index.html.

NPUAP's Frequently Asked Questions are reviewed and updated annually. Two possible

FAQ additions were identified: the concept of terminal ulcers and the use of zinc and vitamin C in treatment. If you have any comments or suggestions on these or other FAQ topics, please contact Rick Bennett at rbennett@welchlink.welch.jhu.edu.

A task force was established to develop a position paper on the entity that can be described as "deep pressure trauma" or "purple pressure ulcers." Rick Bennett is chairing this task force, which will define the state of the knowledge of this entity and develop the NPUAP position on practice and regulations.

The Support Surface Initiative, described elsewhere in the newsletter, was also discussed at length. At this time, approximately \$60,000 has been pledged toward this project, and we have an application in to the Retirement Research Foundation for additional funding. An informational meeting will be held at Medtrade, with the first working meeting to be held on Thursday, January 10, in New Orleans—prior to the NPUAP annual meeting. 🍷

Education Committee Report

By *Barbara Bates-Jensen, Ph.D., RN, CWOCN*

The Education Committee has been hard at work on a variety of projects this spring and summer. In general, work of the committee has focused on our strategic plan and the goal of being recognized as the preeminent educators on pressure ulcer prevention and management. To accomplish this goal, we provide regional meetings, have four slide sets for purchase, are working on a video based on the slide sets, and plan the biennial conferences of NPUAP. Here's an update on our activities.

Regional Meetings

We present the Avoidable Versus Unavoidable Pressure Ulcer meetings in conjunction with a local co-sponsor. We have two Avoidable

meetings scheduled for fall 2001. On October 5, NPUAP will be presenting the Avoidable meeting in conjunction with Mercy Medical Center-Des Moines, at the West Des Moines Marriott in Des Moines, Iowa. New York University will be co-sponsoring an Avoidable meeting in New York City on November 2.

We are already booking sites for next year, and we have two confirmed Avoidable meetings scheduled for Florida. On February 15, we will be co-sponsoring an Avoidable meeting in Hollywood, Florida, with Memorial Regional Hospital. We will be in Florida again in 2002 when we visit Orlando.

We are also working on two brand-new one-day regional meetings. Discerning From **Education Committee**—continued on page 6

Education Committee—continued from page 5

Documentation Prevention and Treatment of Pressure Ulcers will be offered for the first time on October 26 in Orlando, Florida. This new one-day regional meeting is aimed at providing education on pressure ulcer prevention and management to those in the legal field.

The second one-day regional meeting, Best Practices in Pressure Ulcer Prevention, Assessment, and Treatment, includes information such as how to do a prevalence and incidence study, using risk assessment tools, best practices for prevention, comprehensive assessment of the person with a pressure ulcer, how to use the PUSH tool, how to monitor healing, and palliative pressure ulcer care. Both meetings will be available in the fall of 2002.

Conference 2003!

SAVE THE DATE! The 8th National NPUAP Conference is set for 2003. The biennial conference, A Pressure Ulcer Report Card: Education, Public Policy, and Research, is set for February 21–22, 2003, at the Hotel Inter-Continental in New Orleans, Louisiana. Mark your calendars now!

NPUAP Slide Sets and Video Project

Our slide sets are selling very well, with total sales of all four sets at \$13,350 for this year so far. The scripts from the slide sets have been edited into a script for a video production. The video is based on slide sets 1, 3, and 4 (pressure ulcer basics, pressure ulcer prevention and treatment). The video is slated for completion in early fall 2001 and will be available for purchase for \$175.00.

The video will come with a basic, general content outline and pre- and post-tests, making it easy for individuals who want to pursue continuing education by viewing the video. This should be a great asset for long-term-care facilities, and we are pleased that it will soon be available.

New From NPUAP

The Education Committee is pleased to announce the completion of a simplified easy-

to-read version of the *Patient Guide to Pressure Ulcer Prevention*, originally developed by the Agency for Health Care Policy and Research (now AHRQ). This guideline is available from the NPUAP Web site, www.npuap.org.

The guideline will also be translated into Spanish, and the Spanish version will be available in late fall 2001 on the Web site. The Education Committee thanks Joyce Black for her work completing and translating this project.

We are also pleased to announce the completion of a competency-based core curriculum for registered nurses on pressure ulcer prevention and pressure ulcer treatment. The curriculum is available on the NPUAP Web site and will be shared with other stakeholder organizations for endorsement. We are working on development of similar curricula for other health care professionals, including, for example, physical therapists, nutritionists, and physicians. Rita Frantz and Elizabeth Ayello have worked tirelessly on this project, and the Education Committee thanks them for their time and effort in taking this project to completion.

Exhibit Booth

NPUAP exhibited at the Clinical Symposium on Wound Care in Orlando, Florida, September 20–23, displaying and selling many new, updated materials, including an updated Bibliography on Pressure Ulcer Assessment, Prevention, and Treatment. The monograph, *Pressure Ulcers in America: Prevalence, Incidence, and Implications for the Future*, was also available at the symposium.

Future Work

The Education Committee is actively seeking funding to support updating the pressure ulcer prevention and pressure ulcer treatment guidelines. We will also be working to provide our two new one-day meetings in a variety of areas around the country. 🌐

New NPUAP Award— Thomas Stewart Founders Award

By Morris D. Kerstein, MD, FACS, and Elizabeth A. Ayello, Ph.D., RN, CS, CWOCN

NPUAP is pleased to announce the creation of the Thomas Stewart Founders Award. This award is designed to honor an individual or group that has made a significant contribution to the prevention and or management of pressure ulcers through leadership in public policy. This new award joins other distinguished awards given by NPUAP, including the Kosiak Award and the Young Investigators Research Award.

The new award is named in honor of Dr. Thomas Stewart, whose vision, leadership, and support resulted in the creation of the National Pressure Ulcer Advisory Panel (NPUAP) in 1987. The first Thomas Stewart Founders Award will be presented at the biennial National NPUAP Conference to be held February 21–22, 2003. The award includes a plaque,

complimentary registration to the biennial conference, and a \$1,000 donation to a scholarship fund chosen by the award recipient. All current and alumni NPUAP Board of Directors are eligible to nominate candidates for the Thomas Stewart Founders Award. The nomination packet must include the following:

- a detailed nomination letter describing the accomplishment of the nominee in the area of public policy,
- a second letter of endorsement, and
- curriculum vitae of the nominee.

Only complete nomination packets will be considered for the Thomas Stewart Founders Award. The NPUAP office must receive nomination packets by the last business Friday in October of the year prior to the conference. ●

The first Thomas Stewart Founders Award will be presented at the biennial National NPUAP Conference.

Educational Slide Sets

The National Pressure Ulcer Advisory Panel has four 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 NPUAP at
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or check the Web site at
www.npuap.org

Call for Assistance for Current Pressure Ulcer Research

By David Brienza, Ph.D.

We are searching for clinically relevant projects funded from a number of sources . . .

The NPUAP Research Committee is creating a database of all currently funded projects in the United States that relate to pressure ulcers. We are searching for clinically relevant projects funded from a number of sources, including government agencies, corporations, and/or private organizations.

Topics of interest include:

- studies relating to pressure ulcer assessment, prevention, and treatment;
- quality-of-care studies that include pressure ulcers in their outcome measures; and
- diabetic foot studies that focus on pressure management.

While there are a number of databases that focus on published literature, little information is available about ongoing and newly funded

research. We believe this database will contribute to pressure ulcer research by facilitating communication between researchers, identifying gaps in our current knowledge, and determining areas in which additional funding is needed. This information will help guide the course of future research.

If your work falls into one or more of the areas described above, we request that you take a few minutes to complete the questionnaire at <http://www.rst.pitt.edu/NPUAP/Questionnaire.lasso>. Your cooperation is essential for the creation of this database, and your time and effort are greatly appreciated. Once compiled, information from this database will be made available online for all researchers, consumers, and other individuals with an interest in pressure ulcer research. 🌟

NPUAP Nursing Curriculum

By Elizabeth A. Ayello, Ph.D., RN, CS, CWOCN

The NPUAP Education Committee has finalized the Board-approved registered nurse curriculum. Pressure Ulcer Prevention: A Competency-based Curriculum and Pressure Ulcer Treatment: A Competency-based Curriculum are the two sections of the NPUAP nursing curriculum written by Elizabeth Ayello and Rita Frantz. Components of each curriculum are competencies, content outline, case study with answers, and references. The entire registered nurse curriculum document is available on the NPUAP Web site (www.npuap.org). NPUAP will be seeking endorsement of the RN curriculum from a variety of professional nursing organizations. The Education Committee will be considering developing other curricula for physicians, dietitians, physical therapists, and other health care givers.

Curriculum competencies are as follows:

Pressure Ulcer Prevention Competencies

- Identify etiologic factors contributing to pressure ulcer occurrence.
- Identify risk factors for pressure ulcer development.
- Recognize the presence of factors affecting tissue tolerance.
- Conduct risk assessment using a valid and reliable tool.
- Conduct a thorough skin assessment taking into account the individual's uniqueness.
- Develop and implement an individualized program of skin care.
- Demonstrate proper positioning to decrease pressure ulcer occurrence.
- Select and use support surfaces as indicated by risk status.
- Use nutritional intervention as appropriate to prevent incident pressure ulcers.

Nursing—continued on page 9

Newly Elected NPUAP Board Members

By Diane Langemo, Ph.D., RN

NPUAP is pleased to announce the recently elected members of its Board of Directors. Four current Board members were reelected and one individual is new to the Board. The four reelected members include Dr. Dan Berlowitz, Dr. Joyce Black, Dr. Courtney Lyder, and Dr. George Xakellis; Dr. George Taler is new to the Board.

Dan Berlowitz

Dr. Dan Berlowitz is the Associate Director of the Center for Health Quality, Outcomes, and Economic Research of the Edith Nourse Rogers Memorial Veterans Hospital in Bedford, Massachusetts. He is completing his first term, is a member of the Research Committee, and is the current Secretary of NPUAP. He has published widely in the field of pressure ulcers.

Joyce Black

Dr. Joyce Black is an Assistant Professor of Adult Health Nursing in the School of Nursing at the University of Nebraska Medical Center at Omaha. Dr. Black is completing her first term, serves on the Education Committee, co-chaired the recent NPUAP Consensus Conference, and authored a medical-surgical nursing textbook.

Courtney Lyder

Dr. Courtney Lyder is an Associate Professor of Nursing and Gerontology and Director of the Adult, Family, Gerontological, and Women's Health Division of the Yale University School of Nursing. Dr. Lyder is also completing his first term and serves as co-chair of the Public Policy Committee. Dr. Lyder has published and presented widely in the field of pressure ulcers.

George Xakellis

Dr. George Xakellis, Director of the Department of Family and Community Medicine at the University of California-Davis School of Medicine, will soon complete a three-year term and also served previously on the Board. Dr. Xakellis co-chairs the Public Policy Committee and has published and presented widely on pressure ulcers.

George Taler

Dr. George Taler has recently been elected to his first three-year term on the Board. Dr. Taler is the Director of Long-Term Care for the Department of Medicine at Washington Hospital Center in Washington, D.C. He has published and presented in the areas of pressure ulcers and gerontology. 🍷

Nursing—continued from page 8

- Apply critical thinking skills to clinical decision making regarding the impact of changes in the individual's condition on pressure ulcer risk.
- Make referrals to other health care professionals based on client assessment.

Pressure Ulcer Treatment Competencies

- Perform a comprehensive assessment of a pressure ulcer that minimally includes staging, measurement of size, exudate (drainage), wound bed characteristics, pain, surrounding skin, tunnel/sinus tract/undermining.
- Distinguish pressure ulcers from other wounds or skin disorders.
- Develop a plan of care with the multidisciplinary team based on the individual's goals of therapies.
- Demonstrate knowledge and skill in performing local wound care that includes debridement, cleansing, dressings, pressure relief, pain control.
- Identify systemic factors that may influence pressure ulcer healing, including infection, nutrition, and tissue tolerance factors.
- Monitor pressure ulcer healing using a valid measuring method.
- Document assessment and intervention strategies.
- Demonstrate clinical critical thinking by accurately interpreting changes in the pressure ulcer wound that may impact on treatment. 🍷



Why HCR Manor Care Supports NPUAP

By Steven Antokal, RN, BSN, CWOCN, and Robin Bassett, RN, BSN, CAS,
Manager, Program Development—Clinical Services

We recognize
NPUAP as
experts in
the area of
pressure ulcers.

HCR Manor Care, headquartered in Toledo, Ohio, is a leading long-term care company that offers quality innovative patient services. Our 58,000 employees provide high-quality care for residents and patients through a network of more than 450 long-term care centers, assisted-living facilities, outpatient rehabilitation clinics, and home health care offices. Partnerships and other ventures supply high-quality pharmaceutical products as well as geriatric subacute services.

HCR Manor Care recognizes NPUAP's ongoing contribution to the prevention and treatment of pressure ulcers. This contribution assists us in realizing our vision: "to establish HCR Manor Care as the preeminent care provider committed to standards of performance which serve as the hallmark of the industry."

We recognize NPUAP as experts in the area of pressure ulcers. NPUAP's mission is to "provide multidisciplinary leadership for improved patient outcomes in pressure ulcer prevention and management."

We believe that supporting NPUAP's mission ultimately enhances the quality of life for our residents. Our relationship with NPUAP fosters our commitment to providing innovative multidisciplinary, systemic solutions for the prevention and treatment of pressure ulcers. Innovative solutions are not easy in today's health care environment. In supporting NPUAP, HCR Manor Care demonstrates our understanding of the importance of partnering with business, academia, and health care to not only survive today's environment but also to thrive and excel. 🌟

NPUAP

Prevalence and Incidence Monograph

The National Pressure Ulcer Advisory Panel has a new monograph available:

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

Includes 185 pages of evidence tables, graphs, narrative summaries, and discussions from acute care, long-term care, and home care settings



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One week prior to
Mardi Gras!

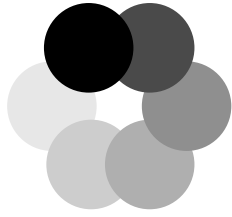
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FEBRUARY 21-22, 2003

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