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*President's Message*

By Dan Berlowitz, MD, MPH, NPUAP President

NPUAP certainly has a daunting national agenda. Between developing educational programs, assisting CMS with policies for nursing home and home care, and preparing state-of-the-art articles for publication in leading journals, it is easy to forget that NPUAP is part of a larger international pressure ulcer community. The recently completed 2nd World Union of Wound Healing Societies meeting in Paris, though, has certainly highlighted the important international role of NPUAP, as well as provided an opportunity to reflect on the considerable benefits and challenges of maintaining this role.

The meeting was highly successful and the number of attendees numbered well into the several thousands. There were many opportunities for networking and interacting with researchers from other nations. NPUAP had a highly visible role in the conference for which we must thank the meeting organizers for including us as one of the hosting organizations. NPUAP was part of the welcoming session and many current and past NPUAP members made important presentations. The meeting clearly demonstrated the important intellectual contributions being made by NPUAP members. Yet the meeting also showcased how the problem of pressure ulcers is truly international; and it is not solely limited to the industrial nations but affects the health status of people in developing nations as well. Moreover, leading research and conceptualization on the problem of pressure ulcers is being performed throughout the world and it is essential that NPUAP remains aware of these activities. The "solution" to the problem of pressure ulcers will require the collective effort of the international community. Meetings such as the World Union of Wound Healing Societies perform an essential role in bringing together these many people committed to improving pressure ulcer care. The ideas and work I heard in Paris will affect pressure ulcer care in this country.

This underscores why NPUAP is clearly committed to maintaining an international role. In November, I will be attending the Canadian Association of Wound Care conference in Calgary. As part of this meeting, we will further explore the development of a North American Wound Care Council to address common areas of interest. We will also be discussing plans for the 3rd World Union of Wound Healing Societies meeting that will be held in Toronto in 2008. NPUAP is planning to make important contributions to this meeting. NPUAP is also planning to have a presence at the upcoming EPUAP meeting in May, 2005. It is my hope that we will be able to advance plans with EPUAP to develop a joint clinical practice guideline for the treatment of pressure ulcers. Our international links are further strengthened by the numerous lectures given in other countries by NPUAP members and the many contacts maintained by our Corporate Advisory Council.

Preserving this international role is not without difficulties. There are the obvious financial burdens and time restraints that NPUAP must always consider. We must always ensure that our core customers, health care providers and government agencies, continue to receive high quality advice and education. There are language difficulties and e-mails often just don't seem to make it through. Moreover, the problem of pressure ulcers is often thought of very differently and this may impair effective communication among members of the international community. However, these barriers are certainly not insurmountable and the benefits of international collaborations far outweigh the potential challenges.

The National Pressure Ulcer Advisory Panel is not yet ready to add "Inter-" to our name. However, over the six years during which I have been involved with NPUAP, our international collaborations have grown considerably. The continued expansion of this role will only help strengthen our national agenda while also working jointly to solve what is clearly a worldwide problem. 



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## Benchmarking Pressure Ulcer Care

*In the President's Message from the NPUAP summer newsletter, Dr. Berlowitz discussed the difficulties of benchmarking pressure ulcer care. We received the following comments from Thomas Stewart, PhD. Dr. Stewart is the founder of NPUAP and is currently the President and COO of Gaymar Industries. We welcome his insights.*

I enjoyed the “President’s Message” in the recent newsletter of the NPUAP that dealt with the issue of benchmarking. I also understand the NPUAP’s dilemma in determining true “benchmarks”, particularly when the appropriate studies are not available and may not be available in the near future. This is similar to the situation that we found ourselves in the formative years of the NPUAP. There are a couple of points that I would like to put forward for your consideration and that of the NPUAP:

1. In the absence of those studies or a consensus, it is the role of the NPUAP to advise the country (the Healthcare providers that contact you) as to what the NPUAP believes are the most appropriate “benchmarks” until the studies can be completed i.e. an “NPUAP Position Statement” if you will. Even with the qualifier that you (the NPUAP) may be found in the future to be incorrect. This is one of the premises that the NPUAP was founded on. I point to our first “publication” in the Journal DECUBITUS (now Advances In Wound Care). We published the 9 Tenets of Pressure Ulcer Care (Pressure Points. Stewart,T. Decubitus 1988;1 (1): 12-14.). This was in the absence of good benchmarks, the absence of a consensus conference on Pressure Ulcers and was long before the development of the AHCPR Guidelines for the Prevention of Pressure Ulcers. Looking back now, these 9 Tenets seem relatively simplistic, but we felt that it was necessary to offer some written guidance.

The NPUAP must take a leadership position when the Nation’s Health Care system is looking for guidance. The NPUAP can use whatever resources it has at its disposal, but it must not be silent on these issues or defer judgment until the proper studies are completed. I understand that this is a very difficult task and will cause great angst for the NPUAP members, but such is the lot for leaders.

2. The dilemma of “benchmarks” for prevalence/incidence/nosocomial seems to meet the criteria for an NPUAP Consensus Conference topic or White Paper. It is perhaps worthy of discussion at your next NPUAP meeting as to how to best deal with this dilemma. The one option that I do not believe is available to you is to remain silent. You must respond, the caregivers (and their patients) await your position on this subject. 🍀

By Thomas P. Stewart, Ph.D. President & COO Gaymar Ind., Inc.

## President's Reply

By Dan Berlowitz, MD, MPH, NPUAP President

It is always gratifying to know that someone is actually reading material that you write. Thus, I was pleased to have received a number of comments on the last newsletter’s President’s Message. Dr. Stewart makes a strong case for why NPUAP should be doing more in the area of benchmarking. At the last Panel meeting, we discussed Dr. Stewart’s comments and agreed with his conclusions. NPUAP is looking to create a task force that will update current data on pressure ulcer incidence and prevalence, review methodologies, and make recommendations for a benchmark. Look to future newsletters for more on this issue. Furthermore, I invite comments on all features that appear in the newsletter. NPUAP thrives on discussion and input from readers will certainly be welcome and help create a stronger organization that represents the many views of the pressure ulcer community. 🍀

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## *Education Committe*

### *Merging Missions: NPUAP 2005 Biennial Conference*

*February 25-26, – Tampa, Florida*

**T**he 2005 Consensus Conference will bring leaders from practice, industry and government together to discuss and debate the realities of the current staging system with a focus on deep tissue injury.

Staging a pressure ulcer is often a difficult task even for experienced clinicians. The ulcer rarely fits neatly into one of the required fields of the MDS or OASIS form and these standardized forms require the wound to be back-staged as it heals. Current staging definitions are not adequate to describe deep tissue injury i.e. pressure related injury under intact skin. Often litigation issues arise due to the conflict among professionals on the appropriate staging for DTI.

The clinical manifestations of these lesions are difficult to distinguish from a stage 1 or 2-pressure ulcer even using NPUAP definitions and current research findings. To help resolve this dilemma, the NPUAP will be facilitating a consensus conference.

Results of this conference will impact practice settings, public policy, and research. It will give all of us a common language for correct wound identification and staging.

A consecutive Best Practice for Assessment and Treatment of Pressure Ulcers will provide clinicians practicing in wound care settings an opportunity to discuss the clinical, regulatory and legal perspective related to wound care. 

## *NPUAP On Sale Now! Educational CDs!*

- 1  **Pressure Ulcer Basics**
- 2  **Pressure Ulcer Treatment**
- 3  **Determining Prevalence and Incidence of Pressure Ulcers**
- 4  **Pressure Ulcer Prevention**

These educational CD's will provide your staff with the latest information and research for the assessment & treatment of pressure ulcers. For a complete form, please visit the homepage at [www.npuap.org](http://www.npuap.org) 

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## *DTI Update*

The manuscript submitted by the NPAUP entitled “Pressure-related Deep Tissue Injury Under Intact Skin and the Current Pressure Ulcer Staging Systems” has been accepted by *Advances in Skin & Wound Care*. Publication of this article is expected for a winter 2005 issue, and many of the topics reviewed in this paper will be considered during the NPUAP Consensus Conference from February 25 and 26th, 2005, in Tampa, Florida. Please make plans to come to the conference to learn more about current thinking on deep tissue injury; how these lesions interface with the current definitions and understanding of stage I and stage II; and the need to improve the current understanding about how to identify, describe, and treat these pressure-related lesions. ☘

## *Alumni Update*

by Diane Langemo, PhD, RN, FAAN, NPUAP Alumni Representative

At the August NPUAP Panel meeting, the PUSH Tool was discussed. The NPUAP has been collecting data on the PUSH Tool and has been addressing the future of this tool and its uses in the clinical and research settings. The tool is used most often in long-term care, followed by rehabilitation and then acute care. Overall, 80% of the respondents felt it was easy to use, and 60% felt it was useful in monitoring healing. Of the respondents, 50% felt that the PUSH Tool detects clinically important changes over time. Of the respondents to the survey, 81% were registered nurses, 5% were physicians, and 11% were categorized as other. Anyone who has used the tool and has input related to its use and potential improvements in the tool are invited to forward those comments to NPUAP at [www.npuap.org](http://www.npuap.org)

Dr. Steven Reger, a NPUAP Alum has recently been elected to a three-year term on the NPUAP Board of Directors. He joined us at the August meeting in Washington, DC. Dr. Reger is a biomedical engineer at the Cleveland Clinic in Cleveland, Ohio. ☘

*Check out the New NPUAP website at:*

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

## *Consensus Conference*

Invitation to Participate in the Consensus Conference ListServ (Effective 10-25, 2004)

The listserv will stimulate open dialogue between Conference Attendees/Stakeholders and anyone interested in the 3 key consensus topics: Stage I Pressure Ulcers, Deep Tissue Injury (DTI) and Stage II Pressure Ulcers. The goal is to prepare Conference Attendees/Stakeholders for the discussion before the debate that will occur at the Consensus Conference. Log on to the NPUAP website ([www.npuap.org](http://www.npuap.org)) for a white paper on each topic. All interest professionals are encouraged to participate on the listserv.

All interested professionals are encouraged to express their opinions on these topics. Instructions for joining the listserv will follow the white papers that will be posted in October/ November. 🌐

# ***Invitation To Exhibit At the 9th National Conference in Tampa, FL February 25-26, 2005***

**Also accepting Conference Sponsorship for meal events, speakers and syllabus. For your support, your company will receive – onsite verbal recognition and signage and recognition in all conference printed materials.**

**For a full exhibitor prospectus and opportunities for conference sponsorship, contact the national office at: 703-464-4849**

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# ***NPUAP 9th National Conference***

*February 25-26, 2005 . Hyatt Regency Hotel . Tampa, FL*

## **Merging Missions:**

**Mission 1 - Consensus Forum: Staging Definitions & Deep Tissue Injury**  
**Mission 2 - Best Practices Seminar: Pressure Ulcer Assessment & Treatment**

The National Pressure Ulcer Advisory Panel (NPUAP)  
now accepting the following Award Nominations:

### **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. The award is named in honor of Dr. Thomas Stewart, whose vision, leadership, and support resulted in the creation of the NPUAP in 1987. Deadline for nomination packets is Friday, October 29th, 2004. Nomination requirements listed on NPUAP website.

### **Kosiak Award**

This award was designed to honor individuals who have made significant contributions to the prevention and/or management of pressure ulcers through their leadership in the areas of research, education and/or patient care. The award is named in honor of Dr. Michael Kosiak for his classic, original contributions on the etiology of pressure ulcers. Nomination requirements listed on NPUAP website.

### **Research Award**

NPUAP fosters and supports research on pressure ulcer prevention and treatment. The organization provides small grant awards (\$1,500.00) to novice researchers from any health care or basic science discipline. The deadline for proposal submission is November 1, 2004. Program announcement and application form posted on NPUAP website.

The above NPUAP awards will be presented at the biennial National Conference, February 2005 in Tampa, FL.

## ***Call for Poster Abstracts***

The NPUAP is soliciting poster presentations for the 2005 Tampa National Conference . General Poster Proposal Information and Guidelines posted on NPUAP website.

Please visit [www.npuap.org](http://www.npuap.org) or contact the NPUAP at 703-464-4849 for all the award and abstract information.

# *CORPORATE ADVISORY COUNCIL MEMBERS SOUGHT*

Would you like to participate in vital public policy decisions that impact pressure ulcer care in this country? Do you think it's important to support cutting edge medical education and research in chronic wound management? Do you want to play a part in the discussions of the leading "Think Tank" on pressure ulcer prevention and management in the USA?

If you answered "yes" to any of these questions, then perhaps you and your company should consider membership in the NPUAP's Corporate Advisory Council.

Membership in the Corporate Advisory Council provides a great opportunity for wound care manufacturers and providers to participate in the activities of the NPUAP. Council members attend semi-annual meetings of the NPUAP Board and actively participate in discussions carried on by the NPUAP Board during board meetings. Council members also attend and engage in discussions carried on by the three NPUAP sub-committees: Education, Research and Public Policy. Members also receive priority consideration when exhibiting at bi-annual Consensus Conferences.

While Council members are not eligible to vote on any business of the Board of Directors, they play a vital role in all activities and decisions of the organization, as well as provide vital financial support.

Sound interesting? Let your voice be heard! Contact the NPUAP office at 703-464-4849 for more information.

