NPUAP Nomenclature, Terms and Definitions Working Group (WG-NTD) – Support Surface Standards Initiative Subcommittee
Meeting Minutes
Meeting Date: Sunday, 27 April 2003 Las Vegas, NV

1.0 Attendance

The following individuals attended this meeting of the Nomenclature, Terms and Definitions Working Group (WG-NTD) of the NPUAP Support Surface Standards Initiative Subcommittee (S3I):
Sharon Aronovitch
John Biggie
Abbey Daniels
Jackie Edwards
Cynthia Fleck
Margaret Goldberg
Rosalyn Jordan
Cindy Sylvia
Jackie Young

2.0 Accomplishments Prior to Meeting

Prior to this working group meeting, the team has established a draft of a master list of terms and definitions related to support surfaces. As resource, these terms and definitions found in publications, including, but not limited to, textbooks, articles, manufacturer's literature, government, clinical and regulatory guidelines, etc.
Since the last meeting the group submitted a couple of topics for discussion on the list serve. In particular, was feedback on the terms to use for categorizing surfaces. There was overwhelming consensus to categorize surfaces as either Active or Passive. Those terms and definitions have been added to the Master List.
Not all terms, especially those where a great deal of discussion was necessary, had been defined prior to this meeting.

3.0 Accomplishments at this Meeting

The group has two primary objectives for this meeting:
1. Define Alternating
2. Define Low Air Loss

As everyone can appreciate, a great deal of discussion was spent on these two terms. The group did, however conclude with a working definition of these terms.

Alternating Pressure – “An active support surface that provides cyclic changes in interface pressure on the skin as defined by maximum and minimum interface pressures and their duration and frequency.”

Concerns brought up in discussion:

1. While there was general consensus for the above definition, it was questioned whether in practicality, and at the end of the NPUAP study, clinicians would be able to compare and make decisions about surfaces. Clinicians do not have mannequins to use and compare. If interface pressure is the measurement standard for alternating pressure systems, what can the S3I do to standardize the reporting from manufacturers to avoid mis-marketing?
2. Should we instead test and report the cyclic changes of a surface itself – (i.e. air cell pressure of the inflated and deflated cells) instead of interface pressure since there are no standards for interface pressure testing and it would therefore be difficult for clinicians to compare surfaces. (if so, how would alternating foam and mechanical products be tested?)
3. A representative from the TIG group presented to the T & D group that TIG would categorize alternating pressure systems by HOW MUCH and HOW OFTEN they alternate.
4. Is interface pressure being redundantly used in the definition?

Low Air Loss – “A feature of a support surface that provides air flow directly to the patient’s skin at a controlled rate to assist in managing the humidity and temperature (micro-climate) immediately adjacent to the patient’s skin.”

Concerns brought up in discussion:

1. How can we measure that the air is actually reaching the patient’s skin?
2. Should the definition state “directly to the patient’s skin” until we have definitive testing and results by the TIG group?
3. How do we measure the net effect of the dissipation of heat and moisture as a result of having low air loss?
4. How do the results of having air flow from a support surface (low air loss) to manage humidity and temperature differ from having a fan next to the patient?
5. Should a reference to pressure be made in the definition, or does the fact that we state it is a support surface already imply a reference to pressure?

4.0 Action Items

An updated Master List is attached. The Master List should be revised to include the date of entry next to each item. The group will continue to post questions on the list serve for S3I feedback.