

IN THIS  
ISSUECorporate Advisory Council  
Members Sought

Education Committee

DTI

Public Policy Committee

NPUAP Alumni Council  
Organizes

NPUAP Research Committee

Update on PUSH Survey

New CAC Profile

Save the Date...9th National  
NPUAP ConferenceNPUAP 2004  
Executive CommitteeFuture Dates for NPUAP  
Educational OpportunitiesNATIONAL  
PRESSURE  
ULCER  
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[www.npuap.org](http://www.npuap.org)*President's Message**By Dan Berlowitz, MD, MPH, NPUAP President*

Sitting on an airplane surrounded by screaming children provides a good opportunity to reflect on the just completed NPUAP meeting in Naples, FL. This has been an exciting meeting, but not because I have assumed the role of NPUAP President. Rather, this has been a very different meeting where the focus has been less on our activities of the past year and more on where NPUAP should be going in the future. Each Mission Committee was asked to develop new ideas for initiatives to be performed in the next one to three years. These initiatives should address important problems and ultimately result in improved care. Feasibility was only to be a secondary concern; first identify what we want to do and only then consider the steps necessary to achieve the task. I strongly believe that as the premier pressure ulcer organization, it is important that we have "big" ideas. If we have good ideas the resources ultimately will follow.

A large number of new ideas were discussed. There were many highlights but I focus on two proposed initiatives that I think are particularly exciting. Each initiative addresses a crucial problem and has the potential to greatly expand the role of NPUAP in improving pressure ulcer prevention and treatment.

The Research Committee addressed a basic problem with all pressure ulcer care, the lack of good evidence describing best practices. This was highlighted in the original Clinical Practice Guidelines published by AHCPR where most recommended practices were only graded as B

or C, indicating a lack of well-designed clinical trial evidence. Since that time, there have been relatively few new clinical trials that address this knowledge gap. One reason for this is that clinical trials in pressure ulcer care are difficult to do, particularly since there are significant barriers to recruiting sufficient patients, clinicians, and sites. As a result, most clinical trials are underpowered and have limited generalizability. The past several years have witnessed tremendous interest in the development of research networks, groups of interested providers agreeing to serve as locations for clinical trials. These are particularly common in primary care settings and recently AMDA has proposed expanding this concept to nursing homes. The Research Committee proposed the development of a pressure ulcer research network that would bring together clinicians working in diverse settings but interested in participating in state-of-the-art clinical trials. This will be no easy task and there are considerable impediments to the creation of such a research network. Nevertheless, the creation of such a network would do much to facilitate the performance of high quality clinical research while also providing an opportunity for clinicians to become involved in NPUAP-supported activities. Contributing to the creation of new knowledge should be central to the NPUAP mission.

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# President's Message

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The Education Committee addressed another basic problem, how best to disseminate the information on pressure ulcer care that we now have. Most of NPUAP's educational efforts focus on clinicians already somewhat knowledgeable about the topic of pressure ulcers. Yet much of pressure ulcer care is provided by nursing assistants with only limited knowledge and few opportunities for training. If we are to do a better job in preventing and treating pressure ulcers, we must reach out to these care givers. The Education Committee proposed the development of new educational modules, the first of which is to be directed at nursing assistants. Among the topics to be covered in this Powerpoint presentation are skin and wound assessments, routine skin care, dressing basics, and when to call a nurse. These modules should be particularly valuable to providers seeking new ways for training their care givers. Thus, this effort ties in particularly well with the current NPUAP effort to expand its recently activated Provider Advisory Council.

As we move forward into these new areas, the input of all NPUAP members, both past and present, will be valued. To this end, I am pleased to announce that Diane Langemo, rather than stepping down from NPUAP, will be continuing on as an active member through the recently activated Alumni Council. There is simply too much experience and knowledge among NPUAP alumni to ignore this valuable resource. Diane will be working to ensure that NPUAP alumni have a forum through which they can continue to make important contributions to NPUAP. This will significantly strengthen the ability of NPUAP to meet the many responsibilities that constitute its mission. 🍀

## Corporate Advisory Council Members Sought

**W**ould 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. 🍀

# Education Committee

By Mary Ellen Posthauer, RD, CD, LD and Mary Jo Geyer, PhD, PT, CWS, CLT-LANA

The success of the regional Best Practices Conferences has increased demand for NPUAP educational products. In order to meet the demands of a larger, more diverse market (multiple disciplines, clinical settings, educational levels), the Education Committee has established a number of strategic goals. First, the NPUAP must consider alternative forms of delivery for educational programs. Therefore, the committee is currently investigating the development of both high-tech, web-based programs for continuing education and lower-tech, multi-media applications specifically designed to meet the on-going training needs for either long-term or acute care settings. These products will complement the existing regional conferences currently being conducted.

Development of multi-media training modules based on a “train-the-trainer” approach has already begun with a goal of completing the first module by the end of 2004. The first module will consist of a training manual, Powerpoint presentation and short video for the Certified Nursing Assistant target audience. Content will include skin/wound assessment, routine skin care, basic incontinence management, basic dressing application and determining when to notify the nurse of a patient’s condition. Future modules may include similar content for different target audiences (LPN’s, treatment nurses, etc.) or may focus on preparing all staff for quality monitoring or accreditation surveys in a variety of settings.

Those attending one of the larger national wound management conferences can anticipate the arrival of updated/revised materials at the NPUAP exhibit booth. Work is also proceeding with revision and conversion of the slide sets to CD-ROM and will be available soon. Watch for updates to the NPUAP website as well.

The 9<sup>th</sup> National NPUAP Conference is scheduled for February 25-26, 2005 in Tampa, FL at the Hyatt Regency Hotel, so mark your calendars! The format for this conference has been designed to provide attendees with the best of both worlds. For those who wish to critically examine best practices in pressure ulcer prevention and treatment, a clinical conference will be presented. Concurrent programming will focus on re-examining the definitions of Stage I and Stage II pressure ulcers and the consideration of deep tissue injury as a type of pressure ulcer. These issues will have far-reaching clinical, regulatory and legal implications so, be sure to attend and express your opinion. 🍄

## DTI

By Richard G. Bennett, MD, Raymond & Anna Lublin Professor in Geriatric Medicine  
Johns Hopkins University School of Medicine, Vice President, Medical Affairs Johns  
Hopkins Bayview Medical Center

The manuscript on pressure-related deep tissue injury (DTI) under intact skin has been finalized by the DTI Task Force. The article reviews how the commonly cited pressure ulcer staging systems and experts describe this entity, and includes NPUAP commentary of the presumed pathophysiology of these lesions. NPUAP recommendations are also made concerning how clinicians and researchers can become involved in investigations which will lead to an improved understanding of the epidemiology, natural history, and treatment of these pressure injuries. As soon as the NPUAP approves this manuscript, it will be submitted to a journal with wide circulation among skin-care experts. 🍄

# Public Policy Committee

By George Xakellis, MD, MBA

**N**PUAP has continued to be active in numerous areas with regard to public policy. Two projects which NPUAP has been involved in over the last few years are the development of MDS 3.0, and the revisions of TAG 314 for surveying long-term care facilities on pressure ulcers. NPUAP has provided extensive input into the revision of MDS 3.0. While the MDS 3.0 revision is not complete, the draft of the skin care section has been extensively revised, addressing issues such as unstageable ulcers. The NPUAP also has had an opportunity to provide input into the revision of TAG 314 which governs the assessment of pressure ulcers by governmental surveyors of long-term care facilities.

Several new projects have been undertaken by members of the public policy committee. Courtney Lyder is Co-PI for the CMS pressure ulcer in hospitals project which is part of the broader Medicare hospital safety project. In addition, public policy committee member Barbara Braden and NPUAP Alumni Rita Frantz are involved in the nation-wide project to assess Quality Indicators in long-term care. Finally, public policy will be reviewing our position statements with the goal of putting together a packet of informational materials for any panel member who becomes active with policy makers. 🌱

# NPUAP Alumni Council Organizes

**T**he NPUAP Panel, at the January 2004 Annual meeting, voted to organize the Alumni Council. Dr. Diane Langemo, immediate past president of NPUAP, was appointed to coordinate the organization and serve as the Alumni representative to the Panel for the 2004-2006 time period.

Dr. Langemo has sent out notices to the other 34 NPUAP Alumni members soliciting interest in being a part of the council. We are aware there are missing or outdated e-mail addresses for some alumni, so if you have not yet been contacted, please contact Robin Turner at NPUAP or [dianelangemo@aol.com](mailto:dianelangemo@aol.com).

The Alumni Council will focus their endeavors in the following areas: 1- participate on Mission Committees and Task Forces as requested; 2-enhance NPUAP efforts in the locale of each Alumnus; and 3-provide ongoing input into the activities of NPUAP. While the Alumni Council has been included in the NPUAP Bylaws for some time, it has not been previously organized. 🌱

# *NPUAP Research Committee*

*By David Brienza, Ph.D.*

**T**he research committee adopted two new goals at the NPUAP Annual meeting in January. The first is to study the feasibility of establishing a research registry for organizations that serve people with or at risk of developing pressure ulcers. The registry is envisioned as resource designed and developed to facilitate pressure ulcer research. This NPUAP sponsored registry would be a valuable asset of the entire pressure ulcer R&D community. Our second goal, though somewhat more modest than the first, is also quite interesting and important. We propose to periodically publish information on the evidence (or lack thereof) for the many of the infamous myths and legends in the pressure ulcer knowledge base. For example, what significance does 32 mmHg have related to pressure ulcer prevention? Look for the answer to this and other fascinating questions on the NPUAP website in the very new future.

Two other research committee efforts are quickly coming to a close. The pressure ulcer research compendium project, which aimed to investigate the extent of pressure ulcer research in the US, will conclude early this year with the submission of a second manuscript on the topic, “Systematic Review of Acknowledged Funding Sources in Pressure Ulcer Literature.” The efforts of the Deep Tissue Injury Task Force are also nearing completion. The task force members will soon submit the manuscript “Pressure-Related Deep Tissue Injury Under Intact Skin and the Current Pressure Ulcer Staging Systems” for publication.

Two other committee initiatives are marching forward. The PUSH tool survey, designed to investigate the tool’s current utilization, is in the final stages of data collection. Data analysis and a publication will follow. The Support Surface Standards Initiative (S3I) will hold its next working group meeting in conjunction with WOCN this year in Tampa. We are looking forward to the continued high level of participation from all stakeholders. We are also excited with the prospect of submitting a preliminary work item to the International Organization of Standardization (ISO) through RESNA for the development of an international support surface.

## *Update on PUSH Survey*

**T**he NPUAP developed the PUSH instrument to monitor pressure ulcer healing and has been a leading advocate of its use. Yet we know very little as to how its being used and whether clinicians find it helpful in their management of pressure ulcer patients. Consequently, NPUAP has initiated the PUSH survey. This survey, which has been available at the NPUAP website since December, consists of about twenty questions that capture users’ experience with the instrument. While any PUSH user can complete the survey, we sent a special invitation to those 300 people who had previously registered with NPUAP as PUSH users. To date, approximately 90 people have completed the PUSH survey. If you are a PUSH user, go ahead and take the survey at [www.npuap.org](http://www.npuap.org). Tell us what you think about the instrument.

# New Corporate Advisory Council (CAC) Profile

By Myra D. Gans, Executive Vice President, Medical Nutrition USA, Inc.

“Since being founded in 1970, Medical Nutrition USA, Inc., and its predecessor company (Control Drug, Inc.), has developed nutrition-medicine products for sale to physicians, nursing homes, hospitals, dialysis clinics, and other companies (under private label or licensing agreements).

As a result of the growing body of observational and clinical data supporting the efficacy of Pro-Stat™ in long term care facilities, the company is expanding distribution of this enteral liquid protein that provides 15 g of hydrolyzed protein and 101 calories in 30 mL. Pro-Stat™ is manufactured using a unique, proprietary method of fully hydrolyzing collagen protein by the use of fruit enzymes (papain) to achieve a shelf-stable liquid in amino acid/poly-peptide form. Since 1977, the company has been granted 3 patents on Pro-Stat™ for nutritional support for protein deficiency, treating protein deficiency, and cancer cachexia nutrition support. A fourth patent is pending for nutritional support to treat pressure ulcers.

Medical Nutrition USA, Inc. is proud to become a member of NPUAP and looks forward to working with its members to achieve the goals of the organization for improved patient outcomes in pressure ulcer prevention and management through Education, Public Policy, & Research.”



## Save the Date... 9th National NPUAP Conference

February 25-26, 2005 🌸 Tampa, FL - Hyatt Regency Hotel

### Merging Missions: NPUAP Concurrent Conferences

#### *Track 1: Consensus Conference*

Are all stage I pressure ulcers really stage I? Are all blisters stage II ulcers? If you have pondered these questions plan now to join the NPUAP as we reexamine the current definitions of these pressure ulcers. In addition we will be discussing deep tissue injury as a form of pressure ulcers and determining where it should be placed in the nomenclature. We will be using a consensus style for this conference, so there will be ample time for you to speak and listen to others. The outcome will be important for clinicians, regulators, third party payers and researchers.

#### *Track 2: Best Practice Conference*

Health care professionals & administrators are challenged as never before with complex medical, ethical and legal issues posed by patients, their families, payers and regulators regarding pressure ulcers. This exciting, cutting edge interactive conference will bring together pressure ulcer experts to critically examine best practices in pressure ulcer assessment and treatment from a clinical, regulatory and legal perspective.

*Sponsored by the National Pressure Ulcer Advisory Panel  
Brochure forthcoming - check website ([www.npuap.org](http://www.npuap.org)) for updates*

# Meet the NPUAP 2004 Executive Committee

## **President**

*Dan Berlowitz, MD, MPH* has a clinical background in internal medicine and geriatrics and currently is the Acting Director of the Center for Health Quality, Outcomes, and Economic Research at the Bedford VA Hospital in Massachusetts. Additionally, he is Associate Chair for Health Services Research at the Boston University School of Public Health. He has done extensive research on the topic of pressure ulcers including predictors of their development, outcomes of pressure ulcer patients, and characteristics of nursing homes providing better pressure ulcer care. He is currently in his sixth year as an NPUAP member

## **Vice President**

*Dr. Baharestani* is the Director of Wound Healing at the Long Island Jewish Medical Center in New Hyde Park, New York. Dr. Baharestani is the Vice-President of the NPUAP and an American Academy of Wound Management (AAWM) Board Member. She also serves as a clinical consultant to Industry, Long Term Care and Home Care facilities. Dr. Baharestani lectures nationally and internationally and has published widely on wound healing topics.

## **Treasurer**

*Dr. Braden* is Dean of the Graduate School and University College at Creighton University in Omaha, NE. As such, she oversees 21 graduate programs across 5 schools or colleges at Creighton University and all adult undergraduate and non-credit professional development programs. She received her bachelor's degree from Creighton University in 1973, her master's from University of California at San Francisco in 1975 and her doctoral degree from The University of Texas at Austin in 1988. Dr. Braden is best known for her work in the development of the Braden Scale for Predicting Pressure Sore. This tool is in use on all continents and has been translated into many languages, including Japanese, Chinese, Korean, Indonesian, Italian, German, Portuguese, Polish, Arabic, Finnish, Norwegian, Icelandic, Flemish, Dutch and French. Dr. Braden is a Fellow in the American Academy of Nursing and has received many awards for her work, including lifetime achievement awards from the National Pressure Ulcer Advisory Panel, the European Pressure Ulcer Advisory.

## **Secretary**

*Mary Ellen Posthauer, RD, CD, LD* is a registered dietitian and President of M.E.P. Healthcare Dietary Services, Inc., which provides dietetic consultation to long term care facilities, group homes and hospitals. She is Secretary, Education Chair and Nutrition Task Force Chair for NPUAP. Prior to her election to NPUAP, she represented the American Dietetic Association as a collaborating organization to the panel. Mary Ellen is the American Dietetic Association's Alliance Representative and co-chair to JCAHO's Long Term Care - Professional Technical Advisory Council. Authored numerous books and articles on nutrition and the elderly including *ANutrition Care for the Older Adult*, *AWound Care*, *Wound Care Patient Education Manual*, and *Wound Care Essentials: Practice Principals – Nutrition and Wound Care.* She is a member of the Nutrition Council: Clinical Strategies in Long Term Care. She is on the Editorial Advisory Board of *Advances in Skin / Wound Care*. Mrs. Posthauer received the American Dietetic Association's: Award of Excellence in Consultation and Private Practice and Medallion Award, one of ADA's highest honors. She also received the Distinguished Alumni Award, Outstanding Service Awards and Citizens Award from Purdue. 🍓

# Future Dates for *NPUAP EDUCATIONAL OPPORTUNITIES*

## ***Best Practices***

April 22, 2004

Birmingham, AL

*Best Practice in Pressure Ulcer Prevention, Assessment and Treatment*

The Birmingham Area ET Nurses Association Health South Conference Center

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

February, 2005

*The Challenge of Pressure Ulcer Staging: A Consensus Development Statement*

**Check the NPUAP website for each educational brochure**

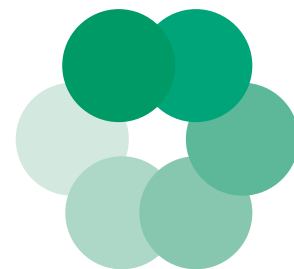
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