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President's Message

By Dan Berlowitz, MD, MPH, NPUAP President

One of the never-ending tasks of the NPUAP president is answering the mail. Each day, NPUAP receives several e-mail requests from clinicians with questions on the prevention and management of pressure ulcers. In general, there is little overlap in the questions asked and they cover diverse topics. Some of these questions are clearly beyond my expertise and they are sent to other Panel members for a response. However, most questions I try to address.

Lately, everyone seems to be asking about benchmarks for pressure ulcer care. This past week alone contained four such requests. Invariably, my response cites our report *Pressure Ulcers in America* and its results demonstrating the lack of good nationwide data on the prevalence and incidence of pressure ulcers. I also cite the Hill-Rom data which is perhaps the largest nationwide survey of hospitals. In 2001, they reported a point prevalence of 14.6% of which a quarter of the pressure ulcers were stage 3 or 4. And this is all I can tell people. I can give limited data on the prevalence and incidence of pressure ulcers. But is this a benchmark?

A benchmark of course is more than just the current achieved rate nationwide. It is the rate that facilities should strive for, and achieve, through the implementation of best practices. Achieving the benchmark represents excellent performance. Last year, Dr. Lyder and I were part of an effort sponsored by the Rhode Island Quality Improvement Organization to develop benchmarks for

pressure ulcer prevalence and restraint use in nursing homes based on MDS data. For restraint use, the discussion was quite animated. Some nursing homes have been truly successful at implementing a restraint-free environment. But is it right to set a benchmark of 0% for all the other nursing homes? There were diverse opinions on this issue. For pressure ulcers though, we had no idea what the benchmark should be. What prevalence rate is consistently achievable in nursing homes if best practices are being followed? We didn't know the answer so the solution ended up being statistical. The benchmark would be that rate achieved by a certain percent of best nursing homes. Not a very satisfying solution, but at least we could come up with a number. This is certainly much better than what I think we can currently do today for hospital care.

I find it amazing that after all these years of work, we still don't know the benchmark for pressure ulcers. What rates are achievable and should we strive for? Are these improved rates sustainable? Do they reflect true changes in the organization of pressure ulcer care delivery? Are some pressure ulcers unavoidable, and if so, which ones? Basic questions that people are asking in the mail. NPUAP must continue to address these issues and set the standard for best practices. Only then will we be better able to address the issue of benchmarking. Perhaps some future president will be able to give a better answer than I currently can. ❁



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Education Committee

Merging Missions: NPUAP 2005 Biennial Conference

February 25-26, – Tampa, Florida

The 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 is pleased to announce the completion of four 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. 🍄

Public Policy Committee

Public Policy's main activities over the past several months have been with CMS. We have been working with CMS to provide input into the pressure ulcer section of OASIS. The OASIS assessment document is undergoing revision and we are having regular conference calls to assist in updating and clarifying the document. 🌱

Research Committee

By David Brienza, Ph.D.

The Support Surface Standards Initiative (S3I) held its 6th Working Group Meeting in Tampa, Florida on June 5th. Approximately 25 people participated in the daylong meeting. We are very pleased to report that the Terms and Definitions Group is now in the process of publishing a draft document containing proposed definitions for some of the more vexing terms and definitions related to support surfaces. For example, the group reached a consensus on definitions for the general groupings of support surfaces (passive and Active) and (Powered and Non-powered). Other terms successfully defined by the group include pressure redistribution and alternating pressure. Look for the draft document to be made available on the NPUAP website under the Research Committee section in the near future. The Tissue Integrity Group continued its work on developing standardized indenters and developing test methods for such properties as heat dissipation/wetness and temperature, alternating pressure, friction, shear, envelopment and resistance to bottoming, and pressure redistribution. The Life Expectance Group continued work toward its goal to identify metrics and methods for demonstrating the changing condition of a support surface (due to fatigue in regular use or environmental effects) relative to its "out-of-the-box" design specifications.

In May, a proposal for a Preliminary Work Item to develop International Standards on Support Surfaces was submitted to the International Organization of Standards (ISO). The proposal, which was submitted through ISO Technical Committee 173 (TC173), will be voted upon at the November meeting of the subcommittee 1 (SC1) of TC173 in Valencia, Spain. If approved an international committee will be formed.

In part to generate interest for the International effort and in part to assess the state-of-the-science, S3I coordinated a World Union Initiative on Support Surface Test Methods at the recent World Union of Wound Healing Societies in Paris, France. The 2-hour session included presentations from representatives of work in the US, UK, Spain, and Japan. Additional information was presented during the discussion time from representatives of Germany and Italy. Based on presentations and discussion, there seemed to be strong interest in participation in the proposed ISO Work Item. 🌱

WOCN Introduces New Wound Guidelines

By Catherine R. Ratliff, PhD, APRN-BC, CWOCN

In the early 1990s, the Agency of Healthcare Policy and Research (AHCPR), now the Agency for Healthcare Research and Quality (AHRQ) developed clinical practice guidelines for pressure ulcers. These guidelines contributed greatly to the care of patients with pressure ulcers and have served as the basis for many institution-based protocols on prevention and treatment of pressure ulcers. In 1997, the Wound Ostomy Continence Nursing Society (WOCN), and the Wound Healing Society began working on Provisional Guidelines for Wound Care to advance clinical knowledge in the care of wounds. This group performed extensive searches on current research-based literature on the four major types of wounds: arterial, venous, neuropathic, and pressure ulcers. This work was presented at national meetings in 1998-1999. However, it was never formally published. The WOCN formed a wound guidelines task force for the secondary review of literature for each of these 4 areas, updating them with recent evidence as well as updating its own wounds publications. The series of four evidence-based guidelines: arterial, venous, neuropathic, and pressure ulcers is the end product. They are meant to support clinical practice by providing consistent research-based information with the goal of improved cost-effective patient outcomes as well as to stimulate wound research in the areas where there are gaps in practice. Copies of the guidelines are available from the WOCN and may be ordered from their website, www.wocn.org. Each guideline is \$10 for members and \$15 for nonmembers.

The National Guidelines Clearinghouse (NCG) is a comprehensive database of evidence-based clinical practice guidelines produced by the Agency for Healthcare Research and Quality (formerly the Agency for Health Care Policy and Research (AHCPR)), in partnership with the American Medical Association and the American Association of Health Plans. The WOCN Guidelines are also available in a condensed version on the web site of the NCG which increases their dissemination, implementation, and use. The LEAD (Lower Extremity Arterial Disease) Guideline, and Prevention and Management of Pressure Ulcers are already on the NCG web site, www.guideline.gov, with the goal of the other 2 guidelines; neuropathic and venous to be posted soon there as well. 🌸

Check out the redesigned NPUAP website at:

www.npaup.org

Newest Elected Members to the Board

NPUAP is pleased to announce the election of new members to the Board of Directors. These three nationally known experts in the field of pressure ulcers will join the NPUAP in January 2005.

Laura E. Edsberg, PhD

Dr. Laura Edsberg is director of the Natural & Health Sciences Research Center at Daemen College in Amherst, New York. She received her bachelor's degree from Cornell University and her master's and doctoral degrees from the State University of New York at Buffalo. She has written many articles about the microstructural and mechanical properties of pressure ulcer tissue, as well as current treatments in wound healing. Her research is funded by industry, foundations, and state and federal sources, including the National Science Foundation and the Department of Defense. Her current research serves to bridge contemporary perspectives of science and practice, specifically relative to interventions used in the management of chronic open wounds. 🌱

Steven Reger, PhD., C.P

Steven Reger, Ph.D., C.P. is a biomedical engineer, a certified prosthetist and is the Director of Rehabilitation Technology in the Department of Physical Medicine and Rehabilitation at the Cleveland Clinic Foundation (CCF). He is an educator and serves on the faculty of advanced nurses training at the R.B. Turnbull Jr. School of Enterostomal Therapy at the CCF, teaching soft tissue physiology, biomechanics, and the design and selection of support surfaces and seating for the prevention and treatment of pressure ulcers. He has also advised graduate biomedical and rehabilitation engineering students and orthopedic and plastic surgery residents on these topics at the University of Virginia, Ohio State, Case Western Reserve and Cleveland State Universities. Much of his research work has been directed to the prevention and treatment of pressure ulcers. He has had related projects on load transfer through soft tissues, the design of seating and body positioning supports, pressure ulcer healing by functional electrical stimulation, and computer aided design and manufacturing of body shaped, pressure relieving, wheelchair seating (he is the inventor of Signature 2000). He has also developed instruments to monitor diabetic foot support validation. Currently he is working on the development of a multifunctional surgical support surface. These projects have been funded by the National Institutes of Health, National Institute of Disability and Rehabilitation Research, and corporate and private sources. From this work, he has authored or co-authored more than 200 publications and presentations domestically and internationally and has served on committees and special interest focus groups. He has also served as a member of panels which developed clinical practice guidelines for the treatment and prevention of pressure ulcers at the United States Department of Health and Human Services and the Consortium for Spinal Cord Medicine of the Paralyzed Veterans of America, as a member of the Board of Directors of the National Pressure Ulcer Advisory Panel, and is a member of the European Pressure Ulcer Advisory Panel. 🌱

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Richard (Sal) Salcido, MD

Presently, Dr. Salcido is Professor and Chairman of Physical Medicine and Rehabilitation Medicine and at the University Of Pennsylvania School Of Medicine. He also holds The William J. Erdman II Professor of Rehabilitation Medicine endowed Chair. He serves as the Director of Rehabilitation Services in the University of Pennsylvania Health Care System and is the Residency Program Director for Physical Medicine and Rehabilitation (PM&R).

Dr. Salcido's active interest in the field of wound care is a continuum; He was a consultant and member of the AHCPR Clinical Practice Guide Lines Panel for the prevention and treatment of Pressure Ulcers. He Served as a Member of the NPUAP and was the Chair of the Research Committee (1993-98). He is an invited speaker for numerous wound related venues. For the last seven years he has been the Course Director for the Annual Clinical Symposium on the Advancement of Skin and Wound Care. Dr. Salcido is editor-in-chief of *Advances in Wound Care*, a peer reviewed journal. His research in wound care has received continuous funding from Industry, Research Foundations and The National Institutes of Health.

Dr. Salcido was trained as a medic in the U.S. Army Special Forces (Green Berets) and graduated from the Physician Assistant Program at Baylor University in 1977. He earned his medical degree in 1985 from the Institute of Biomedical Sciences at the Autonomous University of Juarez, Mexico. Dr. Salcido completed an internship in General Medicine and a residency in Physical Medicine and Rehabilitation at the Medical College of Virginia. In 1990, He was appointed to the faculty in the department of PM&R at the University of Kentucky, School of Medicine, in 1993 he was named Interim Chair and subsequently appointed Associate Professor and Chair in 1995. From 1993 to 1994, he participated in the Missouri Arthritis Rehabilitation Research Center Enrichment Program for Physiatrists at the University of Missouri, and has been an Association of American Medical Colleges Health Services Research Fellow. In 1998 He was appointed Professor and Chair of PM&R at The University of Pennsylvania in Philadelphia.

His other appointments demonstrate his diverse range of interests: At the University of Pennsylvania He is a senior associate at the Center on Aging and is an Associate at the Institute for Medicine and Biomedical Engineering. At the National level He serves on the research committees of the American Academy of PM&R, American Paraplegia Society, and is Chair of the Education Committee for the Association of Academic Physiatrist. He also serves on the Academic Health Care Policy and Legislation Committee for the AAPM&R, and the Veterans Affairs Committee on Special Disabilities (Secretarial Appointee).

Dr. Salcido has received numerous honors and awards, and has published extensively in professional journals and is a member of several editorial boards. He was recently named to Best Doctors in America. 

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 or contact the NPUAP at 703-464-4849 for all the award and abstract information.

NPUAP Education Opportunities

9th National Conference February, 2005

Merging Missions

Mission I: Consensus Forum: Staging Definitions & Deep Tissue Injury

Mission II: Best Practice Seminar: Pressure Ulcer Assessment & Treatment

Wish to Co-Sponsor a NPUAP Conference?

Any healthcare organization can co-sponsor a NPUAP conference. Conference expenses and profits are shared equally between the co-sponsoring organization and NPUAP. NPUAP offers the following one-day regional conferences:

- **Avoidable versus Unavoidable Pressure Ulcers: What is the Evidence?**
- **Minimize Litigation in Pressure Ulcer Care**
- **Best Practice in Pressure Ulcer Prevention, Assessment and Treatment**

For more information on co-sponsoring with the NPUAP, please contact the national office.

Check the NPUAP website for Educational events – www.npuap.org

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