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Winter 2006, Volume 20

National Pressure Ulcer Advisory Panel

the NPUAP

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PRESIDENT'S MESSAGE:

Twenty Year Anniversary

Joyce Black

Margaret Mead once said "Never doubt that a small group of committed people can change the world, in fact it is the only thing that ever has." This year marks the 20 year anniversary of the National Pressure Ulcer Advisory Panel and it is not only a significant milestone, but also a good time to look backward with respect and forward with anticipation.

Tom Stewart, CEO of Gaymar Industries, is the founder of the NPUAP. Still actively interested in the pressure ulcer problem, he recently sent me the information on the formation of NPUAP, which was published in *Decubitus* in 1988. This was the opening paragraph of the material: "Pressure ulcers are a major problem in this country. It has been estimated that between three and five percent of all patients admitted to acute care hospitals will develop pressure ulcers. A three to five percent incidence translates into over 1 million new cases of pressure ulcers each year. It has been reported that the cost to heal a single pressure ulcer averages between \$15,000 and \$27,000. The burden this places on our healthcare system is estimated to be between 3.5 and 7 billion dollars per year. Since the majority of these wounds are incurred by Medicare eligible population and reimbursement is fixed by DRGs, the majority of these costs are funded by tax dollars and absorbed by treating hospitals.

Costs aside, the human pain and suffering endured should be unconscionable to those dedicated to the relief of suffering. To champion this cause, an advocacy group has been formed—the National Pressure Ulcer Advisory Panel." The rest, you might say, is history ... or is it?

NPUAP's mission of advocating for the pressure ulcer problem through public policy, research and education has remained steadfast over the past 20 years. We have made tremendous progress in increasing awareness of the problem by regulators, educators, clinicians and the public.

NPUAP's recent work continues to be multi-focused and interdisciplinary. Our Support Surface Standards Initiative group has focused on clarifying the terms used to define support surfaces and the work of this group over the past four years is clearly remarkable. They will be sharing the first phase of their work with you this month. We heard you at the recent consensus conference;

deep tissue injury is a problem and the staging definitions are confusing. A task force rewrote the definitions of the stages of pressure ulcers including suspected deep tissue injury; this work is also open for your comment. Initiatives currently being addressed include pressure ulcers in children and how to accurately measure pressure ulcers. We are also working on the development of a clinical practice guideline on prevention...but this guideline is going to be written from an international perspective! It will be exciting

SAVE THE DATE!

NPUAP Biennial Conference:

Charting the Course for Pressure Ulcer Prevention and Treatment

A two-day meeting with concurrent conferences: Best Practice and Consensus for Shaping the Future of Pressure Ulcer Staging. Plan now to participate with international experts in the field of pressure ulcers!



San Antonio Hilton on the Riverwalk
San Antonio, TX

FEB. 9-10, 2007

Staging Task Force

"I can't tell a stage III from a stage IV, just call it a stage III/IV." "Any open wound on the buttocks is a stage II." "Purple wounds have to be called stage I's." Have you heard these comments? Sure you have, and we have too. The staging terms have been in place for many years, beginning with the work of Shea in 1975. Their purpose was and is to describe the visible depth of the pressure ulcer by examining the type of tissue in the bed of the wound. The ability to accurately stage is important because many clinical protocols for treatment begin with the stage. When we met in Tampa last February, you may have been part of the consensus group that affirmed our thoughts ... that staging terms were not clear

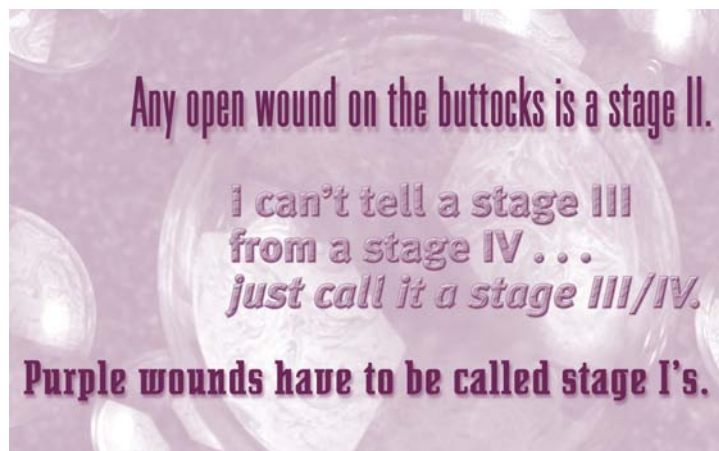
and not definitive and that deep tissue injury was not well captured in the current staging terms.

A task force of NPUAP members, Mona Baharestani, PhD, ANP, CWOCN, CWS, FAPWCA, FCCWS, Becky Dorner, RD, LD, Laura Edsberg, PhD, Diane Langemo, PhD, RN, FAAN, George Taler, MD, Karen Zulkowski, DNS, RN, CWS and Joyce Black, PhD, RN, CWCN, CPSN as chairperson, examined the current stages, rewrote and refined

the staging terminology. New terms are available for your input for stages I, II, III, IV, deep tissue injury and unstageable pressure ulcers. Our goal was to create terms that distinguished one ulcer from another, removed any reference to perineal dermatitis and/or excoriation from the stage II definition, delineated deep tissue injury from other stages by its color and/or tissue consistency and characterize stage III from stage

IV by the presence of exposed bone.

Now we need to know if we have made the staging clearer and more useable. Please complete the survey you will find on our website. We hope we have improved the staging system, but we want to know if you feel the same way. ▀



Letter from the President, continued from page 1

to combine all of these perspectives into one document that can guide practice as our world continually shrinks.

NPUAP is poised today to continue to address the pressure ulcer problem. Our ability today is based on large part from the efforts, energy and passion of our past leaders. Our past panel members created a firm foundation for today and we offer our thanks to them.

But despite the progress, the pressure ulcer problem is hardly over, in fact more recent incidence numbers would say we have not made much

progress at all. For the future to change, we need to continue to advocate for all patients by educating all health care providers, develop rigorous science to guide practice and recommend proper care to our legislators.

We commend all other individuals and groups committed to the prevention of pressure ulcers. We urge you to continue in your efforts. We encourage you to share your ideas with us. (Oh, and by the way, this last paragraph is from the Decubitus article from 1988!, I couldn't have said it better myself.) ▀

NPUAP Past Presidents

Thomas Stewart, Founder 1986

Joseph Witkowski 1987,1988

George Rodeheaver 1989-1995

Andrew Salzberg 1996,1997

Rita Frantz 1998

Elizabeth Ayello 1999

Sharon Baranoski 2000, 2001

Courtney Lyder 2002

Diane Langemo 2003

Daniel Berlowitz 2004

Mary Ellen Posthauer 2005

S3I Meeting Held in January

The Support Surface Standards Initiative (S3I) met January 11th and 12th in Washington, DC in conjunction with the ISO Mattress Standards group. Thirty-three people attended the meeting. The agenda included a reorganization of the S3I leadership, strategic planning for initiating a national support surface standards effort, an evaluation of the current S3I Terms and Definitions draft relative to a sample of devices, and tissue integrity and terms and definitions group's breakout sessions.

The S3I membership and NPUAP Board of Directors approved a structure in which the S3I would operate with co-chairs, one elected by the group at large and one appointed by NPUAP. The S3I membership elected Evan Call, of Salt Lake City, Utah, as the at-large co-chair and

NPUAP appointed David Brienza of Pittsburgh, PA. A new fee structure was approved. In order to participate, industrial members are required to pay a \$1000 per year fee. Other for-profit organizations are required to pay \$500 per year for participation and all other individuals are required to pay \$25 per meeting.

A focus of the meeting was an effort to validate the current draft of the Terms and Definitions. Manufacturers brought products for the meeting participants to evaluate using the proposed terms and definitions. Fifty-eight people evaluated all or some of the 16 support surfaces for a total of 417 responses. Three terms were found to be confusing; active, reactive and integrated bed system. The Terms and Definitions subgroup discussed

these and presented clarifications, which were approved. All terms/definitions are available for public evaluation on the NPUAP.org website. Please visit and help us with this process.

The Tissue Integrity Group (TIG) met to discuss progress toward its objectives. The present scope and work covers: shear, friction, heat dissipation and wetness, envelopment, pressure redistribution, pressure gradient, immersion, weight rating, and cleanability. It was also recommended that a longevity test be investigated. Although much progress has been made in developing and evaluating tests for these characteristics, the group would like participation from additional laboratories, either independent or manufacturer based. ▀

Medline Industries, Inc.

Medline Industries, Inc. is the nation's largest privately held manufacturer and distributor of healthcare supplies. Celebrating more than 30 years of servicing the healthcare industry. Medline manufactures and distributes almost 100,000 products to hospitals, extended care facilities, surgery centers, hospital laundries, home care dealers and agencies and other alternate site markets.

Today, we have more than 750 dedicated sales representatives throughout the country. In addition, Medline has 45 Wound Care Product Specialists, E.T. nurses and an Educare Hotline to provide

wound care support. With six manufacturing facilities and 29 distribution centers, Medline manufactures 70 percent of the products we sell.

Medline offers a variety of wound and skin care products, including the entire Carrington line of products, Arglaes®, SilvaSorb™, TenderWet® active, XCell®, Biosynthesized Cellulose, Gentleheal®, Atraumatic Silicone Foam, Exuderm™, DermaGel™, Skintegrity™, StrataSorb™, Maxorb® Extra and Maxorb®, Extra Ag, MedFix™ and Medfix™ EZ, SureSite™, Optifoam™ and Optifoam™ Ag, Soothe &Cool®, Remedy® and ReadyBath™.

Beyond products, Medline also supports the skin and wound care industry with programs and services such as our Educare™ Skin and Wound Care Education Program with CEU Credits! This is now available on-line, too! Or our survey-readiness program called COMPASS that helps a facility address the new surveyor guidelines for Pressure Ulcers and Incontinence.

For more information please visit our web site at www.medline.com ▀



Guidelines Update

NPUAP is partnering with the European Pressure ulcer Advisory Panel (EPUAP) in a project that will revise the Pressure Ulcer Prevention Guidelines and create the first internationally developed guidelines. This effort was commenced at the EPUAP May 2005 conference and planning has been underway since

that time. A committee from NPUAP and another from EPUAP anticipate conducting a thorough review of the literature from 1992 until the present time. The Agency for Health Care Policy and Research PU Prevention Guidelines were published in 1992, thus literature since that time needs to be identified and

reviewed. NPUAP members include Dr. Mona Baharestani, Dr. Joyce Black, Teresa Conner-Kerr, Dr. Janet Cuddigan, Mary Ellen Posthauer, Dr. Catherine Ratliff, Dr. George Taler, and Co-Chairs Dr. Diane Langemo and Dr. Susan Garber. ▶

Pressure Ulcer PowerPoint Presentations on CD

NPUAP offers four sets of educational CDs for purchase on our website. These CDs help explain, in detail, many of the questions that care providers might have regarding the defining, prevention and treatment of pressure ulcers. To place an order for a CD set, go to www.npuap.org/education and click on "New Educational CD Sets" link.

SET 1: Pressure Ulcer Basics

is composed of 39 slides that define pressure ulcers and describe characteristics of Stages I-IV. This presentation:

- contains numerous clinical pictures depicting the stages as well as deep tissue injury;
- will be useful in teaching pressure ulcer basics to healthcare professions in all continuums of care;
- delineates appropriate staging systems for venous and diabetic wounds (i.e. CEAP classification system, University of Texas Diabetic Wound Classification System).

SET 2: Determine Prevalence and Incidence of Pressure Ulcers

is a 25 slide presentation designed for clinicians, educators and researchers responsible for tracking pressure ulcer incidence and prevalence. It contains:

- methods/steps of conducting incidence and prevalence studies;
- formulas for calculating incidence and prevalence including examples;
- interpretation of study results.

SET 3: Strategies for Pressure Ulcer Prevention

is composed of 64 slides addressing the components of a successful prevention program including:

- risk assessment tools with patient specific examples (i.e. Braden Scale, Norton Scale);
- skin inspection/skin assessment;
- preventive skin care including incontinence issues;
- proper positioning to prevent shear, friction, etc.;
- nutritional assessment;
- pressure reducing devices and support surfaces;
- the importance of accurate documentation.

SET 4: Pressure Ulcer Treatment

is a comprehensive presentation with 96 slides covering all aspects of pressure ulcer prevention, identification and care, including:

- characteristics of pressure ulcers and other wounds (i.e. arterial ulcers/wounds, venous ulcers, diabetic wounds);
- in-depth pressure ulcer assessment guidelines (i.e. size, tissue type, exudates, pain, etc.);
- plan of care guidelines;
- detailed cleansing, debridement and dressing information;
- types of support surfaces including positioning techniques;
- adjunct therapies (i.e. hyperbaric, electrical stimulation, etc.);
- nutrition interventions;
- documentation tools (i.e. PUSH Tool, PPST).

