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Winter 2005, Volume 19

National Pressure Ulcer Advisory Panel

the NPUAP

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PRESIDENT'S MESSAGE:

NPUAP On the Move

Mary Ellen Posthauer, RD, CD, LD

NPUAP is certainly "on the move" both figuratively and physically.

On Jan 1, 2005 the management services of Hauck and Associates were retained and the office was moved to Washington, DC. Dan Berlowitz and I had the exhausting experience of sorting through 75 boxes of NPUAP historical data and miscellaneous "stuff." We enjoyed looking through pictures and proceedings from past conferences and board meetings. The material has been condensed and catalogued in the new office.

By the time you receive this newsletter our successful 2005 conference will be history. Organizing a two-day Consensus Forum and Best Practice Seminar was a monumental task. The NPUAP Board of Directors, CAC, PAC, CO and many alumni members participated in the planning and execution of this important conference. Mary Jo Geyer, Co-Chair of the conference, along with the education committee members are to be commended for the time and effort they committed to the conference. The faculty, consensus facilitators and recorders were superb.

The support of our sponsors and exhibitors was vital to the success of the conference. I want to publicly thank ConvaTec, DM Systems, Inc., Gaymar Industries, Hill-Rom Company, Inc., KCI, Novartis

Medical Nutrition, and Smith and Nephew for their financial contributions for the syllabus, lunches, breakfasts, coffee breaks and over-all conference. A list of the exhibitors is on page 6. Thank you to all who participated including the attendees whose contribution

made this a true consensus conference.

A highlight of the 9th National Conference was the presentation of the Kosiak and Thomas Stewart Founders Awards. Dr. George Rodeheaver received the Kosiak Award for his significant contributions in the field of pressure ulcers. George was a founding member of the NPUAP and served as its first Vice-President and second President. As President for four years, he was instrumental in NPUAP's beginning relationship with public policy. He met with the DMERCS and other governmental officials at HCFA (CMS) for reimbursement of wound

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NPUAP Selects New Management

Washington, D.C. becomes host to NPUAP's new headquarters

NPUAP has retained the firm of Hauck & Associates, Inc., of Washington, D.C., a professional association management firm, to manage its affairs. Hauck & Associates celebrated its 30th year as a professional association management firm in 2004. It represents numerous national and international trade associations. You may visit them online at their web site at www.hauck.com.



NPUAP has an ambitious agenda for 2005.

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care dressings. He was chair of the PUSH Task Force that developed the PUSH Tool and was a member of the AHCPH Pressure Ulcer Prevention and Treatment Practice Panels.

Dr. Rodeheaver chaired two national NPUAP conferences and was instrumental in the development of EPUAP. Dr. Rodeheaver exemplifies the Kosiak Award through his leadership in the prevention and treatment of pressure ulcers on a national, state and local level.

The Thomas Stewart award honors an individual or group that has made significant contributions through their leadership in research, education or patient care related to pressure ulcer prevention and management. Beverly Cullen, RN, Project Manager for the Centers for Medicare and Medicaid Services (CMS) received the 2005 award. She was the guiding architect of revising the interpretive guidelines of F-314 tag for pressure ulcers which impacts 17,000 skilled nursing facilities. CMS has had a long history of involving NPUAP in shaping federal policies. Beverly partnered with NPUAP members during the past two years revising the F-314 tag. She utilized NPUAP members during a live broadcast which educated CMS surveyors, Office of the Inspector General Attorneys and skilled nursing facilities on the essentials of providing effective pressure ulcer care. Congratulations, Beverly Cullen and CMS! NPUAP looks forward to a long working relationship with you and CMS.

NPUAP has an ambitious agenda for 2005 including:

Publishing the results of the consensus conference;

Revamping the web site;

Posting a Frequently Asked Question (FAQ) on wound photography;

Supporting and contributing to CMS projects such as the OASIS

Expanding educational opportunities for clinicians including co-hosting regional conferences;

Completing and publishing the terms and definitions developed by the Support Surface Initiative Task Group (S3I);

Strengthening the working relationship with EPUAP and CAWC;

Developing a fact sheet on PU in the neonatal-pediatric area;

Publishing a white paper on Nutrition and Pressure Ulcers; and

Addressing the issue of benchmarking.

This is just a sample of the program of work for this year. We welcome your suggestions and thank you for your support.

Mary Ellen Posthauer

Mary Ellen Posthauer, RD, CD, LD
NPUAP President

Alumni Update

By Diane Langemo, PhD, RN, FAAN, Alumni Council Representative

It has been one year since the NPUAP Panel voted at the January 2004 meeting to formally organize the NPUAP Alumni Council of NPUAP and appointed Immediate past President Diane Langemo, PhD, RN, FAAN to organize and lead this group. The purpose of the Alumni Council is to organize the NPUAP Alumni for purposes of information communication, involvement in and input into NPUAP activities, and representation on the NPUAP Panel. NPUAP Alumni members, whose contact information was available, were solicited for interest in being on the Alumni Council and a good cohort of Alumni have been participating.

The NPUAP collected data on the PUSH Tool via a web site survey. NPUAP assessed the use of this tool in clinical and research settings as well as future potential modifications, if needed. Through tabulating survey results, NPUAP learned that the tool is used most often in long-term care, followed by rehabilitation and then acute care. Overall, 80 percent of the respondents felt it was easy to use, and 60 percent felt it was useful in monitoring healing. Eighty-one percent of the respondents were registered nurses, 5 percent were physicians, and 11 percent were categorized as other. The Alumni Council members were also solicited for additional input. If anyone has additional input on the PUSH Tool, kindly forward it to Dr. Diane Langemo at dianelangemo@aol.com.

Some Alumni Council members have already served as invited speakers at NPUAP sponsored conferences

and others have presented at the 2005 Biennial NPUAP conference in Tampa, FL February 25-26. The NPUAP sincerely thanks these health care leaders for their generous contributions to the educational mission of NPUAP. Other Alumni who might be interested in speaking at future NPUAP conferences are invited to contact NPUAP.

On November 13, 2004, in Washington, DC, two NPUAP Alumni, Dr. Diane Langemo and JoAnn Maklebust, were inducted into the American Academy of Nursing. Current/Alumni NPUAP members who are members of the Academy of Nursing and in attendance were Dr. Elizabeth Ayello, Sharon Baranoski, Dr. Barbara Braden, Dr. Rita Frantz, Dr. Courtney Lyder, and Dr. Nancy Stotts.

At present, NPUAP does not have updated contact information on the following NPUAP Alumni. If you have current location information on any of the following individuals, kindly forward it to rthomas@NPUAP.org:

Victor Alterescu
 Dr. Rosalind Breslow
 Louise Colburn
 Barbara Oot-Giromini
 Dr. Cynthia Henderson
 Jan Jennings
 Dr. Ronald Linder
 Dr. Donald Saye
 Karen Schankweiler
 Dr. Joseph Witkowski

DTI Update

By Richard G. Bennertt, MD

NPUAP is pleased to announce that the article entitled "Pressure-Related Deep Tissue Injury Under Intact Skin and the Current Pressure Ulcer Staging Systems" has been published in *Advances in Skin & Wound Care*. This publication brings to a close the work of the Deep Tissue Injury Task Force that began consideration of this topic in August 2001. The implications of the findings of the task force were considered at the February 2005 NPUAP Biennial Conference in Tampa, Florida. During a Consensus Conference at this meeting, the clinical, research and regulatory implications of deep tissue injury related to the current NPUAP staging system definitions were considered.

NPUAP Dual Mission Conference a Success!

By Joyce Black, RN, PhD, CWCN, GPSN

NPUAP hosted its Biennial Consensus along with its Best Practice conference in Tampa on February 25 and 26. The well-attended consensus conference concluded that the current staging system for pressure ulcers does not accurately describe Stage I and Stage II pressure ulcers, nor does it capture deep tissue injury (DTI) pressure ulcers. Stage II definitions identify more than wounds from pressure, such as friction injury and excoriation from incontinence. The current Stage I definition is lengthy, and with the use of terms such as “purple,” it may inadvertently encourage deep tissue injuries to be classified as a Stage I pressure ulcers. Deep tissue injury due to pressure is a form of pressure ulcers introduced in 2003 by NPUAP and represents a form of pressure ulcers that may deteriorate quickly even if appropriate care was given. The consensus group also agreed that the etiology of any wound must be included in the label for the wound, in order to prescribe treatments.

In a usual consensus style, attendees were separated for discussion of questions on the nomenclature of Stage I, Stage II and deep tissue injury pressure ulcers. The consensus group concluded that DTI

should be included in the staging definitions and the identification of these lesions as pressure induced would help guide more aggressive, early, appropriate treatment interventions that may lead to better outcomes. It was agreed that DTI has had no formal study, has a complex pathogenesis and that reliable and valid clinical indicators of the problem are needed. Identifying DTI may improve outcomes and would affect statistical reports of prevalence and incidence.

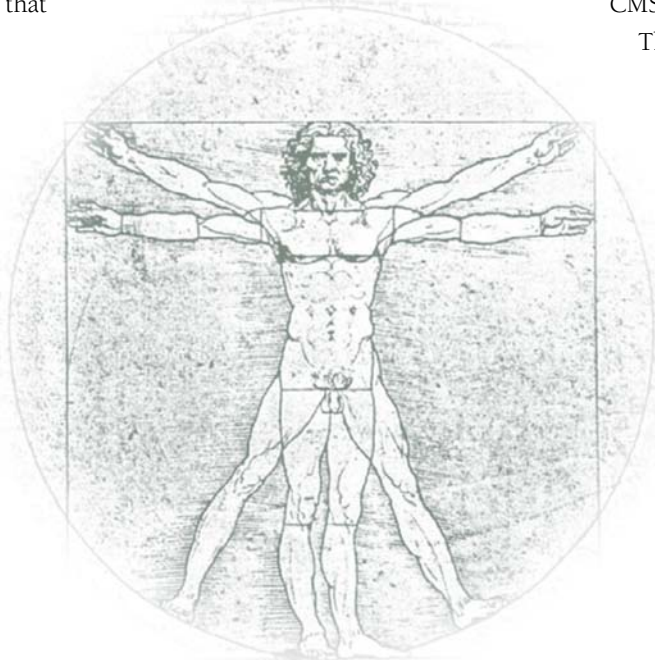
A robust discussion was held on the benefits of using terms such as partial and full thickness injury rather than staging. Advantages stemmed from ideas that the process of staging pressure ulcers can be difficult even for skilled practitioners and that staging has evolved into more than an anatomic description

of an ulcer—it is used for measuring the quality of care, reimbursement and comparison of outcomes. Disadvantages addressed the concerns that terms such as full thickness does not describe only pressure ulcers and other wounds would again be included in the labeling and that there is a difference between Stage III and Stage IV, particularly with the prescription of antibiotics to ward off or treat osteomyelitis.

The Best Practice conference was expanded to two full days and addressed the entire gamut of pressure ulcer treatment. This conference attended by a variety of clinicians including nurses, physicians, attorneys and dietitians resulted in lively discussion of the wide variety of topics presented. Speakers addressed topics ranging from wound care to palliative care. Beverly Cullen, Program Officer for CMS and recipient of the 2005

Thomas Stewart Award presented the latest information on the Federal Tag 314 released November 12, 2004 for Pressure Ulcers.

The NPUAP will continue its work on the staging language in future panel meetings. The next consensus conference will be held in February 2007 and will concentrate on standardizing terms and definitions for specialty beds.



NEW CORPORATE ADVISORY COUNCIL (CAC) MEMBER

Interventional Patient Hygiene from Sage Products Inc.

Sage Products develops and manufactures innovative healthcare products trusted by healthcare professionals and retail consumers worldwide. Founded in 1971, Sage is recognized as an industry leader that provides superior quality products for patients and value to every customer.

Sage leadership comes from a core belief in prevention—that evidence-based interventions will lead to improved outcomes for patients and the facilities that care for them. Backing this belief, Sage performs extensive product research and development, while funding ongoing clinical research and continuing education. Through this commitment, the company has

developed its market-leading skin care brands.

Sage's revolutionary Comfort Shield® incontinence care washcloths deliver all-in-one perineal cleansing, moisturizing, deodorizing, treatment and barrier protection. By applying a protective barrier every time it is used, Comfort Shield helps prevent and treat perineal dermatitis. This falls in line with NPUAP guidelines for preventing pressure ulcers.¹

For nearly a decade, Sage's Comfort Bath® products have delivered one-step, full-body cleansing and moisturizing for patients who require bed baths. Now they are helping facilities improve skin monitoring. Since bathing is the best

opportunity to observe skin condition, Sage's new I-See-Red™ Skin Check Guide is now available with Comfort Bath products. This unique, peel-and-stick guide empowers unlicensed caregivers to observe and communicate changes in skin condition to the patient's RN. By helping caregivers improve communication, the guide also helps facilities address one of JCAHO's 2005 Hospital National Patient Safety Goal requirements.²

Sage has earned a reputation for delivering innovative solutions to real healthcare problems. By addressing risk factors for skin breakdown, Sage is bringing interventional patient hygiene to the forefront of patient care.

¹ "Pressure Ulcer Prevention Points," National Pressure Ulcer Advisory Panel (NPUAP). Reston VA, 1993.

² Joint Commission on Accreditation of Healthcare Organizations (JCAHO), 2005 Hospitals' National Patient Safety Goals, 2005.

March 1, 2005

Mary Ellen Posthauer
President, NPUAP

Dear Mary Ellen,

I want you and all the hard working members of the NPUAP, both present and past, to know how pleased I am to have received the Kosiak Award. It is really gratifying to know that my longtime partners in the mission of the NPUAP have appreciated my efforts. It is an extreme honor for me to now have joined the select list of Bergstrom, Krouskop, Robson, Abruzzese, Braden, Maklebust, and Allman who have preceded me in this recognition. I plan to continue my efforts to achieve the goals and mission of the NPUAP.

Thanks again to all of you and I look forward to our next interaction.

Sincerely,

George T. Rodeheaver, Ph.D.
Director



2005 Kosiak Award Winner

**Our thanks to the sponsors for their
financial contributions to the
syllabus, breakfast, breaks, lunches,
and the 9th National Conference.**

**ConvaTec
DM Systems, Inc.
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KCI
Novartis Medical Nutrition
Smith & Nephew**



**Our thanks to the exhibitors for their
support at the 9th National Conference.**

**Association for the Advancement of
Wound Care (AAWC)**

**American Academy of Wound
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Panel (EPUAP)**

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Novartis Medical Nutrition

Smith & Nephew, Inc.

Tempur-Pedic Medical Inc.

Vohra Health Services

Thank You

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 NPUAP membership 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 32 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; and,
- 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; and,
- interpretation of study results.

SET 3: Strategies for Pressure Ulcer Prevention is composed of 42 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; and,
- the importance of accurate documentation.

SET 4: Pressure Ulcer Treatment is a comprehensive presentation with 117 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; and,
- documentation tools (i.e. PUSH Tool, PPST).



Consensus Conference 2007



San Antonio, Texas



Please plan to join us February 2007 in San Antonio, Texas, as we host a consensus conference to standardize terms and definitions for specialty beds. We will also re-examine any definition issues associated with Stage 1 and 2 pressure ulcers that may result after the introduction of deep tissue injury nomenclature into clinical practice.

The NPUAP has worked with clinicians, researchers, and industry representatives to help standardize terms and definitions associated with specialty beds.

Commonality of definitions will help manufacturers report consistent information about their products and enable clinicians to begin research on what product is most effective for what type of wound.



Help us take the next step and join us in 2007.