JCAHO’s expectations include measurement of incident or hospital acquired pressure ulcers. These “studies” have also been a requirement of magnet status and are being done by more and more hospitals. Simply showing improvement in the numbers of your hospital’s ulcers is only part of the process, you must be able to show reasonable numbers in comparison to like facilities. When that twist is added to the picture, the work being done by wound nurses during the reviews of their facilities must be more than counting ulcers or counting ulcers by looking in the charts.

Counting pressure ulcers and determining if they are hospital or non-hospital acquired is a crucial step in the process and should not be relegated to personnel that do not have training to determine the etiology of the wounds, or how to stage the wounds. Further, much can be learned by counting the stages of ulcers at the same time and the number of ulcers on any patient. From an epidemiology perspective, any “case of pressure ulcers” be it one stage I or multiple stage IV’s is a “case” and counted once. And such a number will suffice for simply counting cases. But so much more can be gleaned from these skin surveys.

It is important to:

Train the personnel on how to examine “every square inch of skin” and not to rely on chart data. Chart data is notoriously inaccurate; many patients have the first reported pressure ulcer found by a home health or long term care nurse when dismissed from a hospital.

Teach the skin examiners to look under oxygen tubing, take pressure support stockings off, and look under folds of skin for ulcers in odd places. These types of pressure...
ulcers may be some of the most preventable ones.

Assist in determining the cause of ulcers that are found. Pressure ulcers are commonly confused with dermatitis from incontinence or ischemic ulcers of the toes from diabetes or arterial inflow diseases. Ulcers that develop from etiologies other than pressure should not be counted as pressure ulcers. However, misrepresenting pressure ulcers on the heel as diabetic foot wounds, simply because the patient is diabetic, is also not proper.

Keep track of the stages of ulcers that are found. If all the ulcers found in your facility were stage I, you should congratulate the staff on a job well done. Obviously, if the ulcers found were stage III, IV or necrotic in their first discovery, a lot of work needs to be done.

Reward those personnel who participate in the work. The process of skin inspection is not a glamorous one, and those who help out should be rewarded. It need not be a huge reward, simple recognition is extremely beneficial (and a free lunch wouldn’t hurt!)

Why do all this work? For one thing, the richness of the data discovered will help guide you and your facility on quality improvement projects. Second, JCAHO will be looking for the processes of care provided. Some pressure ulcers will be determined to be unavoidable, but it is not the wound which can lead to such a conclusion, it is the process of care provided that preceded wound development.

NPUAP is very committed to this JCAHO initiative and also to improving care in hospitals nationwide. A conference will be held in Omaha this August to discuss the rest of the JCAHO story (see related advertisement) and helping you to set the processes in place to improve your patient care, reduce the number of pressure ulcers and supply JCAHO with evidence of your work. Plan to join us on this important adventure.

Joyce Black
NPUAP President
New CAC

Stryker Corporation is one of the world’s leading medical technology companies with the most broadly-based range of products in orthopaedics and a significant presence in other medical specialties. Stryker works with respected medical professionals to help people lead more active and more satisfying lives. The Company’s products include implants used in joint replacement, trauma, craniomaxillofacial and spinal surgeries; biologics; surgical, neurologic, ear, nose & throat and interventional pain equipment; endoscopic, surgical navigation, communications and digital imaging systems; as well as patient handling and emergency medical equipment. Stryker also provides outpatient physical therapy services in the United States.

At the Medical division, our passion and focus drives the development of best-in-class patient handling equipment and support surfaces. Stryker® patient handling equipment provides proven dependability and industry-changing innovations like ZOOM®, a motorized hospital bed, and Chaperone®, a bed exit/patient entanglement prevention system. While driving healthcare technology, Stryker has become known for products that are easy to use, versatile and clinically superior. Stryker's complete product portfolio includes sleep surfaces, stretchers, patient room furnishings and critical care, med/surg and maternity beds. Stryker delivers pioneering solutions with its comprehensive sleep surface continuum. From wound care intervention to advanced pulmonary therapy, we have a full line of sleep surfaces that help prevent and treat pressure ulcers.

Loyal customers – our passion, our commitment, now and forever.

Guideline Committee Update

The NPUAP-EPUAP Pressure Ulcer Guideline Revision Committee continues their work on revising the Pressure Ulcer Prevention and Treatment Guidelines. Thus far, a Gap Analysis, based on a review of nine different sets of guidelines, has been completed for both the prevention and the treatment guidelines. All evidence-based literature since the publication of the AHCPR Guidelines will be reviewed for potential evidence for guideline revisions. “Meetings” are being held via e-mail, teleconference, video conference and in person. A grant proposal has been prepared to solicit funding for the project. The goal is to have newly revised guidelines completed by mid-2008. NPUAP Committee Co-chairpersons are Dr. Janet Cuddigan, and Dr. Diane Langemo. Committee members include Dr. Mona Baharestani, Dr. Joyce Black, Dr. Catherine Ratliff and Mary Ellen Posthauer.
The recharged NPUAP Support Surface Standards Initiative (S3I) met June 2-3, 2006 at Weber State University in Ogden, Utah. The meeting was hosted by E.C. Service of Centerville, Utah and chaired by the initiative’s co-chairs, Dave Brienza and Evan Call and the secretary, Dave McCausland. S3I functions as a standards policy committee and two working groups; the first on Terms and Definition (T&D) chaired by Mary Ellen Posthauer, and the second on Tissue Integrity (TIG) chaired by David Brienza.

S3I policy considerations included Dave McCausland of The ROHO Group presenting on the expected implementation of CMS’s plan for competitive bidding, and the significance of the impact on the industry. The S3I committee discussed potential responses and what industry input would be appropriate. Although the particular products designated for bidding have not yet been decided and/or publicly announced by CMS, there was strong consensus within the group that the inclusion of support surfaces would have a negative impact on the industry due to the currently inadequate support surface medical policy. S3I felt that upgrading the support surface medical policy was a critical first step to a successful implementation of competitive bidding.

The Terms and Definitions Group (T&D) passed an important milestone in producing a revision to the T&D document following an extensive external validation study. The group analyzed the numerical results and comments gathered during a systematic survey study. Edits, additions and deletions based on the study were incorporated into the current draft of the document. The terms will now be disseminated through publications and presentations.

The Tissue Integrity Group (TIG) produced three draft test methods—heat and water vapor transmission; shear and friction; and pressure redistribution through immersion and envelopment. The group’s progress was catapulted forward due to contributions of draft methods submitted by E.C. Services. Each of the three methods are to now be evaluated in at least two labs before the next meeting. The University of Pittsburgh will host the next meeting in early November 2006.
Take this great opportunity to join with the National Pressure Ulcer Advisory Panel and hundreds of conferees as they

**Chart the Course for Pressure Ulcer Prevention and Treatment.**

This unique, two-day meeting will feature concurrent practice molding conferences:

- *Consensus for Shaping the Future of Pressure Ulcer Staging*
- *Current Best Wound Care Practice*

**Track 1: Consensus Conference: Shaping the Future of Pressure Ulcer Staging**

**Track 2: Best Practice Conference**

The National Pressure Ulcer Advisory Panel (NPUAP) is now accepting poster abstracts for review and possible presentation at the 2007 10th National Conference, a biennial consensus and best practice conference, about pressure ulcers, their prevention and management.

**DEADLINE:** ONLY ABSTRACTS THAT FOLLOW THE SUBMISSION AND FORMAT GUIDELINES AND ARE RECEIVED ON OR BEFORE NOON CENTRAL STANDARD TIME, WEDNESDAY, OCTOBER 2, 2006 WILL BE REVIEWED.

Visit us for more information at

[www.npuap.org](http://www.npuap.org)
How to Co-Sponsor a National Pressure Ulcer Advisory Panel Conference

**WHO:**
Any healthcare organization can co-sponsor an NPUAP conference. Conference expenses and profits are shared equally between the co-sponsoring organization and NPUAP.

**WHAT:**
NPUAP offers the following one-day regional conferences:
- Avoidable vs Unavoidable Pressure Ulcers: What is the Evidence?
- Minimizing Litigation in Pressure Ulcer Care
- Best Practice in Pressure Ulcer Prevention, Assessment and Treatment

NPUAP offers nationally recognized experts in the pressure ulcer field and develops the program and arranges speakers for the co-sponsoring organization.

The co-sponsor must provide an on-site person(s) to coordinate and plan the program for the area.

**WHEN:**
Conferences may be scheduled at any time. Dates are based on availability and are arranged on a first-come, first-served basis. Speaker choice is based on the availability and location of NPUAP Panel members. Program preparation and marketing requires a time frame of five to eight months.

**WHERE:**
Conferences may be arranged in any location. Previous locations have included areas such as Arizona, California, Illinois, Florida, New York and Iowa. The conference may be held in a hotel, at a university or college, or in a hospital or healthcare facility. General facility requirements include:
- Space for approximately 200 attendees
- Two rooms or areas (one for the educational session and one for vendors/exhibitors)
- An area for lunch and breaks (can be with vendors/exhibitors)
- Audiovisual equipment with computer and LCD capabilities

**HOW:**
- Contact NPUAP Executive Director David Saunders for the Co-sponsoring agreement to be signed by someone at your facility or organization.
- Select the person(s) responsible for planning and coordinating the conference in your area.
- Contact the NPUAP Education Committee Chair(s) for possible conference dates.
- Select your date and reserve the conference facility.
- Arrange for catering for the conference (usually morning coffee break, lunch and afternoon break.)
- Work with the NPUAP Education Committee Chair(s) to develop the conference brochure with registration and agenda information, fees, deadlines, hotel reservations information, etc.
- Print and mail brochures to potential attendees in your area (NPUAP can provide mailing labels.)
- Deposit registration and vendor revenue, produce post-conference financial report for NPUAP, NPUAP and the co-sponsoring organization split any revenue over expenses on a 50/50 basis.
- Contact vendors/exhibitors for support by exhibiting at the conference, including NPUAP Corporate Advisory Council members.
- Assist with hotel arrangements for speakers (the NPUAP National Office handles the speaker airline tickets.)
- Assemble syllabus or conference booklet based on the presentation outlines from the speakers.
- Coordinate on-site logistics, including attendee registration, vendor set-up and questions, lunch and coffee breaks.

ENJOY HAVING NPUAP COME TO YOUR AREA!

NPUAP provides multi-disciplinary leadership for improved patient outcomes in pressure ulcer prevention and management through education, public policy and research.