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Summer 2009, Vol. 24

National Pressure Ulcer Advisory Panel

the NPUAP

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The National Pressure Ulcer Advisory Panel (NPUAP) serves as the authoritative voice for improved patient outcomes in pressure ulcer prevention and treatment through public policy, education and research. Learn more about pressure ulcers and NPUAP at www.npuap.org

PUBLIC POLICY REPORT

Deep tissue injury (DTI) continues to be a form of pressure ulcers that is just beginning to be understood. Clinicians are asking for guidance on how to appropriately classify these ulcers in current documentation systems. To assist the long term care community, NPUAP created a position statement stating that intact purple skin be staged as a "Stage I" on the MDS. Realizing that the evolution of DTI often differs because it is faster. However, we advise that *intact* purple skin be categorized as a stage I because DTI at this stage of evolution fits the stage I category best. Additionally, the treatment interventions are similar. It is advised that clinical documentation reflect that DTI is present and that the citation of a stage I is only on the MDS form. *Continued on page 2* ➤

Support Surface Standards Initiative (S3I) Announces First Surface Test Standard – Now in Draft Form

NPUAP's Support Surface Standards Initiative (S3I), announces the submission of the first Draft Standard for testing Support Surfaces to the American National Standards Institute / Rehabilitation Engineering Society of North America (ANSI/RESNA). This test method joins the Terms and Definitions document already produced as "standard terms" for the industry. The Support Surface Standards Initiative will hold their biannual meeting August 18 and 19, 2009 immediately prior to the NPUAP Panel meeting in August. The meeting will be held at the Washington Marriott. Members of S3I can find the meeting information using their login and password on the Quick Place site at: *Continued on page 2* ➤

NEWS FLASH!

Best Practice for Pressure Ulcer Prevention and Treatment: FREE One-day Conference

NPUAP will hold a one-day Best Practice Conference on **September 30** at the Courtyard Marriott in **Monrovia, California** from 8:30AM to 4:00PM (see program on page 3). This meeting is sponsored by an unrestricted educational grant from **Posey Company** and there is **no registration fee!** Space is limited and registration will be on a first come, first serve basis. **Register now at www.npuap.org.** For more information please contact the NPUAP office: Jen Bank, Executive Assistant, 202-521-6789 or jbank@npuap.org.



PRESIDENT'S MESSAGE

Work for All Seasons

Laura Edsberg, PhD

The NPUAP is working through the seasons on our public policy, education, and research agenda. We have continued to take on challenging projects and set the bar high. The International Pressure Ulcer Guidelines will be available in the next few weeks, I invite you to visit our website www.npuap.org for the exciting release of this ambitious and monumental project. A project of this scope requires commitment from all involved and the finished Guidelines are a reflection of the productive relationship that exists between the NPUAP and EPUAP. Pressure ulcers are a worldwide problem and the new guidelines are an important part of the solution.

Ongoing Panel projects include the Support Surface Standard Initiative, which is developing terminology, test methods and reporting standards for support surfaces. The importance and relevance of the terminology portion of this initiative, which was completed in 2007, came to light again as we worked together on the guidelines. We need a common language or frame work for pressure ulcer treatment, prevention, assessment, research, and education to succeed. The test method validation and reporting standards for support surfaces parts of this initiative will be equally important when completed.

I have been reading the archived newsletters of the NPUAP as we plan for a strategic planning meeting this summer and I am struck by the conti-

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PRESIDENT'S MESSAGE

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nunity that continues even as the board members have changed through the years. NPUAP has worked hard over the last several years to set a course to be actively engaged with our international colleagues. As we move forward we strive to continue our current collaborations and begin new relationships both nationally and internationally to continue to fulfill the mission of the organization. All of the projects/initiatives that the board has and continues to work on fit together to create parts of the entire story of pressure ulcers.

On the national front, the public policy committee continues to be extremely active and responsive. Comments were recently submitted to CMS on the 2010 Proposed In Patient Rule and recommendations for coding suspected DTI on MDS 2.0 are now posted to the website. Please visit the public policy website to view recent comments/letters.

We host a conference every two years, but in between we welcome the opportunity to come to different regions of the country to offer one-day programs. This year we will be offering programs based on the International Guidelines for Pressure Ulcer Treatment and Prevention or Best Practice in Pressure Ulcer Prevention, Assessment, and Treatment. I hope that you will invite us to be a part of your next conference at your facility. Our strength as a board comes from your commitment and enthusiasm to the work that we are all doing together.

Enjoy your summer! ■



Laura Edsberg, PhD
NPUAP President

PUBLIC POLICY REPORT

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Blood blisters should be coded as an unstageable ulcer, therefore a stage IV on the MDS. To avoid apparent confusion for reviewers who might be looking for evidence of wound care for the usual stage IV, again the clinical documentation should include information on the blood blister. Serum filled blisters should be coded as a stage II because they represent superficial injury. You will find the entire document on the MDS and Deep Tissue Injury on the NPUAP website.

NPUAP also addressed some of the issues in the National Quality Forum's (NQF) draft recommendations to eliminate staging of pressure ulcers and describe them only as partial and full thickness. NPUAP does not agree with this proposal and cites the many clinical procedures based on the stages of a pressure ulcer. NPUAP believes that clinicians can accurately stage pressure ulcers and should continue to do so. Other issues in the NQF's draft document were addressed too and the letter detailing our concerns is found on the website.

Recently, NPUAP responded to the plans for 2010 present on admission payable conditions. This letter is also on the website.

NPUAP recognizes the complex problem of unavoidable pressure ulcers in acute care and will be addressing the issue later this year. The early forms of the plan include a multidisciplinary panel to gain a complete understanding of the issue. ■

S3I SURFACE TEST STANDARD

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http://backil1.rohoinc.com/QuickPlace/isosupportsurfacestandardsworkgroup/Main.nsf/h_Discussion/9A067699C5090143862575EC004F50DD/?OpenDocument

Persons interested in participating in the S3I can obtain membership information from Dr. David Brienza, (dbrienza+@pitt.edu) or Evan Call (ecall@weber.edu). S3I is an NPUAP sponsored, industry based committee charged with the task of producing standards that provide the industry with tools to characterize support surfaces and to ultimately develop support surface measures that have significant impact on clinical outcomes.

This year's meeting will be addressing the tests intended to measure the temperature and moisture characteristics of support surfaces. For clinicians, maintaining proper microclimate at the body-support surface interface is critical to maintaining healthy tissue, and prevention of pressure ulcers. Two microclimate tests methods have been developed and the tools for validation of these methods should be available in the next few weeks. These tools being in place allows work to begin on "Microclimate Management" which is the next in the series of tests to be refined into industry standards by S3I. ■



NPUAP REGIONAL SEMINAR SEPTEMBER 30 , 2009

*Sponsored with an unrestricted
educational grant from Posey Company*

**BEST PRACTICE FOR
PRESSURE ULCER
PREVENTION & MANAGEMENT**
OLD CONCEPTS, NEW IDEAS

ONE-DAY PROGRAM

- 8:15–8:30AM. **Why Evidence-Based Practice for Best Practice in Pressure Ulcer Care: Introduction of NPUAP/EPUAP Guidelines**
- Diane Langemo, PhD, RN, FAAN
- 8:30–9:15AM. **Understanding Implications of the Updated NPUAP Staging System; Avoidable and Unavoidable Pressure Ulcers; Distinguishing Pressure Ulcers From Other Skin Lesions**
- Aimée D. Garcia, MD
- 9:15–9:45AM. **Risk Assessment: Why, How, How Often & What Does It Mean?**
- Evonne Fowler, RN, CNS, CWON
- 9:45–10:15AM. **Break**
- 10:15–10:30AM. **Measuring Pressure Ulcer Burden: Prevalence & Incidence**
- Diane Langemo, PhD, RN, FAAN
- 10:30–11:30AM. **Practice Recommendation for Preventing Heel Ulcers**
- Evonne Fowler, RN, CNS, CWON
- 11:30–12:00NN. **Nutritional Considerations in Wound Care**
- Aimée Garcia, MD
- 12:00–1:00PM. **Lunch**
- 1:00–1:30PM. **How Does Pressure, Friction, Shear, and Microclimate lead to Ulceration**
- Evan Call, MS
- 1:30–2:15PM. **Special Populations at Risk for a Pressure Ulcer: Bariatric, Critical Care, and Palliative Care Patients**
- Aimée Garcia / Evonne Fowler / Diane Langemo
- 2:15–3:00PM. **Role of Support Surfaces in PU Prevention and Treatment**
- Evan Call, MS
- 3:00–3:30PM. **Implications of the CMS Coding and Funding Related to Pressure Ulcers Present on Admission, CMS F314 Tag, MDS-DTI Coding**
- Evonne Fowler / Diane Langemo / Evan Call
- 3:30–4:00PM. **Pressure Ulcer Assessment & Ulcer Management; When To Debride, Dressings, TIME principles for Wound Bed Preparation**
- Aimée Garcia, MD
- 4:00–4:30PM. **Minimizing the Risk of Litigation**
- Diane Langemo, PhD ,RN, FAAN

**There is no registration fee, but
participants must pre-register
online at www.NPUAP.org**

**Location: Courtyard Marriott
700 W. Huntington Drive
Monrovia, CA 91016
(626) 357-5211**

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Association for the Advancement of Wound Care

National Alliance of Wound Care

RESNA

Wound, Ostomy and Continence Nurses Society

NPUAP Provider Organization Council Update

The Provider Organization Council (POC) is made up of health care providers. Most of us work within the long term care arena; however we also have people who work for DME POS companies providing goods and services to long term care, home health and other care settings.

We are not vendors or industry, but rather health care providers or advocates for patients and residents. We encourage other providers to consider joining the NPUAP as a POC representative. It is a wonderful opportunity to work on issues and key task forces that deal with specific topics near and dear to all of us.

Recently, many of us were on a task force that created a position statement addressing deep tissue injury and coding issues for MDS 2.0. Many of us were also involved on a task force that provided suggestions to update and improve the LCD on surgical dressings. We are hopeful these comments will help shape the revision of the surgical dressing policy as it has not been thoroughly updated since its release in the mid 1990's.

We sit on the Panel of the NPUAP with a wide variety of other well known individuals, groups and companies all with a common goal: To improve patient outcomes in pressure ulcer prevention and treatment through public policy, education and research.

Help the POC make a difference by partnering with NPUAP and sharing your voice and expertise! ■



NATIONAL
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ADVISORY
PANEL

2300 N Street NW, Suite 710
Washington, DC 20037
T: 202-521-6789
F: 202-833-3636
E: npuap@npuap.org
www.npuap.org