NPUAP 2013 Update
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The National Pressure Ulcer Advisory Panel (NPUAP) 13th National Biennial Conference is our first opportunity to celebrate the 25th anniversary of the formation of NPUAP and the 24 years since the first NPUAP consensus conference. And what a lot there is to acknowledge!

Two things are most prominent in my mind: First and foremost is the burgeoning influence the NPUAP now has in the development of public policy related to pressure ulcers. The NPUAP has strong connections with the Centers for Medicare and Medicaid Services (CMS); the decisions reached in our whitepapers and consensus conferences often become the bases for or changes in CMS regulation.

A close second is the NPUAP’s increasing influence on clinical practice through the process of writing evidence-based clinical practice guidelines. After serving as a model for the formation of the European Pressure Ulcer Advisory Panel (EPUAP) and the Japanese Pressure Ulcer Society (JPUS), the NPUAP initiated efforts to collaborate with these organizations to promulgate international clinical practice guidelines. The first of these guidelines was published in 2009 and resulted from the combined efforts of the NPUAP and the EPUAP. An update is in progress, this time in collaboration with the EPUAP and the Pan-Pacific Alliance. The JPUS is participating in an observational role. Publication is planned for 2014.

Another important NPUAP publication currently available on our website, as well as at the Biennial, is a newly published second edition of the monograph on incidence and prevalence of pressure ulcers. This amazingly useful document contains chapters on research on the public policy context and on computing and interpreting various types of prevalence, incidence, and facility-acquired rates. In addition, entire chapters are devoted to incidence and prevalence according to clinical setting — eg, acute care, critical care, operating room, long-term care, rehabilitation, and home care. Another section of the monograph discusses prevalence and incidence in special populations such as the spinal cord injured, elderly, pediatrics, morbidly obese, palliative care and hip fracture patients, and persons of color. A final section is devoted to topics involving benchmarking data, staff education, and innovations in prevention and treatment. Evidence tables are included for each of the major chapters. It is the first book on incidence and prevalence I’m anxious to read!

The NPUAP also has begun to sponsor approximately six webinars per year on issues of current interest, always with a strong emphasis on the latest research pertinent to clinicians. Some of the practical aspects of the new webinar series are that sessions are affordable; that with one registration, they can be viewed by a room full of participants; and that they offer CEUs. These webinars are a wonderful opportunity for healthcare organizations to provide education to large segments of their staff.

The NPUAP already is planning for a consensus conference in 2014. This gathering will be an extension of the work on unavoidable ulcers we began a few years ago. We are planning to concentrate heavily on palliative care, end-of-life skin changes, and skin failure. Definitions and differentiation will be discussed, as well as what can be expected in terms of outcomes of ulcer prevention, treatment, and healing.

In the meantime, the 2013 Biennial has shaped up to be particularly exciting, featuring speakers from Israel, England, Belgium, and Japan. While the conference has always been rooted in the evidence base underlying practice, this year a significant portion of the program will be a devoted to presentations of original research, much of which has not yet been published. Most of these presentations converge on the topic of suspected deep tissue injury, ranging from physiological mechanisms and natural history to prevention and treatment. Principal investigator Dr. Nancy Bergstrom will present a large and important study on repositioning intervals in nursing home patients.

An update from the NPUAP Public Policy committee at the Biennial will include information on recent negotiations with the CMS to standardize skin assessment across settings and to further expand understanding of unavoidable ulcers. In addition, work is being done to clarify when pressure ulcers should be considered recurrent or nonhealing and when foot wounds should be considered diabetic versus pressure ulcers. Representatives from the CMS will provide an update on CMS initiatives at a dinner meeting following the opening reception.

The 2013 Biennial is just the beginning of an exciting year for the NPUAP. I hope to see you at the Biennial, find your organization on the list of attendees at the NPUAP webinars, and hear your voice at the 2014 consensus conference.

Dr. Braden serves on the Board of Directors, National Pressure Ulcer Advisory Panel, and as Chair of the 2013 Biennial Conference. This article was not subject to the Ostomy Wound Management peer-review process.