

# North American Pressure Ulcer Summit: Tackling an Underreported Issue

By Janet L. Kuhnke RN, BA, BScN, MS, ET, Doctorate in Psychology(c)

**T**he Association for the Advancement of Wound Care (AAWC) held their first annual Pressure Ulcer Summit in Atlanta, Georgia, February 9 to 10, 2018. The summit focused on the importance of prevention and harm reduction. Sessions examined the scientific evidence related to the underlying pathophysiology of pressure-induced tissue damage and the resulting effects. This topic is important for clinicians, researchers and educators. Pressure ulcers/injuries may be underreported because often they are not accurately assessed by caregivers as pressure ulcers and therefore not coded as such in health-care auditing and reporting systems.<sup>1</sup>

Pressure ulcers are one of the most common conditions in all care settings, and the summit brought together key speakers to address this widespread problem. Overall, the speakers emphasized the need for partnerships in the clinical, research and education arenas, and the importance of bringing researchers together to address the immediate need to collect and report the prevalence of pressure ulcers/injuries worldwide.

Initial presentations and discussions focused on the biomechanical issues related to assessment, treatment and management of pressure ulcers/injuries. Researchers presented the mechanisms underlying and contributing to pressure-induced tissue damage in at-risk populations. Using case-

based presentations, speakers discussed the issues related to adipose, muscle, and the movement and displacement of tissue with movement, sitting and positioning. Case examples from the spinal-cord-injured and older adult populations illustrated the individuality of tissue changes.

Technology—the role it plays, now and in the future—was a thread that ran through the summit. Technological devices that can detect changes in biophysical measurement of the skin and tissue can aid in identifying tissue damage. These devices may help staff in clinical practice describe pressure tissue damage. There was also a detailed discussion on the use of advanced scanning imagery to support decision-making related to positioning of patients (e.g., location of muscle and subcutaneous layers after surgery). Understanding where the tissue and structures lie may be necessary to effectively prescribe equipment.

Key researchers delivered an interactive presentation, and discussion focused on the development of the Pressure Ulcer (Description) Tool (PUDT). Through interactive technology, summit participants gave the presenters and researcher group their feedback and critique of terminology being used in this developing tool. The goal of the PUDT is to aid caregivers in describing pressure ulcers/injuries and to separate these injuries from other skin changes. The tool is now undergoing

content validity and reliability testing, and the research group will share their results in upcoming publications.

Janet L. Kuhnke represented Wounds Canada as co-moderator, with Kara Couch, of a session titled "Prevention Interventions." In this session, a physician and physiotherapy team emphasized the importance of the following:

- team communication
- engaging the patient and family in effective education
- prescribing the most appropriate equipment to meet each patient's needs

There was a healthy and engaging discussion about the term *pressure injury*. Perspectives shared included that the word *injury* is not a medical term; that *injury* implies harm and potential litigation; and that overall, the change to the term *pressure injury* is not simple. This passionate discussion engaged participants from across the United States, and the AAWC will continue to keep wound-care clinicians apprised of developments related to this topic.

Another theme that ran through the summit was the importance of health-data collection issues related to pressure ulcers/injuries. Some of the topic discussions related to educating and re-educating staff on proper staging; resolving documentation issues in charting; and having medical-record coders understand changes to coding related to pressure ulcers/injuries. For researchers, there is a heightened emphasis on the need to access existing large medical databases to conduct research and to report accurately on the state of pressure ulcers/injuries across the U.S. and around the world.

Researchers were encouraged to pursue this important issue, as more research is needed to fully understand the state of pressure ulcers/injuries in all care settings. 🏠

## Reference

1. Smith IL, Nixon J, Brown S, Wilson L, Coleman S. Pressure ulcer and wounds reporting in the NHS hospital in England. Part 1: Audit of monitoring systems. *J Tissue Viability*. 2016;25(1):3–15.



# Not all silicone foam dressings are created equal.

## 3M™ Tegaderm™ Silicone Foam Dressings

Featuring 3M's innovative adhesive technology, 3M™ Tegaderm™ Silicone Foam Dressings provide significantly longer wear time than the leading competitive silicone foam dressing while being gentle to the skin.<sup>1</sup>

<sup>1</sup>10 cm x 10 cm and 15 cm x 15 cm (4 in x 4 in and 6 in x 6 in) dressings, based on *In vivo* studies EM-13977 and EM-13978. Two times longer wear time than leading competitor silicone foam dressing when worn for 7 days (6.9 days for 3M™ Tegaderm™ Silicone Foam Dressing, 2.8 days for Mepilex® Border Foam Dressing). 3M data on file.