This week's best articles, alongside short snippets of miscellaneous interestingness that you won't want to miss out on.

**The Ugly Secret**

NEWSLETTER OF THE NATIONAL DECUBITUS FOUNDATION

Dedicated to the Eradication of Hospital-Caused Bedsores

**TOP STORY »**

### New Institute for Prevention

**Institute for Pressure Injury Prevention**

Centers Health Care has partnered with the Institute for Pressure Injury Prevention to End Bed Sores. March 7, 2017

Striving to make pressure injuries, commonly known as "pressure ulcers" or "bed sores", a thing of the past, two organizations, Centers Health Care and the Institute For Pressure Injury Prevention (IPIP) held a summit at the Venetian in Garfield, New Jersey on March 7, 2017 designed to educate health care professionals about the clinical and the social day-to-day techniques geared to stop pressure injuries from occurring. Both of these organizations have one major common vital interest and that is to completely put an end to this national and internationally known epidemic. Pressure injuries have become a widespread health tragedy equaling to more than 200,000 cases per year in the United States alone, according to the Mayo Clinic

"We have come together for one common goal and that is to prevent pressure injuries before they occur," said Roya Agahi, R.N., MsHCM, WCC, Chief Clinical Officer of Centers Health Care. "The goal of our two companies is to eradicate pressure injuries throughout all healthcare facilities."

Ms. Agahi, along with a number of leaders from the IPIP including Gvira Milworm, Chief Process Officer, Professor Amit Gefen, Ph.D., Chair of the Scientific Advisory Board, and Professors Joyce Black, Ph.D., RN, and Professor Janet Cuddigan, RN, both from the University of Nebraska presented their expertise in wound care.

The IPIP recently published Issue Number 1 of the Institute Journal. Kenny Rozenberg, CEO of Centers Health Care, wrote the Foreword, quoted in part below:

"An ounce of prevention is worth a pound of cure" More than 200 years ago, Benjamin Franklin had a keen understanding of the key to healthcare in the 1700’s. And his words are every bit as true today as they were then. But too often we don’t embrace that sentiment for fear of being forced into recognizing our own shortcomings, and taking ownership of them.

"..."Centers Health Care is proud to take a leading role in making pressure injuries a thing of the past. As a Founding Sponsor of the

Prevention is Demanded Healing May be Problematical

"We may be paying for treatments that don’t work," says Sean Tunis, MD, a former CMO for Medicare and now CEO of the nonprofit Center for Medical Technology Policy, which has worked with the federal government to improve research on wounds.

This article first appeared August 03, 2017 on Kaiser Health News.

By Marisa Taylor

"The doctors who care for the 6.5 million patients with chronic wounds know the depths of their struggles. Their open, festering wounds don’t heal for months and sometimes years, leaving bare bones and tendons that evoke disgust even among their closest relatives.

"According to some estimates, Medicare alone spends at least $25 billion a year treating these wounds. But many widely
Institute for Pressure Injury Prevention, we're helping to bring the expertise of the leading experts in pressure injury prevention and detection to neighborhood, state, regional, national and international health care organizations. This compendium of expert perspectives on the prevention of pressure injuries is the first volume in what will be every caregiver’s critical library for understanding the root causes of pressure injuries, how to detect them long before they are apparent, even noticed, by the patient, and how to reduce the factors that can lead to or exacerbate pressure injuries......Whether your work is performed in a hospital, a skilled nursing facility, an adult day health care facility, an adult home or assisted living facility, clinic or medical practice, the patient's home or the back of an ambulance, you will benefit from this collection of articles by the world's leading experts.

“We are all caregivers; we are all clinicians. Providing care to others is what we do.....Together we can eradicate the scourge of pressure injuries.”

**Incidence Reduction Confirmed**  
**Pressure Ulcers Reduced Over Past Several Years**

WASHINGTON, June 8, 2017 /PRNewswire/ -- Castlight Health and The Leapfrog Group released today the first-ever analysis of The Leapfrog Group's 2016 Hospital Survey Results on two preventable hospital-acquired conditions: serious pressure ulcers and injuries.

No one who enters a hospital for care expects to be harmed or sickened accidentally. Unfortunately, preventable errors and mishaps are all too common, occurring during one in six hospital admissions and killing at least 500 people a day in the U.S. The Leapfrog Group, the national nonprofit watchdog run by employers and other large purchasers of health benefits, tracks many of these problems and publicly reports them by hospital.

Castlight Health's analysis of Leapfrog's data finds some good news: the incidence of serious pressure ulcers (often known as "bedsores") and injuries has declined over the past four years. The bad news: only about a third of reporting hospitals in the U.S. (35 percent) met Leapfrog's standard on preventing both.

Highlights of the report include:

Rates of hospital-acquired pressure ulcers and injuries have been steadily decreasing over the past four years. The average rate of pressure ulcers across reporting hospitals was .102 hospital-acquired pressure ulcers per 1,000 inpatient discharges in 2016 compared to .122 in 2013, a 16 percent improvement. For hospital-acquired injuries, the average was .419 injuries per 1,000 inpatient discharges amongst reporting hospitals in used treatments aren't supported by credible research. The $5 billion-a-year wound care business booms while some products might prove little more effective than the proverbial snake oil. The vast majority of the studies are funded or conducted by companies who manufacture these products. At the same time, independent academic research is scant for a growing problem.

"It’s true that we may be paying for treatments that don’t work," said Tunis, now CEO of the nonprofit Center for Medical Technology Policy, which has worked with the federal government to improve research. “But it’s just as tragic that we could be missing out on treatments that do work by failing to conduct adequate clinical studies.'

"Although doctors and researchers have been calling on the federal government to step in for at least a decade, the National Institutes of Health, Veterans Affairs and Defense departments haven’t responded with any significant research initiative.

"The bottom line is that there is no pink ribbon to raise awareness for festering, foul-smelling wounds that don’t heal," said Caroline Fife, a wound care doctor in Texas. "No movie star wants to be the poster child for this, and the patients … are old, sick, paralyzed and, in many cases, malnourished."

"The NIH estimates that it invests more than $32 billion a year in medical research. But an independent review estimated it spends 0.1 percent studying wound treatment. That’s about the same amount of money NIH spends on Lyme disease, even though the tick-borne infection costs the medical system one-tenth of what wound care does, according to an analysis led by Dr. Robert Kirsner, chair and Harvey Blank professor at the University of Miami Department of Dermatology and Cutaneous Surgery.

"Emma Wojtowicz, an NIH spokeswoman, said the agency supports chronic wound care, but she said she couldn’t specify how much money is spent on research because it’s not a separate funding category.

"Chronic wounds don’t fit neatly into any funding categories," said Jonathan Zenilman, chief of the division for infectious diseases at Johns Hopkins Bayview Medical Center and a member of the team that analyzed the 10,000 studies. "The other problem is it’s completely unsexy. It’s not appreciated as a major and growing health care problem that needs immediate attention, even though it is."

"Commercial manufacturers have stepped in with products that the FDA permits to come to market without the
2016 compared to .521 in 2013, an improvement of nearly 20 percent.

'We are encouraged by the steady decline in hospital-acquired conditions over the last four years," said Leah Binder, president and CEO of Leapfrog. "We are also encouraged by growing hospital transparency. All the hospitals in this report volunteered this information on their performance, and that gives us great confidence. The hospitals to worry about are those that declined to report on these problems. Patients deserve to know.' "

These results are consistent with the findings recently reported in the JWOCN, Jan/Feb 2017, that incidence of hospital -caused pressure ulcers had been reduced by over 50% between 2006 and 2015.

NDF to Terminate Publication
Pleased to Welcome IPIP

The National Decubitus Foundation, dedicated to the eradication of hospital-caused pressure ulcers since 1996, is pleased to welcome the new Institute for Pressure Injury Prevention. Recent studies have shown that the incidence of hospital-caused pressure ulcers has declined by over 50% since 1996. The NDF gladly places the task of continuing the effort to eradicate pressure injuries in the hands of the IPIP.

This is the final issue of The Ugly Secret.

National Decubitus Foundation
4255 S Buckley Rd Ste 228
Aurora, CO 80013
303-594-9417
info@endbedsores.org
http://www.endbedsores.org/

same rigorous clinical evidence as pharmaceuticals. The companies have little incentive to perform useful comparative studies.

“There are hundreds and hundreds of these products, but no one knows which is best,” said Robert Califf, who stepped down as Food and Drug Administration commissioner for the Obama administration in January. “You can freeze it, you can warm it, you can ultrasound it, and [Medicare] pays for all of this.”

“When Medicare resisted coverage for a treatment known as electrical stimulation, Medicare beneficiaries sued, and the agency changed course.

“The ruling forced Medicare to reverse its decision based on the fact that the evidence was no crappier than other stuff we were paying for,” said Tunis, the former Medicare official.

"The companies that sell the products and academic researchers themselves disagree over the methodology and the merits of existing scientific research.

"Thomas Serena, one of the most prolific researchers of wound-healing products, said he tries to pick the healthiest patients for inclusion in studies, limiting him to a pool of about 10 percent of his patient population.

“We design it so everyone in the trial has a good chance of healing,” he said.

“If it works, like, 80 or 90 percent of the time, that’s because I pick those patients,” said Serena, who has received funding from manufacturers.

“But critics say the approach makes it more difficult to know what works on the sickest patients in need of the most help

Kaiser Health News, August 7, 2017

"Gerald Lazarus, a dermatologist who led the HHS review as then-director of Johns Hopkins Bayview Medical Center wound care clinic, said Serena’s assertion is “misleading. That’s not a legitimate way to conduct research.” He added that singling out only healthy patients skews the results.

"The emphasis on healthier patients in clinical trials also creates unrealistic expectations for insurers, said Fife.

“The expensive products … brought to market are then not covered by payers for use in sick patients, based on the irrefutable but Kafka-esque logic that we don’t know if they work in sick people,” she said.

“Among very sick patients in the real world, it may be hard to find a product
that’s clearly superior to the others in terms of its effectiveness, but we will probably never find that out since we will never get the funding to analyze the data,” added Fife, who has struggled to get government funding for a nonprofit wound registry she heads. Not surprisingly, she said, the registry data demonstrate that most treatments don’t work as well on patients as shown in clinical trials.

Aid in the Fight

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We need your help to be able to continue this fight to make hospitals accountable.
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