



The Post Acute Wound Skin Integrity Council (PAWSIC) receives official nonprofit 501 (c)(6) status from the IRS.

The organization's mission will focus on a patient-centric approach to addressing the 'silent epidemic' of chronic wounds, estimated to affect more than 8 million Americans, with annual Medicare-related costs alone estimated to be \$28-\$30 billion.

Philadelphia, PA - [September 15, 2023] – The Post Acute Wound Skin Integrity Council (PAWSIC), an interprofessional organization serving post-acute stakeholders by advocating for and guiding quality wound and skin prevention and management, today announced it has received official recognition as a 501-(c)(6) organization by the IRS. PAWSIC's work centers on spearheading groundbreaking and comprehensive interprofessional approaches to address the significant chronic wounds and skin issues that are on the rise due to the prevalence of chronic disease and an increasingly aging population. It is estimated there are an estimated 1.33% venous ulcers¹ and 8% diabetic neuropathic ulcers in the general community². Reported pressure injury rates vary but have an increased prevalence in older adults, with an estimated 7.9%-28% in LTC, with two of every three ulcers in those older than age 70³, exceeding \$3.3 billion in expense⁶. These chronic wounds, along with other skin conditions such as skin tears and MASD, can compromise the quality of life for the patient, while the many complex and difficult treatments can burden staff. Further, regulatory fines and litigation are rising, with the average settlement at \$250,000 and, in some cases, exceeding \$300 million^{3,4,5}.

The alarming trends impact every segment of the Post Acute Care (PAC) spectrum –administrators, clinicians, and most importantly, patients and their families.

PAWSIC's initial agenda will focus on leveraging expert research, technology, national guidelines, and collaborative partners to focus on profoundly impacting the lives of millions. Through a collaborative effort involving renowned leaders, wound experts, and an interprofessional team, the initiative aims to create a nationwide network of resources, knowledge-sharing platforms, and educational support to empower all wound care stakeholders in PAC to improve outcomes.

“Our vision is to create a new paradigm for wound management, one that is interprofessional and patient-centered,” said Jeanine Maguire, PAWSIC president. “It is a core tenet of PAWSIC that great outcomes are not the result of one disciplinary approach or treatment, but rather an interprofessional approach with patient-centered goals at the helm – leveraging evidence-based practices and team expertise to address the individualized complexities of the patient and what matters most to them.”

PAWSIC will use a patient-centered team approach to bridge science, technology, and evidence to patients, caregivers, healthcare providers, industry, organizations, payers, and regulators. With a focus on both prevention and treatment, the PAWSIC framework is a multifaceted approach that encompasses various elements, including but not limited to:

- Synthesis of evidence-based practices into resources and guidance through a patient lens
- Resources and guidelines that address practices within PAC settings and regulations
- Community outreach
- Patient, family, and caregiver empowerment.

As part of its launch, the organization is also announcing its first webinar, “Unveiling the Path to Optimal Outcomes: Navigating the CMS Regulations for Skin and Wound Care in Skilled Nursing and Long-Term Care.” The complimentary, recorded webinar will be available starting 9/15 via the organization’s website PAWSIC.org.

As an incentive for joining this year, membership dues will cover the remainder of 2023 and all of 2024.

“PAWSIC invites anyone involved in PAC from industry, organizations, collaborative partners, professionals, and caregivers to become a member,” said Maguire. “Together, we can create a future with access to evidence-based, patient-centered interprofessional resources to achieve great outcomes.”

To become a member or sponsor and to learn more about the organization, visit PAWSIC.org.

(1) McDermott, Michael Fang, Andrew J.M. Boulton, Elizabeth Selvin, Caitlin W. Hicks; Etiology, Epidemiology, and Disparities in the Burden of Diabetic Foot Ulcers. *Diabetes Care* 2 January 2023; 46 (1): 209–221. <https://doi.org/10.2337/dci22-0043> (2) Probst, S., Weller, C.D., Bobbink, P. *et al.* Prevalence and incidence of venous leg ulcers—a protocol for a systematic review. *Syst Rev* 10, 148 (2021). (3) Fleck CA. Pressure ulcers. *J Legal Nurse Consult.* 2012;23(1):4-14. (4) Bennett RG, O’Sullivan J, DeVito EM, Remsburg R. The increasing medical malpractice risk related to pressure ulcers in the United States. *J Am Geriatr Soc.* 2000;48(1):73-81. (5) Voss AC, Bender SA, Ferguson ML. Long-term care liability for pressure ulcers. *J Am Geriatr Soc.* 200 (6) AHRQ’s Safety Program for Nursing homes: On-Time Pressure Ulcer Prevention. Content last reviewed May 2016. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/patient-safety/settings/long-term-care/resource/ontime/pruprev/index.html>