

Statement from the Alliance of Wound Care Stakeholders (March 20, 2020)

Wound Care is an Essential – Not Elective – Service that Prevents Hospital Admissions and ED Visits Among a Fragile Cohort of Patients at High-Risk of COVID-19

The rapidly evolving COVID-19 pandemic in the United States has hospitals and acute care facilities changing standard operating procedures to prepare for the expected influx of infected patients. As a result, services, procedures, and surgeries that are deemed "non-essential" are being shut down immediately, without thorough consideration of the ramifications.

Hospital outpatient-based wound care departments have been placed in the non-essential group by many hospitals. The Alliance of Wound Care Stakeholders is concerned that this decision will result in *unintended negative consequences* that will cause a gradual influx of patients to the emergency department (ED). Nonhealing wounds, left untreated and unmanaged, can result in significant medical issues including infection, sepsis, the need for limb amputation, and even death. As a result, many procedures provided by wound clinics are **essential** – *not elective* – to protect the health of patients and prevent an escalation of their disease.

Individuals with chronic wounds (diabetic foot ulcers, pressure ulcers, venous ulcers, arterial ulcers, etc.) commonly have other chronic conditions – typically type 2 diabetes, hypertension, venous insufficiency, peripheral arterial disease, and/or chronic kidney disease. This cohort of fragile patients is high risk if they develop COVID-19, but are also high risk for increased morbidity and mortality – loss of limb or life - if their access to wound care is abruptly discontinued.

Address the COVID-19 pandemic while avoiding unintended consequences for wound patients:

Across the country, wound care providers are working to ensure that the health of our patients is protected during the COVID-19 crisis. We are adopting aggressive infection control and social distancing precautionary measures at our sites and with our staff. While wound care providers are working to limit clinic visits and move as many patients as practical to telehealth, office visits or home health follow-up where appropriate, wound clinics must be able to provide those urgently needed wound care procedures that are infection-sparing, limb-saving and life-saving. These procedures are essential, not "elective," and ultimately will reduce wound patients' potential for needing other hospital services such as operative intervention or amputation, which require prolonged hospitalization.

Our position is at this time:

Leave clinics open to manage complex wounds in clinically complex medical patients who are at risk for limb loss, hospital admission, amputation or infections. Hospital administrations should take into consideration input from providers when making these decisions, and deploy appropriate triage criteria when reducing essential clinical services. Enabling continuity of care for these wound patients will improve outcomes while unburdening emergency departments, operating rooms, hospital staff and hospital beds for the COVID-19 crisis. Keeping these patients out of the ED and out of hospital beds can in turn limit exposures and curb COVID-19 infection among this fragile population.

The Alliance has created a task force to help wound clinics and health systems address the evolving realities of the COVID-19 pandemic while avoiding unintended consequences for wound patients. Recommendations will be circulated shortly and can be obtained directly by contacting the Alliance.

The Alliance of Wound Care Stakeholders is a nonprofit multidisciplinary trade association of physician specialty societies and clinical and patient associations, whose mission is to promote evidence-based quality care and access to products and services for people with chronic wounds through advocacy and educational outreach in the regulatory, legislative and public arenas. Contact: marcia@woundcarestakeholders.org, 301.530.7846, www.woundcarestakeholders.org, 301.530.7846,