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The National Pressure Injury Advisory Panel provides multidisciplinary leadership for improved patient outcomes in pressure injury prevention and management through education, public policy, and research.

June 1, 2020

To Whom It May Concern:

The U.S. National Pressure Injury Advisory Panel (NPIAP) is committed to promoting evidence for the prevention of serious wounds in patients caused by a number of risk factors, most notably pressure and shear. We are also committed to advocating for evidence-based treatments that can be deployed to prevent escalation of wounds in patients dealing with chronic wound situations which can significantly impact patient health. Maintaining a continuum of care in the healthcare delivery system is critical to serve these patients' needs.

Many of the components of this continuum of care have been severely interrupted as a result of the COVID-19 pandemic. Elements of healthcare delivery deemed "elective" or non-essential include care pathways for patients dealing with wound complications. While these interrupted care pathways may not result in direct fatality, the NPIAP has spent much of its time researching how patients' health can quickly deteriorate rather than improve if they do not have regular access to healthcare services that are critical to managing their fragile condition. Surgery, inpatient, outpatient and home health care are all parts of this continuum, as well as the people who serve patients in these settings.

Among those individuals who serve patients with serious wounds, surgeons, physicians, nurses and family caregivers stand out as important constituents of the healthcare delivery process. Also present in this continuum are those who educate many care providers in the use of evidence-based practices and technologies to prevent escalating wounds in patients. Many of those educators are vendors from major medical companies and distributors, or independent third-parties who advise professional healthcare workers on best practices. **The NPIAP supports the AORN/AHA position to re-allow these types of vendors and third-parties into health systems to advise healthcare professionals on best practices so that patients continue to receive the proper care. Vendors should follow institutional policies for screening before admission to the facility and compliance with institutional policies designed to prevent the transmission of COVID-19.**

Thank you for considering our request to reinstate these practices in the healthcare delivery system for the sake of patients' well-being. Please feel free to contact us with any questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Janet Cuddigan". The signature is fluid and cursive, with the first name being the most prominent.

Janet Cuddigan, PhD, RN
Professor of Nursing, University of Nebraska Medical Center,
President, NPIAP

A handwritten signature in black ink that reads "William Padula". The signature is cursive and includes a horizontal line at the end.

William Padula, PhD
Assistant Professor of Pharmaceutical & Health Economics, University of
Southern California
Treasurer and Chair, Public Policy, NPIAP

A handwritten signature in blue ink that reads "Joyce Black RN". The signature is cursive and includes the letters "RN" at the end.

Joyce Black, PhD, RN
Professor of Nursing, University of Nebraska Medical Center
Secretary and Co-Chair, Public Policy, NPIAP