Question and Answer Session

Hospital-Acquired Pressure Injury (HAPI) Prevention for Patients and Staff During the Era of COVID-19
March 18, 2021 • Speaker: Virginia Capasso, PhD

Question 1: In the National Pressure Injury Advisory Panel (NPIAP) photos, the retiform purpura extends to the sacrococcygeal region. I imagine the entire wound was considered a COVID-19 skin manifestation even though it is partially on a weight-loading body surface?

Dr. Capasso agrees with this statement; even though other NPIAP board members make a distinction that the COVID-19 skin manifestations are usually not on weight-loading surfaces. Pressure injuries over the coccyx might be due to a combination of clotting in the micro-circulation and weight loading.

Question 2: At what point of the patient's poor condition (e.g., multi-organ failure, high D-dimer) would these "pressure injuries" be considered as an unavoidable skin manifestation of COVID-19/skin failure? Particularly when they are on soft tissue, not bony prominences or under devices?

Lesions on soft tissue are not pressure injuries. Dr. Capasso and her team made the case that some were unavoidable because a level of D-dimer greater than 3,000 ng/mL is a significant risk for pressure injuries in patients with COVID-19.

Question 3: Have you used skin prep on patients prior to using bi-pap or intubation?

Skin preps were used for all the patients included in Dr. Capasso and team's study "Pressure Injury Development, Mitigation, and Outcomes of Patients with Acute respiratory distress syndrome (ARDS) due to COVID-19."

Question 4: Is it now part of a doctor's order for COVID-19 positive patients to run D-dimer labs?

For the sickest patients, a D-dimer lab was run every day; however, it was not part of the initial protocol of this study to get a doctor's order. Dr. Capasso considers is valuable to get this information on a daily basis.

Question 5: Do we think this elevation of D-dimer is caused by micro-clotting or severe disease process? If so, are there any other interventions we could implement in addition to or instead of relieving pressure?

There is a need to conduct more research around this topic. It is thought that the elevation of D-dimer is caused by ischemia and micro-clotting. No evidence-based practices might be recommended at this time.

Question 6: Unstageable, Stage 3, and Stage 4 are part of the Centers for Medicare & Medicaid Services (CMS) healthcare-acquired condition (HAC) program (PSI 3). I'm concerned about impact to this program. Any recommendations?

Health Services Advisory Group (HSAG) Hospital Quality Improvement Contractor (HQIC) will continue sharing with CMS and the Agency for Healthcare Research and Quality (AHRQ) the concerns of HSAG HQIC partners around the inclusion of COVID-19 patients into the PSI 03 pressure ulcer measure.

Question 7: With the patients who had high D-dimers and developed a HAPI, if they were also on heparin did you see a difference?

Most of the patients were on anticoagulants; however, it didn't prevent micro-clotting.

Question 8: Please chat in: Are you are doing daily D-dimers for your high-risk patients?

Most of the people that shared their practice stated that it was not systematic. Most of them started considering doing it for their high-risk patients toward the end of the year 2020.

Question 9: Did you see any excess bleeding with the heparin and Lovenox® in the COVID-19 patients?

Dr. Capasso did not observe an excess of bleeding for COVID patients on these medications. Remdesivir might be associated with bleeding.

This material was prepared by Health Services Advisory Group (HSAG) Hospital Quality Improvement Contractor (HQIC), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. XS-HQIC-OH-03302021-01