ABA VERIFICATION, REVIEW, & CONSULTATION PROGRAM GUIDELINES
ABA / ACS VERIFICATION REVIEW & CONSULTATION PROGRAM

GUIDING PRINCIPLES

- The American Burn Association Verification Review & Consultation Program strives for an objective, fair, consistent, evidence-based, timely, up-to-date, helpful, and efficient process.

- National verification core standards are grounded in the principles of quality, equity, consistency, and objectivity.

- The purpose of burn center verification is to maintain burn center quality by promoting patient safety, cost containment, regional education and outreach, injury prevention, innovation and research, and advocacy.

- The burn center verification process incorporates principles of quality assurance and continuous improvement, is transparent, fair and objective, and respects confidentiality.

- Qualified peer site reviewers conduct the verification review.

- Guiding principals for ABA verification are clearly stated in the Resources for Optimal Care of the Injured Patient manual, and the ABA website [http://ameriburn.org/verification_about.php](http://ameriburn.org/verification_about.php) and relate to the following:
  - Institutional infrastructure
  - Administrative structure of the program
  - Goals and objectives of the program
  - Expected outcomes of the program
  - Requirements for financial, human, technical, and other resources
  - Evaluation mechanisms of structure, process and outcomes

- The American Burn Association Website includes the following information:
  - Verification goals and specific requirements,
  - Clear up-to-date description of the verification process
  - Instructions for Verification application including fees, time lines and mechanisms for appeal processes
  - Detailed list of criterion deficiencies
  - Public recognition of verified programs

- There is opportunity for site feedback to the ABA regarding the verification process.
• A mechanism exists for continuous improvement of the ABA verification standards, requirements and process.

PURPOSE OF THE VERIFICATION, REVIEW, & CONSULTATION PROGRAM

A. MISSION:
To promote delivery of optimal burn care through 1) development of guidelines for excellence and 2) voluntary review of potential and existing burn centers so that burn centers can provide organized and systemic care of the injured patient. Essential guidelines for quality of care including process, infrastructure and outcomes are outlined in the Resources for Optimal Care of the Injured Patient: 2013 document.

B. PHILOSOPHY:
The ABA Verification, Review, & Consultation Program will strive to continually make the process objective, fair, consistent, evidence-based, timely, up-to-date, helpful, and efficient.

C. GOAL:
The goal of the ABA Verification, Review, & Consultation Program is to promote improvement of burn care, within the context of an inclusive and integrated system.

STRUCTURE AND PROCESS OF THE VERIFICATION REVIEW & CONSULTATION COMMITTEE (VRC)

A. STRUCTURE
1. Chair
   a. Appointed by the ABA
   b. Organizes and chairs VRC meetings
   c. Reviews all submitted VRC reports and tally responses.
   d. Makes the final decision related to verification.
   e. Provides guidance related to interpretation of the Resources for Optimal Care of the Injured Patient document and the “website”, questions related to the VRC process, and VRC policies.
   f. Serves as a liaison between the VRC and the ABA staff.
2. Active Members
a. Members are appointed to the committee by the ABA. Current members visit, review submitted visit reports and vote on final decisions.
b. Committee members must be affiliated and in active practice with a verified burn center.

3. Meetings – Verification Review Committee Members and Invited Guests
   a. Annual ABA Meeting
   b. Conference calls – as called by the chair of the VRC
   c. Electronic voting by VRC members on report tallies and other select issues.

B. COMMITTEE RESPONSIBILITIES

1. “Verifies” burn centers. Whereas the ABA Verification, Review, & Consultation program does not designate burn centers, verification may support designation, which is completed under specific statutory authority (state, county, and so forth).

2. Reviews all submitted reports, and confirms that all strengths deficiencies and areas for improvement have been identified, are accurate, and are appropriately supported in the report.

3. Evaluates the standards and verification criteria deficiencies outlined on the ABA Verification website on an ongoing basis and, if needed, changes in the description of requirements through web-based updates/clarifications.

4. Communicates to the ABA community any changes in the verification process.

C. INDIVIDUAL MEMBER RESPONSIBILITIES

1. Serve as Site reviewers (At least 4 per year)

2. Complete and return the final report of each review to the ABA Central Office in a timely fashion (seven days or less).

3. Provide input on deficiencies, strengths, areas for improvement, and verification recommendations of site reviewers.
   a. Determine if the reviewers’ conclusions are supported in the report and are in concordance with the guidelines in the Resources for Optimal Care of the Injured Patient.

4. Attend annual VRC meetings and scheduled conference calls.

5. Provide ongoing input to improve and maintain the ABA Verification, Review, & Consultation Program processes.

D. ABA CENTRAL OFFICE

1. Coordinates all VRC activities.
2. Establishes all business practices pertaining to the ABA Verification, Review, & Consultation Program in accordance with the guidelines of the ABA.

3. Coordinates and schedules all site visits.

4. Oversees and coordinates the report output process.

5. ABA Verification, Review, & Consultation Program Office Staff.
   a. John Krichbaum, JD, CEO and Executive Director
   b. Alice Zemelko, ABA Verification Program Manager
      311 South Wacker Drive
      Suite 4150
      Chicago, Il 60606
      Tel: (312) 642-9260

E. RESOURCES FOR OPTIMAL CARE OF THE INJURED PATIENT

1. Also referred to as the Resources document.

2. Outlines the Verification process guiding principles, which are deemed necessary for a burn center to provide optimal care for injured patients.

3. The ABA Verification website identifies essential specific criteria for adult and pediatric burn centers.
   a. The identified verification criteria represent potential deficiencies that ultimately determine verification status.
   b. Areas, typically denoted by the word “should” in the Resources for Optimal Care of the Injured Patient manual, that site reviewers deem inadequate or underdeveloped may be listed as weaknesses or areas for improvement. Statements of weakness or areas for improvement should focus on principles rather than personal preference of the reviewer.

F. TYPES OF SITE REVIEWS

1) Consultation – A site visit to assess and make recommendations related to improving burn care at a specific hospital, or to assist a burn program in preparing for an upcoming verification site visit.

2) Verification – An initial site visit to determine if a hospital is operating a burn center that meets all of the required criteria as contained in the Resources for Optimal Care of the Injured Patient manual and the “website”.

3) Re-Verification – A review of a burn center that has been previously verified.
Focused Review – If a hospital is found to have criterion deficiencies at the time of a verification or re-verification site visit, these deficiencies must be corrected by a “focused review.”

a) If the deficiencies are significant, the VRC may require an on-site “focused review” site visit in order to correct the deficiencies.

b) If the correction of deficiencies is determined by the VRC Chair to be able to be satisfied by submitting data or documentation to the ABA Central Office and VRC staff, a “focused review” may be accomplished without an on-site visit.

i) The burn director and the hospital’s chief executive officer must certify the validity of any submitted information.

ii) Both an on-site and/or a mail-in “focused review” must be completed within one year from the date of the initial review.

SITE REVIEWERS

A. GENERAL COMMENTS

1. Must demonstrate professionalism throughout the entire site review process as a representative of the ABA and VRC.

2. Must adhere to all requirements described in the most recent version of the ABA VRC’s Policy and Procedure Manual.

3. Provides expertise and input during site visits to improve burn care at the facility being reviewed.

B. SITE REVIEWER TEAM COMPOSITION

1. Verification and reverification – two burn surgeons comprise the site survey team. If requested, a nurse or therapist is available as a third paid consultant.

2. Consultative site visit – two surgeons comprise the site survey team. If requested, a nurse or therapist is available as a third paid consultant.

C. SITE VISIT TEAM LEADER

1. The team leader for a site visit will be identified in advance of the site visit by the ABA Central Office.

2. The team leader will be identified to the hospital being reviewed and listed in the site visit report.

3. Responsibilities of the team leader:

   a. Communicate with the hospital and other site reviewers at least three weeks prior to the site visit to discuss the “schedule of the site visit”. This will assist in the coordination of travel times, start times, and expectations for the hospital.
b. Make section assignments for the site reviewers two to three weeks in advance of the site visit.

c. Organize and lead the review process during the site visit.

d. Provide oversight of the report preparation, including accuracy and clarity.

i. Ensure prompt turnaround time for completion of the report to be submitted to the ABA Central Office within 7 days after the site visit.

D. SITE REVIEWER RESPONSIBILITIES

1. When asked to participate in a site visit, a reviewer **MUST** confirm or deny availability within five business days.

2. Remain committed to the assigned site visit schedule, as replacing a site reviewer is difficult at the last minute, and usually not possible.

   a. Cancellation of a site visit is inconvenient for the Burn Center and hospital administration planning and is detrimental to the ABA VRC process and ABA relationships with burn centers.

   b. Whereas situations occur that are beyond a reviewer’s control, all efforts should be made to maintain commitment to scheduled site visits.

3. Review the PRQ prior to site visit along with appropriate documents and medical records during the site visit.

4. Conduct a detailed, objective and accurate assessment of burn center infrastructure, processes and outcomes.

5. Request additional documents or medical records if needed to make a complete and thorough evaluation and to verify compliance with ABA Verification criteria.

6. Complete assigned portions of the report and chart reviews, and submit electronically to the team leader within 5 days of the site visit. Sections **MUST** be edited for grammar and content prior to submission to the team leader.

E. CONFLICTS OF INTEREST FOR REVIEWERS  In order to avoid any potential perception of conflict of interest or bias in the ABA Verification, Review, & Consultation Program’s review process, when scheduling a review:

1. All reviewers and consultants must sign the American Burn Association conflict of interest forms annually.

2. The reviewer should not:
a. Be from the same state/province of the hospital being reviewed.
b. Have previously provided a non-ABA consultation for the hospital.
c. Have had any previous or anticipated future financial relationship to the hospital.
d. Participate in the review, if his/her participation has a significant chance of creating an appearance of bias or conflict of interest, for a reason not outlined above.

PRIOR TO THE REVIEW

A. ABA CENTRAL OFFICE

1. Is responsible for coordinating the site visit, including
   a. Inviting and confirming reviewers
   b. Rescheduling site visits in the unusual event that cancellation is necessary.
   c. Collating the PRQ and other necessary appendices within one month of the site visit.
   d. Collating the report and disseminating it to the full committee for review within two weeks of the site visit
   e. Working with the VRC Chair to finalize the report and submit a decision to the hospital burn center within 1 month of a site visit barring unusual circumstances or need for further review.
   f. Collating feedback from the hospitals to enhance the VRC process
   g. Working with the VRC Chair to manage appeals and/or grievances.
   h. Working with the VRC Chair to prepare annual reports to the ABA board of trustees
   i. Maintaining an up-to-date Website that is user friendly for both the VRC committee members and for facilities interested in the verification process.

B. PRE-REVIEW QUESTIONNAIRE (PRQ)

This document, completed by the facility seeking verification or consultation prior to scheduling a visit, serves as a guide for the review process.

1. The PRQ and Case Summaries are provided online from the ABA website.
2. The PRQ and Case Summaries serves as a guide for the entire review process, identifies areas requiring additional clarification during the review and provides the structure for the final report.
3. The PRQ and Case Summaries provides hospital data information pertaining to the requirements/criteria required for Verification
4. The PRQ and Case Summaries should be reviewed and read several weeks in advance of the site visit, in order to identify issues that may require additional information prior to the site visit.
   a. If there are questions concerning the content, the reviewers should contact the Burn Center Director to request more information.

5. Reviewers should verify that all information included in the PRQ is accurate and satisfies the requirements of the *Resources for Optimal Care of the Injured Patient* manual and ABA verification criteria.

C. **COMMUNICATION** - There should be early (three to four weeks prior to the site visit) communication among the reviewers and hospital.
   1. Such communication should be initiated by the team leader.
   2. Each reviewer should communicate travel plans with the hospital. The hospital in turn should provide each reviewer the plans for local transportation between the airport and the site and between the site and hotels / dinner location etc.

D. **TRAVEL PLANS**
   1. Each member arranges his own travel and will be reimbursed. Travel plans should be made at least three weeks in advance after communication among site reviewers related to start times of the site visit.
   2. Flight plans should allow adequate time for the site visit.
      a. Most site visits begin with chart reviews in the afternoon of the first day followed by an evening meeting with burn center and hospital leadership and a breakfast meeting with all stakeholders.
      b. Flight arrangements should be made accordingly, with a departure flight time in the mid- to late-afternoon of the second day.
   3. Hotel accommodations and local transportation are arranged and paid for by the hospital under review.

THE SITE REVIEW (CONSULTATION, VERIFICATION, & RE-VERIFICATION)

A. **GENERAL COMMENTS**
   1. All site visits should be professional, educational, and constructive.
   2. Chart reviews are to be done on the first day, prior to the working review dinner though they may be completed the second day after the hospital tour.
3. Site visits should take about 10-12 hours (chart reviews, fact-finding review dinner, morning introductory session, burn center tour, review of supporting documents, deliberations, and exit interview) over a two-day span.

4. Interviews of the hospital administrators, burn center director, representatives from emergency medicine and rehabilitation, chief of staff, chief of surgery, burn nurse manager, and nursing and therapy staff should be conducted during the site visit. If appropriate, interviews may include representatives from emergency department, anesthesia, critical care, pediatrics and trauma service. Many of these can be accomplished during the breakfast session with the burn team.

5. Allow and encourage the facility to “tell its story,” either in an overview, or in specific areas as you inquire about their activities (such as injury prevention, education and outreach, research, support groups).

6. Acknowledge staff and hospital accomplishments whenever appropriate/possible.

7. Make it clear when you are offering personal opinions and, when doing so, focus on verification guiding principles rather than your specific preferences.

8. Be clear in the exit interview that this is a preliminary decision so as to minimize surprises when the final report is sent to the hospital.

9. Be consistent and objective in all aspects of the review.
   a. Do not take anything for granted; use the checklists to VERIFY all criteria.
   b. Gather and clarify the facts and discuss the issue as part of the team deliberation before you identify deficiencies. Many potential deficiencies noted at the initial PRQ review may be resolved with further discussion/documentation during the site review.
   c. **A deficiency is a deficiency and should be noted in the report to the verification committee, which makes the final decision.**

B. THE COMPONENTS OF THE SITE VISIT

1. Chart reviews
2. Fact-finding review dinner or breakfast
3. Tour of burn center
4. Review of program activities (PI, CME, outreach prevention and guidelines, and research)
5. Closed discussion of findings and creation of executive summaries
6. Exit interview

C. EXAMPLE AGENDA FOR SITE VISIT
DAY #1

- 1-2p: Chart review and Evaluation of Process Improvement
- If time is available, other areas of the site review may be completed (research, prevention, outreach, etc)
- 6p: Review dinner
- 9-10p: Review team if necessary meets briefly to discuss findings and prepare for Day #2.

DAY #2

- 7a: Breakfast with extended burn center staff and hospital leadership
- 9a: Tour of burn center and review of current inpatients.
- Complete evaluation of PI, research, prevention, outreach and other documentation as needed
- 1130a: Site reviewer’s meeting/deliberation – Site review team (30 or more minutes)
- 12n Exit interview – Team leader and reviewers with the burn center members

D. CHART REVIEWS

1. Should be completed on the first day prior to the fact finding review dinner and if necessary completed the second day after the hospital tour.
2. Charts should be pulled from most recent reporting year and should include all deaths and five non-fatal complications that document the center’s loop closure process.

E. HOW TO CONDUCT THE REVIEW

1. The team leader will coordinate the agenda with the hospital and the survey team.
2. Sections of the report will be divided between site reviewers by team leader three weeks in advance of the site visit via the ABA Central Office.

F. FACT-FINDING REVIEW DINNER

2. Refrain from drinking alcohol until after the fact-finding discussion.
3. Try to know the names of key physicians and hospital administrators.
4. Site reviewers should ask questions and discuss areas for clarification in the PRQ.
5. The site reviewers should involve all of the hospital personnel present at the review dinner in the discussion.

6. Be complete to assure that the answers to questions in the PRQ address the specific ABA verification criteria that will be used to determine deficiencies.

7. Validate that the center’s reported numbers, statistics, and dates are within the norm; otherwise find out why they are not.

G. Breakfast:

Should include the extended burn team and other hospital leadership. At minimum, each member who attends the weekly multidisciplinary team meetings should be present. Representatives from the Hospital Administration, Emergency Department, Operating Room/Anesthesia, Critical Care and Pediatrics may also be appropriate.

H. Burn Center Tour:

The site review team should receive a brief summative description of each inpatient who is presented on rounds and each case should be briefly reviewed. Outpatient and therapy areas may be toured at the discretion of the team leader.

I. Other Materials to Be Available During Review

- Educational activities, outreach, injury prevention, research and burn-related publications.
- Documentation of CME for past year/three years for burn surgeons.
- Copy of on call and back-up call schedules (past three months)
- Performance improvement and patient safety program, for the past year, including: attendance, minutes of committees, documentation of all PI initiatives, written evidence of loop closure, and all required data and filters.

J. Site Reviewer Deliberation Meeting

1. This closed session involves only the review team.

2. Identification and concurrence on deficiencies, strengths, weaknesses and recommendations.

3. Preparation for exit interview.
   a. Allow 30 to 60 minutes for this meeting to make sure all issues are covered and outlined for exit interview.

K. Exit Interview
1. Attendees are invited at the discretion of the burn center director. This usually includes the same personnel present at the review dinner meeting, hospital administration, the burn team, and other physicians and hospital staff.

2. Open the exit interview by thanking the hospital for inviting the ABA review.

3. The Lead Reviewer **MUST** read following VCR Statement at the beginning of ALL exit interviews.

   The Verification Review Committee has requested that we, as your site surveyors, read the following statement:

   This voluntary site visit has been made by surveyors approved by the American Burn Association Verification Review Committee and the American College of Surgeons Committee on Trauma. Our current report findings will be summarized at the beginning of the site report and are divided into four major headings:

   1) Criterion Deficiencies
   2) Strengths of the Program
   3) Weaknesses of the Program
   4) Reviewers Recommendations

   Criterion Deficiencies are determined by the Chapter 14, "Guidelines for Trauma Centers Caring for Burn Patients" found in the current edition of the document “Resources for Optimal Care of the Injured Patient 2014" and the Verification Criteria as of January 1, 2015.

   Our confidential report will be sent to Chicago and then forwarded to the members of the Verification Review Committee. The final decision regarding criterion deficiencies will be made by the Verification Review Committee and may differ from the findings that we are about to report.

4. Remember – the ABA only verifies – it does not designate.

5. Re-emphasize that the report or the conclusions reached by the site reviewers may be altered by the ABA VRC committee.

6. Be honest in the summation of the findings. If you feel that an issue is a criterion deficiency – state it during the exit Interview.
a. List all criterion deficiencies and site the number on the CD list.
b. Provide a list of strengths.
c. Provide a description of weaknesses that do not rise to a level 1 deficiency on the current verification CD list.
d. Briefly describe the recommendations you have to resolve the deficiencies and weaknesses noted.

7. Invite feedback about the process and encourage the team to provide formal feedback to the ABA central office

L. **WRITTEN REPORT**

The reviewer site report is completed within the online PRQ system. The team leader should read and correct the report before it is submitted online to the ABA central office. Each reviewer **MUST** provide their comments and final recommendations within 5 calendar days of the visit. The team leader should submit the final site report to the ABA Central office within 7 calendar days of the visit.

**MORBIDITY AND MORTALITY CHART REVIEW**

A. Use complete sentences for each case.

B. Number each case in consecutive order **without** reviewer initials if multiple reviewers are writing comments.

C. Do not use patient identifiers – names, medical record number, initials, dates, times, etc. (Elapsed times [e.g., 2 days from arrival to the operating room], are encouraged).

D. Make sure that the burn center conclusions regarding quality of care are objective and peer-reviewed; make note of inadequate reviews by non-objective individuals involved in the care of the patients.

E. For each chart reviewed, the site reviewers should add Reviewer Comments in the section provided online. This should detail any opportunities for improvement in either patient care or the review process and loop closure are appropriate and whether the level of concern and
preventability are appropriate for the complication or death. Remember that the task of the reviewer is to determine if the PI process appropriately classified the level of concern about the complication and identified possible correctable issues for which there is documented corrective action or loop closure.

M. EXPENSES:

a. Send expense statements to the ABA central office using the ABA reimbursement that is sent from the ABA Central Office. Expenses over $75.00 must be accompanied by a receipt (per ABA guidelines).

b. The ABA reimburses at an economy fare rate.

c. If reviewers drive to the site visit, the ABA reimburses at the IRS mileage rate at the time of the review.