



American Burn Association

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ABA/ACS VERIFICATION/CONSULTATION PROGRAM FOR HOSPITALS

APPLICATION FOR SITE VISIT

TO: Alice Zemelko
American Burn Association
311 S. Wacker Dr., Suite 4150
Chicago, IL 60606

FROM: **Adult and Pediatric Center**
 Adult Center Only
 Pediatric Center Only

Phone: Date:

SUBJECT: Request for Verification or Consultation Site Visit.

- I. Please proceed with arrangements for a verification/consultation visit to the above hospital. Please forward materials essential for the visit. We understand that:
 - A. Verification is formal and may result in issuance of a certificate by the ABA/ACS as stipulated in the **Guidelines for the Operation of Burn Centers** document.
 - B. Consultation is informal, but a written report is provided.
 - C. Designation of hospitals as burn centers is not a function of the verification review committee, the ABA or the ACS.

NOTE: It is the policy of the ABA/ACS that all written reports from the survey team are sent directly to the ABA verification review committees. It is only after approval by BOTH of these committees that the final report will be sent out to the requesting hospital.

II. We agree to remunerate the ABA according to the following schedule:

| | | | |
|-----------------|----------|---------------|----------|
| Verification: | \$13,000 | Consultation: | \$12,000 |
| Reverification: | \$12,000 | | |

Additional Focus Review Costs: (Costs associated with post site review, burn center remediation of criterion deficiencies.)

Focus Review (Paper Documentation): \$3,500

Focus Review (On-site): \$10,000 (**Note:** Cost of paper documentation included.)

Payment is due at time of application.

Costs cover airfare and honoraria for two site surveyors as well as ABA administrative fees. Additional costs associated with the visit are the responsibility of the burn center institution - this includes hotel nights, meals while on-site and airport transfer. These charges are in U.S. dollars and should be made payable to ABA at the address above. If a three person visit is requested, there will be an additional \$3000 charge. **The cost of a joint visit (reviewing more than one facility during the same visit) is \$20,000 for Verification and \$18,000 for Reverification.**

NOTE: Verification and Consultation visits can be cancelled and rescheduled up to the time of the visit with the understanding that the requesting hospital will be responsible for any expenses incurred that cannot be refunded due to policies/procedures outside the control of the ABA (airline tickets, hotel reservations). Verification/consultation visits cancelled after the Pre-Review Questionnaire is received and processed by the ABA will forfeit 1/3 of the cost due to processing the PRQ and arranging for the visit.

III. Our preferred time frame for the visit is:

Earliest Date:

Latest Date:

The type of visit we wish is:

- Consultation Visit Focus Review- Paper
 Verification Visit Focus Review-Onsite
 Reverification Visit

IV. Is there a designation process in your state? Yes No

If yes, what is the name, address, and phone number of the designating authority?

V. Contact information for the Medical Director of the Burn Unit:

Name:

Address:

Phone/Email:

VI. Contact information for the Nurse Manager:

Name:

Address:

Phone/Email:

VII: Contact information for the Administrative Representative:

Name:

Address:

Phone/Email:

VIII: **Signature, typed name, and title of person authorized to sign this application** (typically the Chief Executive Officer):

Signature Field

Name:

Title: