



AMERICAN BURN ASSOCIATION – BURN CENTER VERIFICATION REVIEW PROGRAM

Verification Criteria Updated as of 08/01/2019

Pre-Review Questions (PRQ) Updated as of 01/01/2020*

(See PRQ implementation timeline for guidance on which PRQ version to use during the 2020-2021 transition year)

Section 1: Burn Center Administration			
#	Criteria	Criterion Level (1 or 2)	PRQs
1.1. (1)	The burn center hospital is currently accredited by the Joint Commission or equivalent.	1	1.1.a. What is the regulatory accrediting body of your hospital? 1.1.b. Are you currently accredited? 1.1.c. What is the date of the last accreditation? 1.1.e. If the burn program has any special recognition, list recognition and year attained.
1.2. (2)	The burn center has an identifiable medical and administrative commitment to the care of the patient with burns.	1	<i>Attach administrative support letter</i>
1.3. (3)	The burn center hospital maintains a specialized unit dedicated to acute burn care.	1	1.3.a. Do you have a specialized unit dedicated to acute burn care? 1.3.b. If patients followed by the burn service are housed outside the burn center, describe how those patients are managed, specifically regarding how continuity of care is handled across disciplines. 1.3.c. Do other services in the hospital admit patients to the burn service? YES:

			1.3.c.1. Describe how this is managed. <i>Admissions table.</i>
1.4. (4)	The burn center has designated ICU capable beds.	1	1.4.a How many ICU beds are designated for burn care? 1.4.b How many of these beds are specifically designated for pediatrics?
1.5. (5)	The burn center maintains an appropriate policy and procedure manual that is easily accessible by the burn team and reviewed regularly with appropriate documentation by the burn center director and the nurse leader.	1	1.5.a. Describe the process for creating and updating policies. 1.5.b. Are the burn center director and nurse leader directly involved in creating policies and procedures? 1.5.c. What is the date of the last administrative policy review by burn center leadership? 1.5.d. List who is involved in this review. 1.5.e. How is the policy and procedure manual accessed by burn team members?
1.6. (6)	Multidisciplinary patient care conferences are held and documented at least weekly.	1	1.6.a. Describe timing and documentation for all multidisciplinary patient care conferences, to include but not limited to: <ul style="list-style-type: none"> ○ conferencing rounds/discussions ○ bedside rounds ○ multidisciplinary burn team meetings ○ family meetings ○ other conferencing opportunities 1.6.b. How are the results (documentation) of the conferences noted above communicated to all multidisciplinary team members?
1.7. (7)	Renal dialysis, radiological services, including computed tomography scanning, and clinical laboratory services are available 24 hours per day.	2	1.7.a. Are renal dialysis, radiological services, including computed tomography scanning, and clinical laboratory services available 24 hours per day?
1.8. (10)	The burn center hospital's policies and procedures regarding the use of allograft tissues are in compliance with all federal, state, and The Joint Commission (or equivalent) requirements, and, when feasible and appropriate,	1	1.8.a. Does the burn center use allograft? YES: 1.8.a.1. Are you in compliance with all federal, state, and The Joint Commission (or equivalent) requirements, and, when feasible and appropriate, with standards of the American Association of Tissue Banks (or equivalent)?

	with standards of the American Association of Tissue Banks (or equivalent).		1.8.a.2. Who is in charge of allograft usage?
1.9. (11)	The burn center has liaisons with a designated trauma center to coordinate care of patients with multi-trauma.	1	<p>1.9.a. Is your hospital a designated trauma center?</p> <p>YES:</p> <p>1.9.a.1 What level and what verifying agency provided designation?</p> <p>NO:</p> <p>1.9.b.1. Are there formal agreements with designated trauma centers for coordination of care for patients with multi-trauma to include burn injury?</p> <p>1.9.b.2. Describe where a patient with burns and trauma would be admitted.</p> <p>1.9.b.3. Describe the communication sequence for a patient with burn and trauma injuries for transfer to the designated trauma center.</p> <p>1.9.b.4. In the past 3 years, how many patients have been transferred to a designated trauma center?</p> <p>1.9.b.5. For any patient requiring transfer to the trauma center, were there any QI events noted?</p> <p>YES:</p> <p>1.9.b.5.a. What was the resolution/loop closure for the occurrence(s)?</p> <p><i>Transfer Case Summaries</i></p>

Section 2: Burn Center Volume

#	Criteria	Criterion Level (1 or 2)	PRQs				
2.1 (12.)	The burn center must have a sufficient volume of acute burn admissions on an ongoing basis.	1	<i>Volume table</i>				
2.2. (13.)	Majority of admissions to the burn center are burn patients.	1	2.2.a. Are the majority of admissions to the burn center, burn patients? <i>Admissions table</i>				
2.3. (15.)	The burn center maintains and average daily census of 3 or more patients with acute burns.	1	2.3.a. What is the average daily inpatient census (ICU+acute) of burn patients for the burn center for each of the past 3 years? <i>Volume table</i>				
2.4. (16.)	No more than 5% of all patients with a primary diagnosis of a burn injury are admitted to another service per year (e.g. geriatrics, pediatrics, medicine).	1	2.4.a. How many patients with a primary diagnosis of burn injury were admitted to other services over the last three years? <i>0 = move on</i> <i>1 or more complete line for each one</i> <table border="1" data-bbox="863 816 1934 889"> <thead> <tr> <th data-bbox="863 816 1398 850">Details</th> <th data-bbox="1398 816 1934 850">Reason</th> </tr> </thead> <tbody> <tr> <td data-bbox="863 850 1398 889"> </td> <td data-bbox="1398 850 1934 889"> </td> </tr> </tbody> </table>	Details	Reason		
Details	Reason						
2.5 (88.)	No more than 5% of hospital admissions are transferred to another acute care facility.	1	2.5.a. Provide summaries of all burn patients transferred to other acute care facilities in the last three years, including reason for transfer. <i>Transfer Case summaries</i>				

Section 3: Burn Center Director

#	Criteria	Criterion Level (1 or 2)	PRQs
3.1 (26.)	The burn center director is a licensed surgeon (MD or DO) with board certification by American Board of Surgery or American Board of Plastic Surgery (or equivalent for international burn centers in which case a surgeon must co-manage the center).	1	3.1.a. Burn program director name. 3.1.b. Year burn center director was appointed. <i>Data from Certification and Training table</i>
3.2 (27.)	The burn center director has completed a one-year fellowship in burn treatment and/or has experience in the care of patients with acute burn injuries for two or more years during the previous five years.	1	3.2.a. Has the burn center director completed a burn fellowship? <i>Data from Certification and Training table</i> <i>Data from Cases Table</i>
3.3 (28.)	The burn center director has ABLS (or equivalent) training.	1	3.3.a. Has the burn center director completed Advanced Burn Life Support (ABLS) (or equivalent) training? <ul style="list-style-type: none"> ○ If equivalent, list training. ○ Date of last certification.
3.4 (29.)	The burn center director is responsible for the direction of burn center administrative functions.	1	3.4.a. Describe the administrative responsibilities of the burn center director with regard to oversight of the burn center.
3.5 (30.)	The burn center director is responsible for the creation of policies and procedures within the burn center specifying all aspects of care for burned patients.	1	3.5.a. Describe how the burn center director provides oversight for policies and procedures.

3.6 (31.)	The burn center director is responsible for ensuring that all burn center team members conform to the burn center's locally established policies and procedures.	1	3.6.a. How does the burn center director ensure that all burn team members conform to the burn center's locally established policies and procedures?
3.7 (33.)	The burn center director is responsible for the approval of privileges for physicians participating in the burn service based on medical staff credentialing process.	1	3.7.a. How do physicians who are caring for burn patients receive privileges and have their credentials verified? 3.7.b. What is the role of the burn center director in this process?
3.8 (34.)	The burn center director is responsible for the development and active participation in internal and external continuing medical education programs in the care and prevention of burn injuries.	1	3.8.a. Give examples of CME programs in the care or prevention of burn injuries that have been developed at your burn center within the last 3 years. 3.8.b. What has been the role of the burn center director for each of these programs (instructor, developer, etc.)?
3.9 (36.)	The burn center director is responsible for the communications on a regular basis with referring physicians regarding patients who have been transferred.	1	3.9.a. How do referring physicians receive communication from the burn center regarding patients who have been transferred? 3.9.b. Who is responsible for this communication?
3.10 (37.)	In the event that the burn center director is not available, an accessible burn center staff surgeon is designated for administrative or clinical decisions.	1	3.10.a. In the event that the burn center director is not available, what is the process for designating a burn center staff surgeon for administrative or clinical decisions? 3.10.b. Who are the designated burn center surgeons? <i>Data from Certification and Training Table</i> 3.10.c. In the event no burn surgeons are available, who covers the burn service?
3.11 (38.)	The burn center director regularly participates in regional, national or international burn meetings.	1	<i>Education, Meetings and Publication Table</i>

3.12P	The burn center director demonstrates CME or evidence of education in pediatric burn care annually (i.e. Pediatric Advanced Life Support, pediatric topic review, local regional meetings, invited speakers, journal clubs etc.)	2	<i>Education, Meetings and Publication table</i>
3.13 (39.)	The burn center director has directed the total burn care of 50 or more acutely burned patients annually over a three-year period.	1	3.13.a. Has the burn center director directed the total burn care of 50 or more acutely burned patients annually over the last three years? <i>Data from Cases table</i>
3.14P	The burn center director is involved in at least 25 pediatric cases annually.	2	3.14.a. Is the director involved in at least 25 pediatric cases annually? <i>Data from Cases table</i>
3.15 (40.)	The burn center director demonstrates ongoing involvement in burn-related research, community education, continuing medical education, prevention efforts and local regional or national burn advocacy.	1	3.15.a. For the past 3 years, provide specific examples to describe the burn center director's: 1) involvement in community-based education programs 2) participation in prevention efforts 3) involvement in local regional or national burn advocacy

Section 4: Burn Surgeons

#	Criteria	Criterion Level (1 or 2)	PRQs
4.1 (41.)	Burn surgeons are licensed surgeons with board certification by American Board of Surgery, American Board of Plastic Surgery or equivalent based on review by Verification Committee.	1	4.1.a. Attach a current CV for all burn surgeons, including the burn center director (PDF). <i>Data from Certification and Training table</i>
4.2 (42.)	Burn surgeons have demonstrated expertise in burn treatment, by two or more years of mentored experience in the management of patients with acute burn injuries.	1	4.2.a. Have burn surgeons demonstrated expertise in burn treatment as evidenced by completion of a one-year fellowship in burn treatment or by two or more years of mentored experience in the management of patients with acute burn injuries? <i>Data from Certification and Training table</i>
4.3 (45.)	Each burn surgeon has participated, including primary decision-making, in the care of sufficient acutely burned patients annually.	1	4.3.a. Has each burn surgeon participated annually, including primary decision-making, in the care of a sufficient number of acutely burned patients? 4.3.b. When more than one surgeon is involved in clinical care, explain how they share patients, admissions, call responsibility and maintain continuity of care. <i>Data from Cases table</i>
4.4 (43.)	Each burn surgeon must participate in continuing medical education in burn treatment.	1	4.4.a. Has each burn surgeon participated in continuing medical education in burn treatment? <i>Education, Meetings and Publications table</i>
4.5 (44.)	Burn surgeons have had ABLIS (or equivalent) training.	2	4.5.a. Do all burn surgeons have ABLIS (or equivalent) training? <i>ABLIS data from Certification and Training table</i>
4.6 (49.)	Assigned burn center medical staff are promptly available on a 24-hour basis.	1	4.6.a. Attach a call schedule for burn surgeon/resident daytime and nighttime coverage. 4.6.b. Explain who is in house who would provide care, who is out of house and what is the average distance/time.

			<p>4.6.c. Describe your protocols for managing emergencies, including who typically provides immediate emergency response within the burn center, your chain of command, and response time expectation at each level.</p> <p>4.6.d. Describe the sequence of events, from initial response to burn surgeon notification, if a burn patient clinically deteriorates in:</p> <ul style="list-style-type: none"> • Emergency Department • Intensive Care Unit (ICU) • Floor
4.7 (46.)	The burn center maintains an on-call schedule for residents, qualified healthcare professionals and burn surgeons for continuous responsibility of burn patients.	1	<p>4.7.a. Attach the on-call schedule for residents, and other healthcare providers (PA, ARNP, burn center surgeons) for the past 3 months.</p> <p>4.7.b. Describe how changes to the on-call schedule are made available to all multidisciplinary burn team members.</p>
4.8 (109)	For centers that have residents involved in care of the burn patients an orientation program is provided for new residents.	2	<p>4.8.a. Describe the process for the burn orientation program for residents, including the topics covered.</p> <p>4.8.b. How often are the orientation and continuing education plan reviewed and who is responsible for this review?</p>
4.9P	<p>Burn center has physicians who are board certified or eligible for certification in one of the following:</p> <ul style="list-style-type: none"> • pediatric critical care medicine • pediatric surgery or surgical critical care 	2	<p>4.9.a. Does the burn program have physicians who are board certified or eligible for certification in one of the following:</p> <ul style="list-style-type: none"> • pediatric critical care medicine • pediatric surgery or surgical critical care <p><i>Certification and Training table</i></p>
4.10P	Burn surgeons have pediatric burn fellowship training or mentored clinical experience in pediatric burn surgery.	2	<p>4.10.a. Do the burn surgeons have pediatric burn fellowship training or mentored clinical experience in pediatric burn surgery?</p> <p><i>Data from Certification and Training table</i></p>
4.11P	All burn surgeons demonstrate CME in pediatric care or equivalent internal burn education in pediatric burn care annually.	2	<p>4.11.a. Do the burn surgeons demonstrate CME in pediatric care or equivalent internal burn programming in pediatric care annually?</p> <p><i>Data from Education, Meetings and Publications table</i></p>

Section 5: Advanced Practice Providers

#	Criteria	Criterion Level (1 or 2)	PRQs
5.1 (47.)	All advanced practice providers who are routinely responsible for the care of burn patients conform to burn center criteria documenting appropriate training, patient care experience, continuing medical education, and commitment to the care of the burned patient.	1	<p>5.1.a. Does the burn center utilize advance practice providers (APPs) (this may include nurse practitioners, physician assistants, etc.)?</p> <p>YES:</p> <p>5.1.a.1. Where do APPs provide care to burn patients?</p> <ul style="list-style-type: none"> ○ ICU ○ Acute ward ○ Outpatient clinic ○ Operating room <p>5.1.a.2. Describe the responsibilities of APPs with burn patients.</p> <p>5.1.a.3. Describe patient care coverage responsibilities during the day.</p> <p>5.1.a.4. Describe patient care responsibilities during the night.</p> <p>5.1.a.5. What is the APP rotation schedule?</p> <p>5.1.a.6. Explain how communication among physicians and APPs occurs related to handoffs.</p> <p>5.1.a.7. Attach a current CV for each APP.</p> <p><i>APP Table</i></p> <p><i>Education, Meetings and Publications table</i></p>
5.2 (48.)	All advanced practice providers participating in the burn service are credentialed by the hospital medical staff credentialing process and are approved by the burn center director.	1	<p>5.2.a. Describe the credentialing process for physicians and APPs in the burn program.</p> <p>5.2.b. To whom do APPs report?</p> <p>5.2.c. Describe the process for the burn orientation program for APPs, including the topics covered.</p> <p>5.2.d. How often are the orientation and continuing education plan reviewed and who is responsible for this review?</p>

Section 6: Nursing

#	Criteria	Criterion Level (1 or 2)	PRQs
6.1 (52.)	The burn nurse leader or equivalent is a licensed Registered Nurse (RN) with a minimum of a baccalaureate degree in nursing.	2	6.1.a. Attach CV of burn nurse leader(s) (this may be the nurse manager or equivalent).
6.2 (53.)	There is at least one nurse leader or equivalent who is administratively responsible for the nursing care provided within the burn center.	1	6.2.a. Describe the nursing administrative structure as it relates to the burn program. <i>Nursing table</i>
6.3 (54.)	A burn nurse leader or equivalent must have sufficient experience in burns and nursing leadership to lead the staff and manage the nursing program of the burn center.	1	6.3.a. Outline the number of years of burn experience and leadership experience for the nurse leader. <i>Nursing table</i> 6.3.b. If the burn nurse leader has <2 years burn experience or <6 months leadership experience, describe the plan to ensure they have adequate burn experience and training in nursing leadership.
6.4 (55.)	A metric-based staffing system is in place to determine nurse-staffing needs for patients in the burn center.	2	6.4.a. Describe the system used to determine nurse-patient ratios.
6.5 (56.)	There is a burn-specific competency-based training and continuing educational program for all nurses assigned to the burn center.	1	6.5.a. Has the burn center hospital obtained American Nurses Credentialing Center (ANCC) Magnet® recognition status? 6.5.b. Has the burn center hospital obtained ANCC Pathway to Excellence Program® designation? 6.5.c. Describe the process for the burn orientation program for nurses, including the topics covered.

			<p>6.5.d. Attach a reference list and documentation of competencies used in orientation/ongoing competency evaluations (e.g. AACN, ABA competencies).</p> <p>6.5.e. How often are the orientation and continuing education plan reviewed and who is responsible for this review?</p> <p>6.5.f. Describe how continuing education is provided for management of burn patients, such as wound care, critical care, and rehabilitation?</p>
6.6 (57.)	The burn nurse leader or equivalent routinely participates in multidisciplinary patient care rounds and there is dissemination to the nursing staff.	1	6.6.a. How is information from multidisciplinary rounds or case review rounds disseminated to nursing staff?
6.7 (58.)	The burn nurse leader or designee attends burn-specific continuing educational opportunities at least once every two years. These requirements can be addressed by attending regional, national or international burn meetings; being an ABLIS Instructor; and being involved in the ABA.	1	<p>6.7.a. How is learning from burn-specific continuing education events attended by the nurse leader shared with the nursing staff?</p> <p><i>Education, Meetings and Publications table</i></p>
6.8 (59.)	There is nurse representation within burn center quality improvement processes.	1	<p>6.8.a. Is there nurse representation within burn center quality improvement processes?</p> <p><i>Onsite: Provide an example of a project in which a nurse was involved.</i></p> <p><i>Quality Improvement table</i></p>
6.9P	Nurses have pediatric certification or participate in pediatric specific continuing education or equivalent internal burn programming in pediatric burn care annually.	2	<p>6.9.a. Describe how you ensure that nurses are competent to care for the pediatric burn patient.</p> <p><i>Nursing table</i></p>

Section 7: Therapy

#	Criteria	Criterion Level (1 or 2)	PRQs
7.1 (60.)	A comprehensive rehabilitation program is designed for burned patients within 24 hours of admission.	1	<p>7.1.a. Describe the process and timing for initiating occupational and/or physical therapy evaluation for inpatients.</p> <p>7.1.b. Describe the mechanism to track timeliness of initial therapy evaluation for acute burns.</p> <p>7.1.c. When the rehabilitation plan is not established within 24 hours, explain why.</p>
7.2 (61.)	Physical and occupational therapists in the burn center are appropriately licensed in their respective disciplines and demonstrate ongoing continuing education in burn rehabilitation.	1	<p>7.2.a. Are physical and occupational therapists in the burn center appropriately licensed in their respective disciplines?</p> <p>7.2.b. Have physical and occupational therapists who are designated to the burn service received burn-specific continuing education in the last three years?</p> <p><i>Therapist table</i></p> <p><i>Education, Meetings and Publications table</i></p> <p>7.2.b. Describe the process for burn rehabilitation orientation and training for therapists designated to the burn center and those providing coverage, including the topic areas covered.</p>
7.3 (62.)	Therapy staffing is based upon burn center inpatient and therapy specific outpatient activity with at least one designated full-time equivalent burn physical therapist and one occupational therapist, but more depending on center volume.	1	<p>7.3.a. How many total FTEs are designated to the burn service for occupational therapy (OT)?</p> <p>7.3.b. How many total FTEs are designated to the burn service for physical therapy (PT)?</p> <p><i>Therapist table</i></p> <p>7.3.c. Describe how therapy staffing is determined for burn inpatients.</p>
7.4 (63.)	Inpatients with an active rehabilitation plan must have care delivered as prescribed in the evaluation which should determine duration and frequency	1	<p>7.4.a. How is the frequency and duration of therapy services determined for the burn patient?</p> <p>7.4.b. Do any of the therapists assigned to the burn program have patient care responsibilities with other patients in the hospital?</p>

	based on acuity, include goals, outcome and plan for follow up.		<p>YES:</p> <p>7.4.b.1. Describe the method of prioritization and staffing for the burn patients relative to the other patients.</p> <p>7.4.b.2. How often is the rehabilitation plan, goals and outcome reviewed?</p> <p>7.4.b.3. What rehabilitation outcome measures are used regularly?</p>
7.5 (64.)	Burn therapy services are provided 7 days per week for care of burn inpatients.	1	<p>7.5.a. List the availability of therapy services for burn patients for each day of the week and indicate how the services are provided for during holidays and weekends. List adults and pediatric separately.</p> <p>7.5.b. How are therapy services provided for inpatients located outside the burn center including who is responsible for their therapy?</p>
7.6 (65.)	Burn therapists participate in multidisciplinary rounds and quality improvement.	1	<p>7.6.a. Is there therapist representation within burn center quality improvement process?</p> <p>7.7b. How is therapy represented at multidisciplinary rounds?</p> <p><i>Onsite: Provide an example of a project in which a therapist was involved.</i></p> <p><i>Quality Improvement table</i></p>
7.7 (66.)	Therapists assigned to the burn center must show evidence of ongoing burn specific competency training.	1	<p>7.7.a. Describe your competency-based training program for:</p> <ol style="list-style-type: none"> 1) Regularly assigned therapists to the burn program 2) Staff that covers for holidays and weekends <p><i>Onsite: Have competency documents available upon request</i></p> <p>7.7.b. Describe how competency is assessed (method of assessment, person assessing, frequency, etc.).</p>
7.8 (67.)	Therapists must participate in burn-related CEU activity on a regular basis.	1	<p>7.8.a. Do therapists participate in burn-related continuing education activity on a regular basis?</p> <p><i>Education, Meetings and Publications table</i></p>
7.9P	Therapy staff participates in pediatric specific continuing education.	2	<i>Education, Meetings and Publications table (peds column)</i>
7.10P	Therapy department has pediatric age-appropriate therapeutic equipment.	2	7.10.a. Describe the pediatric specific equipment used for therapy with burn children.

Section 8: Burn Team Members & Consultants

#	Criteria	Criterion Level (1 or 2)	PRQs
8.1 (68.)	Social service consultation is available to the burn service, as needed.	1	8.1.a. Describe the availability of social service consultation to the burn team. 8.1.b. Describe the role and responsibilities of the social worker on the burn team. 8.1.c. Provide an example of a challenging hospital discharge and how it was managed by the social worker. 8.1.d. What FTE percentage is available for social service to the burn center? 8.1.e. If not full-time FTE, what other responsibilities does this person have? 8.1.f. How does the social worker integrate the plan of care with the burn team (could include daily rounds, weekly multidisciplinary meetings, or other)? <i>Education, Meetings and Publications table</i>
8.2 (69.)	A dietitian with adequate critical care and burn experience is available on a daily basis for consultation.	1	8.2.a. Describe the availability of dietician consultation to the burn team. 8.2.b. What FTE percentage is available for dietician services to the burn center? 8.2.c. How does the dietician integrate the plan of care with the burn team (could include daily rounds, weekly multidisciplinary meetings, or other)? 8.2.d. For patients with a burn greater than 20% TBSA, describe the protocols for evaluating and supplementing nutrition. 8.2.e. How is adequacy of nutritional supplementation monitored and communicated to the team? <i>Education, Meetings and Publications table</i>
8.3P	A pediatric dietitian with adequate critical care and burn experience is available on a daily basis for consultation.	2	8.3.a. Describe the availability of pediatric dietician consultation to the burn team. 8.3.b. What FTE percentage is available for pediatric dietician services to the burn center? 8.3.c. How does the pediatric dietician integrate the plan of care with the burn team (could include daily rounds, weekly multidisciplinary meetings, or other)? 8.3.d. For patients with a burn greater than 20% TBSA, describe the protocols for evaluating and supplementing nutrition.

			<p>8.3.e. How is adequacy of nutritional supplementation monitored and communicated to the team?</p> <p><i>Education, Meetings and Publications table</i></p>
8.4 (70.)	A pharmacist with adequate critical care and burn experience is available on a 24-hour basis.	1	<p>8.4.a. Is a pharmacist with adequate critical care and burn experience available on a 24-hour basis?</p> <p>8.4.b. Describe the role and responsibilities of the pharmacist in the burn center.</p> <p>8.4.c. What FTE percentage is available for pharmacist services to the burn center?</p> <p>8.4.d. How does the pharmacist integrate the plan of care with the burn team (could include daily rounds, weekly multidisciplinary meetings, or other)?</p> <p><i>Education, Meetings and Publications table</i></p>
8.5P	A pediatric pharmacist with adequate critical care and burn experience is available on a 24-hour basis.	2	<p>8.5.a. Is a pediatric pharmacist with adequate critical care and burn experience available on a 24-hour basis?</p> <p>8.5.b. Describe the role and responsibilities of the pediatric pharmacist in the burn center.</p> <p>8.5.c. What FTE percentage is available for pediatric pharmacist services to the burn center?</p> <p>8.5.d. How does the pediatric pharmacist integrate the plan of care with the burn team (could include daily rounds, weekly multidisciplinary meetings, or other)?</p> <p><i>Education, Meetings and Publications table</i></p>
8.6 (71.)	Respiratory therapists are available for the assessment and management of patients on the burn service on a continuous basis.	1	<p>8.6.a. Are there respiratory therapists specifically assigned to the burn program?</p> <p>8.6.b. Provide a respiratory protocol for the burn patient (examples may include severe smoke inhalation injury, carbon monoxide toxicity, weaning and extubation).</p> <p>8.6.c. How does the respiratory therapist integrate the plan of care with the burn team (could include daily rounds, weekly multidisciplinary meetings, or other)?</p> <p><i>Education, Meetings and Publications table</i></p>
8.7 (73.)	A psychologist or psychiatrist is available to the burn service on an	1	8.7.a. Describe the mental health services available to burn inpatients.

	as needed basis.		<p>8.7.b. How and when are burn patients typically referred to mental health services?</p> <p>8.7.c. How do the mental health care professionals integrate the plan of care with the burn team (could include daily rounds, weekly multidisciplinary meetings, or other)?</p> <p><i>Education, Meetings and Publications table</i></p>
8.8P (72.)	A child life/recreational therapist is available for children cared for in the program.	2	<p>8.8.a. Describe the role and responsibilities of the child life/recreational therapist in the burn center.</p> <p>8.8.b. Describe the availability of child life or recreational therapy consultation to the burn team.</p> <p>8.8.c. What FTE percentage is available for child life or recreational therapy services to the burn center?</p> <p>8.8.d. How does the child life professional or recreational therapist integrate the plan of care with the burn team (could include daily rounds, weekly multidisciplinary meetings, or other)?</p> <p><i>Education, Meetings and Publications table</i></p>
8.9 (106)	Burn team members are provided with a minimum of one regional, national or international burn-related continuing education opportunity annually OR demonstrate annual participation in internal educational process specific to burn care.	1	<p>8.9.a. Generally describe burn team participation in local, regional, national conferences and the resources available to support these activities. (Specifics should be provided in the education table)</p> <p><i>Education, Meetings and Publications table</i></p> <p>8.9.b. Considering limited resources, describe how it is decided who attends these meetings.</p> <p>8.9.c. Describe any internal burn educational opportunities provided to members of the burn team.</p>
8.10 (107)	A burn center orientation and ongoing continuing education program documents staff competencies specific to age appropriate care and treatment of burn patients, including critical care, wound care, and rehabilitation.	1	<p>8.10.a. Describe the process for the burn orientation program for the burn team including the topics covered (exclude residents, APPs, nurses and therapists as this is covered separately).</p> <p>8.10.b. How often are the orientation and continuing education plan reviewed and who is responsible for this review?</p> <p>8.10.c. Describe how ongoing continuing education is provided to members of the burn team (exclude residents, APPs, nurses & therapists as this is covered separately).</p>

			<p><i>Education, Meetings and Publications table</i></p> <p>8.10.d. How are staff competencies specific to age-appropriate care and treatment of burn patients, including critical care, wound care, and rehabilitation, documented?</p> <p>8.10.e. How many members of your burn team are ABLIS (or equivalent) providers?</p> <p>8.10.f. How many members of your burn team are ABLIS (or equivalent) instructors?</p>
8.11 (50.)	Specialty consultants are available in a timely manner determined by the acuity of the diagnosis.	1	<p>8.11.a. Which of the following surgical specialty consultants are available for on-call consultation?</p> <ul style="list-style-type: none"> ○ General surgery ○ Neurological surgery ○ Obstetrics/Gynecology ○ Ophthalmology ○ Orthopedic Surgery ○ Otorhinolaryngology ○ Plastic Surgery ○ Urology ○ Cardiothoracic Surgery ○ Other (list) <p>8.11.b. Describe the process for receiving a surgical specialty consultation for your burn patients.</p> <p>8.11.c. Which non-surgical specialty consultants are available for on-call consultation?</p> <ul style="list-style-type: none"> ○ Anesthesiology ○ Radiology ○ Psychiatry ○ Pulmonary Medicine ○ Pediatrics (if applicable) ○ Nephrology ○ Cardiology ○ Dermatology ○ Hematology ○ Infectious Disease? ○ Other (list)

Section 9: Quality Improvement

#	Criteria	Criterion Level (1 or 2)	PRQs
9.1 (102)	The burn center develops ongoing quality improvement projects to create a culture of safety and promote value-based programs.	1	<p>9.1.a. Describe your quality improvement (QI) program including:</p> <ul style="list-style-type: none"> • How quality issues are identified • How the agenda for QI meetings is created • How minutes and documentation are managed • How action items are created and implemented • How loop closure is ensured <p><i>Onsite: Provide an example of how an action item was implemented and resulted in a change</i></p> <p>9.1.b. Describe how the findings of the QI program are disseminated to the burn team.</p>
9.2P	The pediatric burn center develops ongoing quality improvement projects to create a culture of safety and promote value-based programs.	2	<p>9.2.a. Describe your pediatric quality improvement (QI) program including:</p> <ul style="list-style-type: none"> • How issues are identified • How the agenda for the QI meeting is created • How minutes and documentation are managed • How action items are created and implemented • How loop closure is ensured <p><i>Onsite: Provide an example of how an action item was implemented and resulted in a change</i></p> <p>9.2.b. Describe how the findings of the QI program are disseminated to the burn team.</p>
9.3 (94.)	Sufficient QI documentation is available to verify problems, identify opportunities for improvement, resolve the problem and provide loop-closure.	1	<i>Onsite: Be prepared to show documentation that demonstrates how you have verified problems, identified opportunities for improvement, resolved the problem and provided loop-closure.</i>
9.4 (35.)	The burn center director is responsible for direction and active participation in the burn	1	9.4.a. Describe the format and leadership for the quality improvement program at your burn center.

	center Quality & Process Improvement Programs.		9.4.b. Provide three examples of quality improvement programs that the burn center director has participated in within the last 3 years.
9.5 (92.)	The burn center director is responsible for the risk adjusted quality improvement program.	1	9.5.a. Describe the role of the burn center director in the QI process.
9.6 (93.)	A multidisciplinary burn center committee participates in the quality improvement program, meets at least quarterly and is integrated into the hospital QI structure.	1	<p>9.6.a. Describe key members of the quality improvement program and their roles.</p> <p><i>Quality Improvement table</i></p> <p>9.6.b. How often does the QI committee meet?</p> <p>9.6.c. Describe how the burn QI process interacts with the hospital QI process.</p> <p>9.6.d. Who attends the burn quality improvement meetings?</p> <ul style="list-style-type: none"> • Burn surgeons • Trauma surgeons • Reconstructive surgeons (if burn service refers to them) • Nurses • Hospital Quality Improvement • Rehab • Dietary • Respiratory • Pharmacy • Child life • Pediatricians • ED • Critical care physicians-adults • Critical care physicians-pediatrics • Pediatricians • Others
9.7 (97.)	All life-threatening complications and deaths are discussed in a forum that includes specialist peers outside the core burn team, and are classified in a systemic fashion, so as to identify opportunities for improvement	1	<p>9.7.a. Describe your process for determining which outcomes and complications are reported and to whom.</p> <p>9.7.b. Who decides which submitted complications are selected for discussion at an external or divisional morbidity and mortality (M&M)?</p> <p>9.7.c. How are complications risk adjusted and by whom?</p> <p>9.7.d. What is the process for systematically reviewing all deaths?</p>

			<i>Mortality table; Deaths Case Summaries</i>
9.8 (95.)	The morbidity and mortality conferences are held at least monthly.	1	9.8.a. Describe the format of all available M&M conferences and the frequency at which they are held.
9.9 (96.)	The morbidity and mortality conferences include specialist peer staff members other than those practicing in the burn center.	1	9.9.a. How do you ensure that non-burn specialists (including physicians and surgeons) attend these meetings? <i>Onsite: Provide attendance sheets for 3 recent M&M conferences (include titles/disciplines)</i>
9.10 (98.)	The morbidity and mortality conferences include documentation of loop closure.	1	9.10.a. How is loop closure documented and tracked for M&M? 9.10.b. How are the findings of M&M disseminated to the rest of the team?
9.11 (99.)	Clinical team members involved in the direct care of the burn patients participate in at least 50% of the morbidity and mortality conferences.	1	9.11.a. Do each of the burn surgeons attend at least 50% of the M&Ms?
9.12 (100)	Sentinel events are discussed in a timely manner at multi-disciplinary intensive reviews during which time a non-involved peer leads a discussion with all involved parties and areas for improvement and loop closure are identified.	1	9.12.a. Describe how sentinel events are identified in the burn center and reported to the hospital. 9.12.b. Describe how action plans generated from sentinel events are disseminated and loop closure completed. <i>Onsite: If you have had a sentinel event in the past 3 years include that in the chart review documentation onsite.</i>
9.13 (101)	The burn program conducts audits of their benchmarked outcomes data (using available resources such as NBR, UHC, NHSN, or CMS) at least quarterly.	1	9.13.a. How does the burn program audit their data? 9.13.b. Which metrics are audited? 9.13.c. What resources are used for benchmarking?
9.14 (103)	The burn center has policies for infection control with regular monitoring for hospital-acquired infections, multi-drug resistant organisms and compliance.	1	9.14.a. Does the burn center have a policy for infection control? 9.14.b. How does the hospital infection control service work with the burn program? 9.14.c. Who is responsible for antibiotic stewardship at your hospital?

			<p>9.14.d. Do you have access to your updated antibiograms?</p> <p>9.14.e. Describe the process for handling an outbreak of a multi-drug resistant organism in the burn center.</p>
9.15 (104)	The burn center participates in the ABA's National Burn Repository or other equivalent data collection/analysis tool and submits data every year.	1	<p>9.15.a. Do you collect the ABA-defined minimum dataset?</p> <p>9.15.b. Do you participate in the Burn Care Quality Platform (BCQP) (formerly NBR) or other equivalent data collection/analysis tool?</p> <p>9.15.d. How is the data utilized?</p> <p>9.15.e. Describe the staffing resources required for data entry and management of the system.</p>
9.16 (105)	The burn center database includes all patients who are admitted to the burn center hospital for burn care.	1	9.16.a. Does the burn center database include all patients who are admitted to the burn center hospital for burn care?
9.17P	Evidence of at least one on-going QI metric in pediatric specific rehabilitation issues (i.e., garment compliance, splint compliance, rates of contracture, success with release, etc.)	2	<p>9.17.a. Does the center have a pediatric burn quality improvement and patient safety monitoring program with similar requirements as adult centers?</p> <p>9.17.b. Indicate an ongoing pediatric quality care metric that is rehabilitation specific that is measured by your burn service.</p> <p>9.17.c. Describe one example of a pediatric rehabilitation quality improvement metrics within the last three years.</p>

Section 10: Pre-Hospital Care			
#	Criteria	Criterion Level (1 or 2)	PRQs
10.1 (17.)	The burn center has written guidelines for the triage, treatment, and transfer of burned patients from other facilities.	1	<i>Attach guidelines relating to the triage, treatment and transfer of burned patients from other facilities.</i>
10.2 (32.)	The burn center director is responsible for the coordination with regional EMS authorities regarding triage and transport of burn patients.	1	10.2.a. Describe the format of communication between the burn center director and regional EMS leadership.
10.3 (18.)	The burn center maintains access to an EMS system for the transport of patients with burns from referral sources within the service area.	1	10.3.a. Describe the EMS systems that transport burn patients to the center (a) from the scene (b) in transfer from regional referral sources 10.3.b. Describe the frequency and structure for burn program meetings with leadership of the primary local EMS service. 10.3.c. Describe any burn-specific education provided to local EMS providers. 10.3.d. Describe the process used by a referral center to transfer a burn patient. Include details on the chain of communication, which physician is contacted with the request, and criteria used for acceptance/rejection of the request.
10.4 (19.)	The burn center offers input into the quality improvement of pre-hospital care of burn patients.	1	10.4.a. Describe how feedback is provided to EMS regarding concerns pertaining to prehospital care of burn patients. Provide an example of feedback, development of a guideline, or protocol, if applicable.

Section 11: Emergency Department

#	Criteria	Criterion Level (1 or 2)	PRQs
11.1 (20.)	Written protocols developed with input from the burn center guide the care of burn patients in the emergency department.	1	<p>11.1.a. How is the burn service involved in evaluating burn patients in the emergency department (ED) when they arrive at the hospital? <i>(if not routinely using ED skip this section)</i></p> <ul style="list-style-type: none"> • From the scene • From referring facilities <p>11.1.b. Describe the management of the burn patient in the ED.</p> <p>11.1.c. Attach written protocols with respect to pain control, wound care, follow-up, patient education.</p> <p>11.1.d. Who provides wound care for burn patients discharged from the emergency department?</p> <ul style="list-style-type: none"> • Burn nurse • Emergency Department nurse • Other (describe) <p>11.1.e. If wound care for burn patients is provided by emergency department personnel, describe how competencies are maintained.</p> <p>11.1.f. If a burn patient requires resuscitation in the ED how are they managed? If they require resuscitation for longer than one hour, how are they managed?</p>
11.2	Emergency department is available 24/7.	2	11.2.a. Is there access to emergency care for your patients 24/7?
11.3P	Emergency physicians are board certified or eligible for certification by an appropriate emergency medicine board according to current requirements in pediatric emergency medicine .	2	<p>11.3.a. Is a board-certified pediatric emergency medicine physician available in the ED to care for pediatric patients?</p> <p>11.3.b. If no, how are critically ill pediatric burn patients managed?</p>
11.4	Evidence of collaborative clinical practice and educational activities	2	11.4.a. Describe activation criteria used for major burns seen in the emergency department and expected response times for the burn team.

	between the burn program and the emergency services.		<p>11.4.b. Who is expected to be present in the emergency department for the highest level of burn activation?</p> <p>11.4.c. What is the average throughput time within the last year for the highest activation level of burn patients to remain in the emergency department?</p> <p>11.4.d Describe how burn care competencies are maintained for emergency care providers.</p> <p>11.4.e. How do you monitor the quality of care of burn patients who were discharged from the emergency department without being evaluated by the burn team?</p>
11.5	Emergency service representative serves as a liaison to the burn quality care program.	2	11.5.a. Describe how emergency department physicians and nurses participate in the burn quality improvement process.

Section 12: Intensive Care Unit (ICU)

#	Criteria	Criterion Level (1 or 2)	PRQs
12.1 (14.)	Burn centers caring for critically ill patients must demonstrate facilities, protocols and personnel specific to the care of critically ill patients.	1	<p>12.1.a. Are burn surgeons exclusively responsible for all the burn care in the ICU? <i>(if yes, next question, if no answer this section—we are looking for evidence of communication and collaboration)</i></p> <p>NO:</p> <p>12.1.a.1. Who provides the ICU care of critically ill adult patients (burn surgeon, trauma surgeon, medical critical care intensivist, anesthesiologist etc.) ?</p> <p>12.1.a.2. If ICU care is provided by physicians other than burn surgeons, what is the process for communicating information between these teams, address who is responsible for orders?</p> <p>12.1.a.3. Describe the process of co-management of burn patients admitted to the ICU.</p> <p>12.1.a.4. If ICU care is provided by physicians other than burn surgeons, how do they ensure maintenance of competency related to advances in burn critical care?</p> <p><i>Education, Meetings and Publications table</i></p> <p>YES:</p> <p>12.1.b.1. For the burn patient, provide examples of ICU protocols related to:</p> <ul style="list-style-type: none"> • acute resuscitation • inhalation injury, ARDS or other respiratory condition • pain management • nutrition
12.2P	The burn program works collaboratively with the pediatric critical care providers, although all significant therapeutic decisions involving burn patients are approved by the burn program,	2	12.2.a. Is there demonstration of collaboration between the burn program and pediatric critical care providers with evidence of significant therapeutic decisions involving burn patients? Is the burn program made aware of all significant clinical changes?

	and the burn program is made aware of all significant clinical changes.		
12.3P	A PICU representative serves as a liaison to the burn quality improvement program.	2	12.3.a. Does a PICU representative serve as a liaison to the burn quality care program committee?
12.4P	There are protocols for burn specific care in collaboration with the PICU.	2	12.4.a. Do the PICU and burn program have a collaborative protocol for specific care? 12.4.b. Is the PICU staffed with intensivists who are board certified/eligible in pediatric critical care medicine, according to current requirements in pediatric critical care medicine; or in pediatric surgery and surgical critical care by the American Board of Surgery? <i>Certification and Training table</i>
12.5P	PICU works in concert with the Burn Center Director to develop protocols for intensive care.	2	12.5.a. Does the PICU work in concert with the burn center director to develop protocols for intensive care?

Section 13: Operative Services (Including Anesthesiology):

#	Criteria	Criterion Level (1 or 2)	PRQs
13.1 (8)	The burn center has timely access to operating rooms.	1	13.1.a. Are there dedicated operating rooms and times for care of the burn patient? 13.1.b. Is an operating room available to the burn service 24 hours/day? 13.1.c. Describe the location of the operating room(s) in relation to the burn center locale. 13.1.d. Do these rooms have individual temperature controls? 13.1.e. What other warming strategies are routinely employed? 13.1.f. Is there the ability to elevate limbs? 13.1.g. In the past 3 years, have you experienced any quality issues related to timely access to the operating theatre? <ul style="list-style-type: none"> ○ YES: Describe your QI process and loop closure for this incident(s). ○ NO: What would be the process to address these issues? 13.1.h. Describe where burn cases fit into the urgency/priority scale for booking operative cases.
13.2 (9)	A dedicated OR team with burn experience is available for the burn operating theatre.	2	13.2.a. Is there a dedicated OR team of nurses and technicians with burn OR experience available? 13.2.b. Describe the training of the nurses and technicians who provide burn care in the operating theatre.
13.3 (51.)	A dedicated anesthesia team with burn experience is available for the burn operating theatre.	2	13.3.a. Is there a dedicated group of anesthesiologists who provide burn care in the operating theatre? 13.3.b. What is the name of the dedicated anesthesia liaison? 13.3.c. Describe the involvement of the anesthesiology liaison with the burn team, examples include participation in QI meetings, research, etc. <i>Anesthesiology table</i>

13.4P	For centers admitting patients under 2 years of age and requiring surgery, an anesthesiologist with certification in pediatric anesthesiology is available 24/7.	2	13.4.a. Is there an anesthesiologist with certification in pediatric anesthesiology available 24/7 for centers admitting patients under 2 years of age and requiring surgery? If not who is responsible for children < 2 years?
13.5P	A pediatric anesthesiology representative serves as a liaison to burn quality improvement program.	2	13.5.a. Does a pediatric anesthesiology representative serve as a liaison to a pediatric burn quality improvement program? 13.5.b. What is the name of the pediatric anesthesiology liaison?

Section 14: Rehabilitation

#	Criteria	Criterion Level (1 or 2)	PRQs
14.1 (89.)	Physiatrist consultation is available.	2	14.1.a. How does your program access physiatry services when needed and outline where and how the members of the burn team are involved in this process?
14.2 (90.)	The burn center coordinates with local and/or regional rehabilitation centers for inpatient rehabilitation.	1	14.2.a. If your adult and pediatric patients require ongoing inpatient rehabilitation, where are they sent and how is the transfer of care coordinated? 14.2.b. Describe the communication between the burn center and the receiving rehabilitation facility to ensure continuity of care.
14.3 (91.)	The burn center coordinates with local and/or regional outpatient facilities for ongoing outpatient therapy needs of patients needing rehabilitation after discharge.	1	14.3.a. Describe how the burn center coordinates with local and regional resources for outpatient care of burn patients. 14.3.b. Describe the process to monitor and provide feedback on the progress of outpatients receiving therapy outside of the burn center.

Section 15: Ambulatory Care

#	Criteria	Criterion Level (1 or 2)	PRQs
15.1 (74.)	The burn center has appropriate outpatient facilities, including adequate facilities for wound care.	1	<p>15.1.a. Describe the location (proximity to burn center) and facilities available for the outpatient clinic(s).</p> <p>15.1.b. How do patients gain access to the outpatient clinic?</p> <ul style="list-style-type: none"> • Patients not previously seen by the burn center • Seen in the ED and discharged • Discharged from burn center • Transferred to SNF, rehabilitation centers and similar locations <p>15.1.c. How do you ensure you have adequate clinic availability for your outpatient volume?</p> <p>15.1.d. Which procedures are performed in your clinic:</p> <ul style="list-style-type: none"> • Wound care • Casting and splinting • Physical and occupational therapy • Counseling and psychological screening • Minor procedures <p>15.1.e. Describe the equipment and facilities you have available for wound care in the outpatient clinic.</p> <p><i>Outpatient Clinic table</i></p>
15.2 (75.)	The outpatient facility must be able to provide for appropriate pain management during wound care.	2	<p>15.2.a. Describe the pain management strategies for dressing changes and painful procedures in the outpatient clinic?</p> <p>15.2.b. If IV analgesia and/or sedation is required, how is it managed?</p> <p>15.2.c. For centers that treat children, describe pediatric-specific strategies for pain/anxiety management.</p>
15.3 (80.)	The burn center provides appropriate multi-disciplinary follow-up.	1	<p>15.3.a. How many new non-admitted burn patients were seen as outpatients in the last year?</p>

			<p>15.3.b. Are all inpatients given an appointment for follow up in burn clinic at the time of discharge?</p> <p>15.3. c. How many unplanned readmissions did you have in the past year?</p> <p>15.3.d. Do you have competencies for outpatient staff and if so how are they maintained?</p> <p>15.3.e. Which specialties do patients have access to, for example: pain management, orthopedics, hand surgery, psychology, etc.?</p> <p>15.3.f. What mechanism exists to meet patients' primary care needs after discharge?</p> <p>15.3.g. Describe a case in which a patient would not be given an appointment for follow up.</p> <p>15.3.h. Who is responsible for following up on no shows?</p>
15.4 (76.)	For continuity of care, staffing of the outpatient area should be by multi-disciplinary experienced burn team members, approved by the burn center director and nurse leader.	2	<p>15.4.a. List the disciplines routinely present in the outpatient clinic.</p> <p>15.4.b. List the disciplines available as needed in the outpatient clinic.</p>
15.5 (86.)	The burn center provides access to outpatient social service, pharmacist and dietary consultations, as needed.	2	15.5.a. Does the burn center provide access to outpatient social service, pharmacist and dietary consultations, as needed?
15.6 (77.)	A representative of the outpatient staff participates in weekly multi-disciplinary burn conferences and the burn center QI program.	1	<p>15.6.a. List the disciplines among the outpatient staff that attend multidisciplinary rounds.</p> <p>15.6.b. Describe how you ensure outpatient staff multidisciplinary participation in the QI program.</p>

Section 16: Community Reintegration

#	Criteria	Criterion Level (1 or 2)	PRQs
16.1 (79.)	The burn center provides coordinated transition of care to the outpatient status.	1	<p>16.1.a. Describe the process and personnel involved in discharge planning.</p> <p>16.1.b. Describe the communication process with the medical facilities to which your patients are discharged (such as skilled nursing facilities, inpatient rehabilitation centers, or long-term acute care hospitals) to provide feedback.</p> <p>16.1.c. Describe the process for maintaining continuity of care from the inpatient burn center to the outpatient clinic.</p>
16.2 (78.)	The burn center follows >75% of all patients who transition to the outpatient setting.	1	<p>16.2.a. What is your no show rate in the outpatient clinic?</p> <p>16.2.b. What mechanisms are in place to address burn no show follow ups after discharge?</p>
16.3 (83.)	A burn therapist is available in the outpatient clinic to provide services, including follow up, as needed.	1	<p>16.3.a. Describe the consultation process for providing physical and occupational services in your clinic.</p> <p>16.3.b. What is the process to identify patients who need these services?</p> <p>16.3.b. Describe how therapy staffing is determined for the ambulatory care outpatient clinics.</p>
16.4 (81.)	The burn center provides brief psychological screening/intervention.	1	<p>16.4.a. Which screening tools do you use for mental health issues such as PTSD, depression, substance abuse, etc. and when is this done?</p> <p>16.4.b. Describe the process followed for patients who screen positive.</p>
16.5P (82.)	The burn center provides evaluation of patient developmental status (for children).	2	<p>16.5.a. Describe the mechanism for screening for developmental delay in pediatric burn patients.</p> <p>16.5.b. Once delay is identified, is a plan implemented and documented to address as appropriate?</p>
16.6 (84.)	The burn center provides timely access to reconstructive surgery.	2	<p>16.6.a. Describe the personnel and resources available to your program to provide reconstructive surgery.</p>

			<p>16.6.b. How is reconstructive surgery integrated into the burn program, for example, how are members of the burn team (such as therapists) involved in post-operative care?</p> <p>16.6.c. What is the typical timing for a patient to receive reconstructive surgery when needed?</p>
16.7 (85.)	<p>The burn center facilitates access to peer-to peer and burn survivor resources for patient and family support.</p> <p>Provides access to peer support (such as but not exclusively a Phoenix Society SOAR program).</p>	1	<p>16.7.a. How does the burn center facilitate peer-to-peer support for burn patients and their families?</p> <p>16.7.b. Describe how the burn center supports community reintegration.</p> <p>16.7.c. Does the burn center have designated team member(s) with responsibility to provide oversight of peer support activities?</p>
16.8 (87.)	The burn center provides access to vocational counseling.	2	<p>16.8.a. Describe how the burn center provides access to vocational counseling.</p> <p>16.8.b. What resources are available to facilitate back-to-work for those not covered by workers' compensation?</p> <p>16.8.c. Describe how the burn center provides support for school reintegration.</p>
16.9 P	Burn center has established relationship with one of the many camps and demonstrated active attempts at recruitment for children to attend.	2	<p>16.9.a. Describe how your burn center facilitates access to burn camp for pediatric patients.</p> <p>16.9.b. Do you have camp or retreat opportunities for families or adults?</p> <p>16.9.c. Describe your teams' participation or involvement in burn camp.</p> <p>16.9.d. If the center runs its own camp, for how many consecutive years has the burn camp been operational, and how is camp funded?</p>

Section 17: Prevention & Outreach

#	Criteria	Criterion Level (1 or 2)	PRQs
17.1 (111)	Burn program is involved in local, regional, national, or international prevention outreach efforts.	1	17.1.a. List your prevention efforts. 17.1.b. Describe the process used for creating interventions designed to reduce burn injuries in your community. 17.1.c. How do you assess the impact of your efforts?
17.2 (108)	The burn program regularly participates in regional education related to burn care.	1	17.2.a. List the regional educational activities delivered in the last year. 17.2.b. List the number of ABLS or equivalent courses provided by the burn center in the past year. 17.2.c. If equivalent, provide name and description of course. 17.2.d. How many students were trained as providers during those courses? 17.2.e. How many students were trained as instructors during those courses?
17.3 (110)	The burn center participates regularly in community burn outreach programs.	2	17.3.a. List the community outreach programs burn center staff have provided in the last year.

Section 18: Advocacy & Research
THE BURN CENTER MUST DOCUMENT ACTIVE PARTICIPATION IN AT LEAST ONE OF THE FOLLOWING ACTIVITIES:

#	Criteria	Criterion Level (1 or 2)	PRQs
Advocacy			
18.1 (112)	Burn Center multi-disciplinary staff, under the leadership of the burn center director, work locally, regionally, or nationally to advocate for burn related health care issues.	2	18.1.a. List any local or state advocacy efforts burn center staff have been involved with, including the nature of the requested regulatory or legislative changes, and the results of those activities. 18.1.b. List any national advocacy efforts burn center staff have participated in, such as the ABA National Leadership Conference (NLC) or others, over the last three years.
Research			
18.2 (113)	The burn center multi-disciplinary staff is involved in research (including basic science, clinical, industry-sponsored, QI, multi-center) and presents posters or oral presentations at hospital based, regional national or international meetings.	2	18.2.a. Describe how the burn center staff are involved in research. 18.2.b. What is the total number of oral presentations and posters based on your research which were presented over last three years? 18.2.c. Provide 5 examples that demonstrate multidisciplinary collaboration. <i>Research Presentation table</i> 18.2.d. What is the total number of publications generated from your research over the last three years? 18.2.e. Attach list of research publications with citations.

Section 19: Disaster Planning			
#	Criteria	Criterion Level (1 or 2)	PRQs
19.1 (21.)	The burn center interfaces with regional trauma centers to coordinate care of patients with multiple injuries and to develop regional educational programs, disaster planning and advocacy efforts.	2	<p>19.1.a. Does the burn center director (or designee) participate in the institutional mass casualty /disaster committee (or equivalent)?</p> <p>19.1.b. List the team members involved in the burn program disaster management planning.</p> <p>19.1.c. Does the burn program director or designee participate in the regional trauma advisory committee, or equivalent group involved in regional disaster planning?</p> <p>19.1.d. Describe any formal disaster management training engaged in by anyone on the burn team.</p> <p>19.1.e. List the key members involved. If a staff member is designated as a mass casualty resource person, identify them.</p>
19.2 (22.)	The burn center has a written Mass Casualty Disaster Plan for the triage and treatment of those patients burned in a mass casualty incident occurring within its service area.	1	<p>19.2.a. Attach the written plan for a mass casualty event involving burn patients (typically includes resources, surge capacity, personnel, etc.).</p> <p>19.2.b. Does the burn center participate in periodic mass casualty drills or tabletop exercises with the local/regional designees?</p> <p>YES:</p> <p>19.2.b.1. Date of last exercise.</p> <p>19.2.c. In the event of a mass casualty incident exceeding overflow capacity, describe how you would handle the overflow.</p>
19.3 (23.)	The Mass Casualty Disaster Plan is reviewed and updated as needed and on an annual basis by EMS representatives and the burn center director.	2	<p>19.3.a. Does the burn center director annually review and update the mass casualty disaster plan?</p> <p>19.3.b. How is the burn team involved in this process?</p>
19.4 (24.)	There are current (within the past 3 years) written memoranda of understanding with other burn	1	<p>19.4.a. List all burn centers with which the burn center has current, written memoranda of understanding regarding transfer of burn patients.</p>

	centers regarding secondary triage.		<i>Onsite: Have the MOU available upon request.</i>
19.5 (25.)	The burn center must maintain accurate and up to date contact information for burn surgeons and managers on the ABA website.	2	<p>19.5.a. Is the contact information on the ABA website for all the requested burn team members current for your burn center?</p> <ul style="list-style-type: none"> • Yes: Date of last update.

TABLES

Admissions (1.3, 2.2)

	3 years past		2 years past		Last full year	
	Adult	Peds	Adult	Peds	Adult	Peds
Burns admitted to burn center						
Burns admitted to ICU						
Total burn admissions						
Non-burn admissions to burn center						
All admissions to burn service						
Inhalation injury admissions						

Volume (2.1, 2.3)

	3 years past		2 years past		Last full year	
	Adult	Peds	Adult	Peds	Adult	Peds
Modified BAUX greater than 80%						
>20% TBSA burn size						
Inhalation injury						
Average % TBSA burn size for all patients admitted						
Inpatient daily census (acute + ICU)						

Cases (3.2, 3.13, 3.14, 4.3)

Complete the table below for the burn center director and all burn surgeons who provided clinical and/or operative care for a burn patient in the past 12 months (do not leave any cell blank):

Name	Specialty	# patients cared for						# acute burn operations						# of burn reconstructive operations					
		3 Years Past		2 Years Past		Last Full Year		3 Years Past		2 Years Past		Last Full Year		3 Years Past		2 Years Past		Last Full Year	
		Ad	Pe	A	Pe	A	Pe	A	Pe	A	Pe	A	Pe	A	Pe	A	Pe	A	Pe

Certification & Training (3.1, 3.2, 3.10, 4.1, 4.2, 4.5, 4.9, 4.10, 12.4)

Complete for director & burn surgeons & ICU/PICU physicians who treat burn patients

Name	Board Certification	Date of original certification	Date of last recertification	Burn Fellowship Name	Pediatric Fellowship	Years	Mentorship program	ABLS Provider	ABLS Instructor	ABLS Equivalent

Education, Meetings & Publications (3.11, 3.12, 4.4, 4.11, 5.1, 6.7, 7.2, 7.8, 7.9, 8.1, 8.2, 8.3, 8.4, 8.5, 8.6, 8.7, 8.8, 8.9, 8.10, 12.1)

Complete for past 2 years for: burn center director, burn surgeons, nurse leader, advanced practice providers, therapists, social workers, dietitians, pharmacists, respiratory therapists, psychologists, psychiatrists, mental health care professionals, child life specialists, ICU physicians who treat burn patients.

Name	Discipline/ Role	# burn-related CE credits for past 2 years	# pediatric-related CE credits for past 2 years	List all regional, national, international burn meetings attending during the past 2 years	# Peer-reviewed publications in the past 2 years authored by this individual

* Publications can be primary or co-author, however it is not necessary to list publications multiple times, so if various team members worked on a paper together, list it with the primary or highest listed author.

Advanced Practice Provider (5.1)

Name (also include degree[s])	Position	Years of burn experience	# burn patients cared for in last 2 years

Nursing (6.2, 6.3, 6.9)

Name (also include degree[s])	Position	Certification(s)	Pediatric training	Years of burn experience	%FTE devoted to the burn center or to burn care

Therapists (7.2)

Name	Position	Level of training (degree)	Certification(s)	Pediatric training	Years of burn experience	Roles	%FTE that is devoted to the burn center or to burn care

Quality Improvement (QI) (6.8, 7.6, 9.6)

Describe key members and their roles in the QI process, include nursing and therapy.

Name	Position	Role

Anesthesiology (13.3)

Name	Credentials	Certification	# burn-related CE credits for past 2 years	# pediatric-related CE credits for past 2 years	List all regional, national, international burn meetings attending during the past 2 years	# Peer-reviewed publications in the past 2 years authored by this individual	# of burn cases in last 2 years

Outpatient Clinic Visits (15.1)

	3 years past		2 years past		Last full year	
	Adult	Peds	Adult	Peds	Adult	Peds
Total number of clinic visits						
Total number of non-admitted patients						

Research Presentation (18.2)

Title	Presenter(s)	Meeting Name	Date(s)	Location

Mortality (9.7)

Complete with burn size across the top and patient age vertically. Place the number of deaths over total admissions for each box. For example, in box age 31-40 and % burn 31-40 if there were 3 deaths and 30 admissions the box would contain 3/30. Statistics should be the sum of deaths for the past three years.

Burn Size %TBSA (Across) Age (Down)	0-9%	10-19%	20-29%	30-39%	40-49%	50-59%	60-66%	70-79%	80-89%	90-100%	Total
0-10											
11-20											
21-30											
31-40											
41-50											
51-60											
61-70											
71-80											
81-90											
91-100											
Total											