ABA Burn Center Verification Virtual Review
Requirements, FAQs, and Tips for a Successful Review

New Benefit for Verified Burn Centers

The American Burn Association (ABA) Verification Committee highly values in-person conversation to assess the workings of multidisciplinary burn care teams. However, a new option is needed to facilitate verification reviews during the current COVID-19 pandemic.

Virtual reviews provide **increased flexibility** for scheduling and adhering to travel/visitor restrictions. They also offer the opportunity to include additional, **expert reviewers from the disciplines of therapy and nursing**, at **no extra cost** to the burn center. ABA will pilot a virtual review format in 2021.

Contact us to discuss the specifics of your visit: verification@ameriburn.org.

Eligibility

All requests for a virtual review are subject to ABA approval, to ensure capacity and ability to continue with a high-quality, fair and transparent process during this virtual review pilot. Before requesting a virtual review, burn centers should ensure that they meet the below criteria.

1. Current, good standing in the verification program
Burn centers must be currently verified, with no criteria deficiencies identified in their prior review.

2. Demonstrated ability to manage the technical component
To ensure that the review process meets local privacy and security compliance requirements, ABA requires that the technical component of the site review be managed by the local hospital.

The burn center must provide:

- Access to a virtual meeting platform licensed by the hospital,
- Ability to host multiple, concurrent virtual meetings (i.e., breakout rooms),
- Availability of local technical support staff throughout the meeting, and
- Availability of a burn center staff to manage the online meeting schedule.

Sharing of sensitive and protected information (i.e. patient information, peer review documents) will be managed by the burn center. *If a burn center cannot provide a sharing mechanism, to enable on-screen review, the burn center is not eligible for a virtual review.*

Supplemental Documentation

Traditionally, burn centers are asked to have certain documentation available for onsite review. In the case of a virtual review, these materials will be made available either as supplemental documentation appended to the standard pre-review questionnaire (PRQ) or shared on-screen during the virtual review (protected or sensitive information such as M&M records).

Upload in advance

The below supplemental information should be uploaded for review:

- Nursing orientation manual (Criterion 6.5)
- Burn M&M attendance sheets x 1 year (Criterion 9.9)
- Quality improvement (QI) initiatives for the burn center (Criterion 9.3)
- Examples of outreach education (Criterion 17.3)
- Burn-specific continuing education (CME/CEUs) for all disciplines (Appendix: Additional Review Materials)

Display via screen share during the virtual review

The burn center should arrange for private screen sharing with reviewers, to cover:

- Minutes from M&M conference, QI letters and responses,
- Loop closure documents and educational materials (as a result of M&M),
- Protocols and policy updates (as a result of M&M), and
- Electronic health record viewing access (separate access for each reviewer, led by a burn center staff member).

Timeline

8 weeks prior to site review

The Pre-Review Questionnaire (PRQ) must be submitted 8 weeks prior to the virtual visit. *Failure to submit the PRQ by this deadline may result in a delay in site review beyond the burn center's expiration date.*

1-2 weeks prior

Site reviewers will review the submitted PRQ and supplemental documentation and contact the burn center with requests for clarification.

The burn center will host a brief preparatory meeting 2 weeks prior to the site visit. This meeting will serve as a trial of site reviewer access to the virtual platform and opportunity for reviewers to review/edit the agenda and request additional documentation, as needed.

Site review

See the sample agenda provided below for a two-day virtual review.

Post-review

ABA will follow the usual timeline for review/approval of site reports and communicating the final verification determination. See our website for a detailed verification renewal timeline.

Sample Agenda – 1-Day Virtual Review

The below sample agenda is provided to guide the burn center in creating a schedule that is inclusive of key activities for the virtual review. The schedule should be finalized with input from your site review team and confirmed with the lead physician surveyor. This is a sample only and may need to be adjusted considering varying time zones of the burn center and the reviewers.

Similar to the requirement for onsite reviews, the burn center director must be available for the entire site review.

Time	Activity	Burn center (BC) personnel	ABA site surveyors
0730 – 1030 CT	Chart reviews	Burn director, QI personnel	Physician reviewers
1030 – 1100 CT	Break		
1100 – 1200 CT	Tour of facilities and patient rounds	BC clinical team	Physician reviewers
1200 – 1300 CT	Lunch break		
1300 – 1500 CT	Burn center team meeting	BC personnel and hospital leadership (all who would have been at dinner or breakfast meeting)	Physician reviewers
1500 – 1530 CT	Break		
Breakout sessions **(NEW!)**			
1530 – 1630 CT	Breakout with burn **therapists/therapy** leadership and ABA therapy representative(s).	Therapy manager, therapist(s)	Therapy reviewer
1530 – 1630 CT	Breakout with **nurses/nursing** leadership And ABA nurse representative(s).	Nurse leader, managers, bedside nurses.	Nurse reviewer
1530 – 1600 CT	Breakout with **physicians/APPs**	Burn director, physicians and APPs	Physician reviewers
1600 – 1630 CT	Private meeting with Burn Director	Burn director	Physician reviewers
1630 – 1800 CT	ABA surveyors private meeting, determination of Strengths, AFI and CDs		All for first 30min, then Physician reviewers only
1800 – 1830 CT	Executive summary/Exit session	Anyone burn center wishes to invite	Physician Reviewers
1830 CT	Adjourn		

Frequently Asked Questions

Also see tips from our early pilot participants (burn centers) at the end of this document.

General Questions

Is there an additional charge for the virtual visit option?

No, virtual visits--including the additional involvement of therapy and nursing reviewers--are offered at no additional cost to burn centers.

ABA charges an annual fee for participation in the burn center verification program. Your $5,000 annual fee covers either an onsite or virtual review. When opting for a virtual review, burn centers save on some logistical costs associated with an onsite review, such as surveyor ground transportation and hotel charges.

Can our burn center change from an in-person to virtual format after our site review is scheduled?

Some burn centers may opt to continue with a traditional site visit option. If you have scheduled an in-person review and local COVID-19 circumstances (e.g. travel or visitor restrictions) change, please contact the ABA Central Office as soon as possible to discuss possibility of rescheduling your visit as a virtual review.

Our burn center verification expiration date is in 2022. Can we request a virtual review?

If the 2021 pilot virtual reviews are successful, ABA may extend the program to offer a virtual option in future years, alternating with onsite visits for verified centers in good standing (no criteria deficiencies).

Site Review Logistics

Does ABA have a preferred online meeting software?

No, ABA defers to the burn center to select a secure online meeting and screen sharing service (e.g. Zoom, Microsoft Teams, or WebEx). Allowing the burn center to select the service used ensures that the review complies with hospital security and privacy policies.

How will patient rounds be conducted?

ABA recognizes that rounds may be one of the more challenging portions of the virtual review, and we look forward to piloting potential formats.

Please be prepared for a **live session** with a burn center staff member assigned to use a mobile device (phone, tablet, etc.) to capture patient rounds, either using your online meeting software or a telemedicine platform (e.g. VSee, etc.). Reviewers will participate in discussion with your team. DO NOT INCLUDE PATIENTS on camera.

Please note that this portion of the review is for bedside clinical rounds, not a table-based multidisciplinary case conference.

How will the burn center tour be conducted?

A tour of your physical plant may be **pre-recorded** and uploaded to your PRQ. (BCQP Verification module users should upload the tour in the PRQ *Appendix*, under the heading *Additional Review Materials*.) Reviewers may request a live view of certain areas if desired.

The tour is not intended to be a marketing piece and does not have to be a professional video. An amateur video captured with a smartphone camera will adequately allow your reviewers to see your physical space. Please DO NOT INCLUDE PATIENTS in your tour.

How will the chart review be conducted?

The site reviewers will decide in advance which charts they will focus on during the site review, based on case summaries submitted by the burn center. For most large centers, reviewers will need to conduct concurrent chart reviews.

The below general guidelines will apply to the chart review.

- Provide break-out sessions or two separate virtual meeting room links for each physician reviewer.
- Attendees in each breakout/virtual meeting room should include:
  - one of the ABA physician site reviewers,
  - either the burn director, burn surgeon or nurse leader/program manager, and
  - one burn center staff member assigned to navigate the medical record.
- The burn center staff member should have access to the EMR on their computer and ability to share their screen so that the reviewer can see what they need.
- Ensure that the burn director, burn surgeon(s) and nurse leader can be reached by phone during the chart review, in case of questions. ABA recommends that a contact list for key personnel be distributed with your site review agenda.

Documentation

For which team members do we need to upload CME/CEU in advance? Is the burn center expected to provide the actual certificates?

Burn-specific education is a critical foundation for quality care, and therefore your site reviewers will expect to review the catalog of education provided to your professionals. Every consultant or anesthesiologist is not expected to have burn-specific CME, but intensivists (adult or PICU) who manage the burn resuscitation must. The relevance and quality of education support and accredited activities is a significant concern for nursing and therapy, as well.

Burn centers should ideally prepare a scanned document with CME/CEUs by discipline of the team members. At minimum, provide a list of CEUs attended, if not the actual certificates.

Our nursing orientation manual is very large. Do we need to upload it in its entirety?

Please share the nursing orientation manual in its entirety. You may find it helpful to use the PDF option to save a file with reduced file size. If necessary, it is acceptable to replace lengthy full-text articles in your manual with a bibliography, in order to meet file size restrictions.

Virtual Site Visit Tips

The below tips have been compiled from the first burn centers participating in the ABA pilot of virtual verification site reviews. We will add to the document as we gain additional experience during the ongoing pilot in 2021.

Preparation

- Preparation is key; trial run everything in advance.
- Compile contact information for all site reviewers and leadership members for each discipline. Share cell phone numbers for key organizers so reviewers can text if they have technical issues.
- Set a time before the site visit for the reviewers to ask questions, get clarification or ask for additional documentation at least one or two weeks in advance.

Technology

- Connect with IT ASAP and ask for an expert in your facility's virtual platform to be a resource before and during the site visit. Have them participate in your prep meetings with the site reviewers and the ABA.
- Create one virtual meeting link for the whole day; however, send the attendees/site reviewers individual invites for each session they need to be involved in (i.e. chart review, rounds, leadership meeting, breakout sessions, etc.). This will help keep everyone on track with the day's agenda.
- Ideally, keep the two surgeon reviewers in one virtual room for the whole visit, and have everyone else log in and out, so they don't have to sign in anew each time.
  - One caveat: Have the ability to break the reviewers out of the main virtual meeting room for their private meeting, or have a separate link for the exit interview to make sure participants don't interrupt the private reviewers-only meeting.
- Reserve or have available 3 rooms for the breakout sessions.
  - Have separate links for two of the breakout sessions, or the ability to have breakout rooms
  - Participants suggest keeping the surgeon reviewers on the same meeting room link as all of the other meetings and provide a separate meeting room link for the nurses and another for the therapists.
- Test your technology and equipment **BEFORE the site visit**, and make sure to do it in the physical room(s) you will use so that you can test docking stations, connectivity, firewalls, etc.

Virtual Tour

- It is helpful if the tour can be prepared and sent to reviewers in advance of the site review, to save time on the day of the review.
- Video DOES NOT need to be professionally done; a smartphone or iPad video is fine. The purpose is to walk the reviewers around your facility, and show your center as it is, and not create a marketing piece to promote the center.
- Include Burn Unit, Debridement Room, OR, Emergency Center, Burn Clinic, Therapy Area and any area a burn patient might visit during their stay and afterward.
- Have someone from that area ready to speak to the processes and involvement with the burn center. For example, a nurse may describe how the debridement room is kept warm, how water temperature is adjusted, etc.
- Do not record anything that might be HIPAA protected. No actual patient footage please!
- Allow time to put the video together. It can be low-tech and done by a member of the burn team. However, if possible, please try to film in a way that doesn't make those watching feel like they are on a roller coaster; a camera mounted on a tripod or wheeled device works better than handheld.

Chart Review

- **CRUCIAL** Create "PI folders" for each chart to be reviewed with anything related to the patient.
  - Make sure folders are securely created on the hospital site with a link provided to reviewers.
  - Include policies, meeting minutes, attendance sheets, protocol changes, email communication, data for loop closure, etc.
  - This process allows for a very smooth chart review; when reviewers ask questions about loop closure, you already have it readily available to screen share with them.
- Ask your reviewers ahead of time how they'd like to do chart review (i.e. split up the charts or review charts together).
- Have pertinent people in the room ready to answer questions across disciplines. This includes nursing manager, burn director, core burn surgeons, and a lead therapist, in addition to PI coordinator.
- The site surveyors may request certain cases – the complex rehabilitation case, pediatric case, or a case that highlights nursing involvement for example – be reviewed right at the beginning or the end of chart review, in order that nursing and therapy reviewers can participate in chart review discussion as well. Please accommodate these requests if made.

Clinical Rounds

- Have an iPad or mobile device to walk around the unit. Have a tripod or a way to stabilize the device
- Have all disciplines available that would normally round.
- Have patient summaries written up before the visit starts and email either to reviewers or ABA liaison at end of the visit.

Leadership Meeting

- Participants recommend that everyone joins from their own computer, except possibly the burn medical director and program manager, so that reviewers can easily see and hear speakers.
- Have an agenda for what order you will go through the different disciplines, including name of each person, discipline and title. Send the list to reviewers via email beforehand, so they can refer to it during the session.
- Have people turn their cameras on when it is their turn and they are speaking, so it does not become 2 hours of disembodied voices that are hard to identify. This also means the video system should be set up in such a way that it allows that person to be seen by others.
- Put senior leadership on the list first so they don't have to stay the entire time if they have other commitments.
- **CRUCIAL** Assign someone from the burn center (usually burn director or program manager) to call on people in turn and move things along to ensure that the session ends on time.
- Put the therapy group and nursing leadership at the end of the meeting, because they will have an opportunity to talk during the breakout sessions and if you run short on time, they can continue with questions during their respective breakout sessions.
- Participants strongly recommend prep meetings with each discipline beforehand, to ensure they understand format of site visit, how to best function within time constraints, and potential questions they may be asked based off of standards and the PRQ, to ensure a smooth meeting.