



Abstract Title:	Functional Hydrotherapy Resources: Establishing a Multifunctional Hydrotherapy Room with Distinct Adaptations for a Level One Trauma and Burn Center
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Objective:	Upon completion of the lecture, attendees should be better prepared to: <ul style="list-style-type: none">▪ Recognize the knowledge gaps overcome by simulation training▪ Describe the teams ability to develop confidence in their care▪ Discuss how to utilize and optimize resources available within the burn center
Abstract:	<p>Introduction: Utilization and optimization of workflow are key factors when laying the foundation of the establishment of a burn center. Building a hydrotherapy room that is functional for all levels of care, services, which remains adaptable for the needs of staff, physicians, respiratory therapists, rehab team and patients is imperative. In a level one trauma center burn patients often require a multitude services. A considerable amount of attention must be given to patient flow as they depart from the trauma bay within the emergency department. Having a hydrotherapy room equipped for resuscitation measures, burn wound care, invasive and surgical procedures, therapies, anesthesia, and more will ideally result in optimal interdisciplinary care, staff retention, enhanced burn trauma knowledge base, and improved patient outcomes.</p> <p>Methods: A qualified team of senior facility directors, a registered architect, the burn medical director, burn department director and various field experts were consulted during the planning and design phase of building the hydrotherapy room for the burn center. The team relied upon on-site visits to verified burn centers and current literature to determine necessary resources and devise construction plans that would enhance space and utility to optimize workflow as well as burn-trauma care across the burn care continuum. The team consulted with all intended medical and hospital facility teams that were anticipated to be users of the space. After physical construction of the burn center’s hydrotherapy room was completed; nurses, physicians, therapists and anesthesia staff began coordinating to plan where supplies and equipment will be stocked or staged for use.</p> <p>The intention was to make a seamless patient transfer from emergency room trauma bays to the hydrotherapy for continued resuscitation and burn care. Using existing burn care modalities and models of personnel roles the hydrotherapy space was</p>

designed to optimize the patient experience and clinician workflow. During the weeks leading to the opening of the burn center, the burn team organized weekly burn-trauma simulations to evaluate the effectiveness of their decisions on the location of supply and equipment items throughout the hydrotherapy room. The burn team, tasked with simulating burn-trauma activations from start to finish, which included all steps of patient transfer and handoff. The timed simulations with case scenarios and follow-up debriefing on effectiveness of decisions during all transitions of care included:

- receiving the patient from in the emergency department;
- safe patient transfer to the burn center hydrotherapy room for continued burn resuscitation;
- thorough handoff communication between the burn and trauma teams;
- timely and planned burn wound care including intake pictures and burn mapping; and
- finally, admission to their inpatient room within the burn center.

Results: An observed weakness prior to simulation training was lack of burn experience within the burn nursing team. Therefore, a pre-test and post-test evaluation was completed to determine base level knowledge, and assess any other gaps that may not have been as overt. The pre- and post-test using a Likert scale, allowed leadership team to focus on what changes and modifications can be made to best plan future simulations. Comfort and confidence levels of the burn nursing team changed and improved with each burn-trauma simulation.

Simulation trainings helped the team to determine placement of equipment and supplies within the hydrotherapy room to enhance and promote optimal workflow for patient care.

Conclusions: Simulation training was well received and successful. As the Burn Center completed 3 simulation trainings increasing in patient severity and acuity level confidence built. Nurses, respiratory therapists and rehab therapists all had buy-in in decisions; therefore, pride in work and attention to detail ensures long-term compliance with workflow processes and timely delivery of care for all patients within the burn center.

Disclosure:

Douglas E. Miller – No Relevant Financial Relationships to Disclose
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