



Abstract Title:	Don't Let Them Go Home Thinking They are Alone: Formalizing the Introduction of Burn Survivor Resources as Part of a Comprehensive Aftercare Program
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Objective:	Upon completion of the lecture, attendees should be better prepared to: <ul style="list-style-type: none">• Examine a method of distributing information about aftercare resources to patients in a burn center• Discuss the challenges of identifying and tracking patients who might benefit from burn survivor aftercare support
Abstract:	<p>Introduction: Parkland Regional Burn Center has long offered a variety of burn survivor aftercare activities and resources. In an effort to bring these resources together under one cohesive program and to foster a sense of belonging among the local burn survivor community, the Parkland R.I.S.E. (Resources, Inspiration, Support, & Experiences) Program for Burn Survivors and Family Members was recently created. While designing the program, there was concern that many burn survivors and their family members leave the hospital without knowing about the support available to them after discharge. Previously the process of informing patients and families about aftercare activities was informal and not standardized. A standard way of identifying, tracking, and distributing information to patients and families who might benefit from aftercare support was implemented as a part of the R.I.S.E. program.</p> <p>Methods: Local and national resources that are available for burn survivors and their families were identified and placed into folders to create packets of aftercare information. A R.I.S.E overview flyer and a sign-up form to join the email communication list were designed through the hospital marketing department. It was decided that this information would be distributed to identified candidates through a bedside visit as the patient approached their discharge date. The team members involved in the implementation of the bedside visits included two Burn Nurse Clinicians (BNCs) and the Burn Program Manager.</p> <p>Initially, it was determined that all burn admissions with a 15% TBSA (Total Body Surface Area) or LOS (Length of Stay) 7 days or greater would be flagged by the BNCs. Additionally patients might also be flagged by the BNCs or referred by other staff members if they had a smaller surface area burn with significant scarring, facial burns,</p>

amputation, or are showing signs that they are having a difficult time coping with their burn injury. These R.I.S.E candidates were then added to a spreadsheet for tracking purposes.

There were improvements made to the process of identifying and tracking R.I.S.E. candidates during the first few months of implementation. LOS was dropped as a flagging criterion due to difficulties with tracking. The main criteria of TBSA 15% or greater and staff referral remained consistent. Additionally, the process for tracking R.I.S.E. candidates was moved from simple spreadsheet and integrated into a newly designed burn admission database for easier follow-up and reporting.

Once a patient was identified as potentially benefiting from aftercare support, they were monitored during their hospitalization for the most appropriate time to visit. R.I.S.E. visits typically occurred a few days before discharge. Some visits also occurred at an outpatient follow up appointment. During the visit, a BNC or the Burn Program Manager visited the bedside, introduced the concept of burn survivor aftercare and reviewed all of the resources in the packet. Current R.I.S.E. program activities were discussed including the monthly support group with expert speakers on a burn-related topic and free quarterly events for burn survivors and their families (recent events include an ice cream social, an adult camp day, and a barbecue picnic reunion). Peer support was also offered at this time if they had not yet had a peer supporter visit. Another critical element of the R.I.S.E. visit was the introduction of skills for social interaction after burn injury, and included tips for dealing with staring and questions from strangers.

Results: Over the first 13-month period, 168 patients were identified as meeting the criteria for potential R.I.S.E. candidates. Approximately 94 patients were initially identified but a R.I.S.E. visit was deferred. The most common reason for a deferment was a short length of stay (1-3 days) with no operative procedures. Other reasons for deferring included death, the presence of baseline dementia, or an extensive psychiatric history. Fifty-eight R.I.S.E visits were made during this time period, with 53 patients signing up to join the email list and receive communications about upcoming aftercare events. Five patients declined to sign up for the email list, most of them expressing that they did not feel the need to connect with aftercare support. Sixteen patients met the criteria and were assessed for the R.I.S.E. program, but never received a visit. The number of “missed” patients did improve over time after the institution of R.I.S.E. huddles, a 15 minute daily briefing among the R.I.S.E team to discuss the current candidates and who might be discharging soon.

Conclusions: Although many patients were successfully assessed for the need and visited, there were still a significant number of patients that were identified, assessed, and then “missed.” The majority of those patients were during the first 4 months of the program, but this problem has not been completely eliminated. R.I.S.E. huddles, good communication among the team, and capturing patient on the outpatient side are current strategies being employed to reduce the number of patients that are missed. Informal feedback from patients and families who have received R.I.S.E. visits has been

overwhelmingly positive. Moving forward, one goal is to try to measure the impact of these visits in a standardized method. Future studies might also include looking to see if these visits help increase attendance at R.I.S.E. events such as support group and other burn survivor activities. Anecdotally, our team has found it very rewarding to help patients and families understand that once they leave the hospital, there is a support system out there in the form of the burn survivor community. It is clear that R.I.S.E visits have helped ensure that many patients and families who might need long-term support are now going home knowing the resources that are available to them and how to access them.

References and Resources

<https://www.phoenix-society.org>
<https://msktc.org/burn/factsheets>

Disclosure:

Stephanie A. Campbell – No Relevant Financial Relationships to Disclose
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