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Introduction

Management of burn injuries, regardless of depth and total body surface area involvement can be challenging. The American Burn Association Referral Criteria Guide is an excellent resource assisting institutions when to transfer a patient with a burn injury to a Burn Center. However, situations may arise when an institution needs face to face guidance regarding transferring a patient or referring to a Burn Clinic. Our facility has a 250-mile catchment radius consisting of some urban communities, but most of the region is rural. Our Burn Center in collaboration with a rural trauma center noted an increase in unnecessary transfers of burn patients. A Tele-Consultation project was designed to triage burn patients with the goal of eliminating unnecessary transfers and easing the burden of a transfer on the patient, family, and the medical system.

Methodology

Thirty-three patients were transferred from one rural trauma center to the Burn Center from January 2016 through March 2021. Of these patients, 36% per discharged within 24 hours of admission with a referral for Burn clinic follow up. Meetings were initiated between the trauma center and Burn Center with subsequent endorsement of a data use agreement. An iPad, multiple educational handouts, and an accordion binder were provided to the rural trauma facility for access by the emergency room department. Additional face to face education was provided emphasizing burn resuscitation, transport of burns, and hands on training to perform a dressing change. The Zoom app was utilized as the platform to provide tele-consultation visits. A unique meeting ID was created for the rural trauma center for use by the Burn Center Trauma/Burn service to maintain HIPPA compliance. Establishing the process included a collaboration with each facility's IT department, Access Center, Registration, Compliance, legal, and the trauma and burn service.

Results

This novel pilot project is in its preliminary stages. Presently, the emergency department physicians and staff report confidence in caring for minor burn injuries following training and referring to handouts provided. Both facilities have conveyed no issues connecting to the Zoom app. The primary concern is a possible delay in performing the tele-consultation if the burn service is unavailable.

Conclusion

The use of burn tele-consultation to provide guidance on transfer versus burn clinic follow up supports a patient centric approach without jeopardizing burn healing outcomes. Establishing additional tele-consultation programs throughout the region will allow the same resources to be available to other referring facilities. Additionally, other service lines may benefit from the use of tele-consultation to minimize unnecessary transfers, cost, and travel imposed on the patient.

