ABA/ACS
Verification Review Committee

Mission Statement

To promote excellence in care by burn centers through a rigorous review process
ABA/ACS
Verification Review Committee

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ABA/ACS
Burn Center Verification Program

History

• Joint ABA/ACS program started in 1995
• Grew out of 1976 effort by ACS Committee on Trauma
• Need for of a “system of care”
• Optimal care, given available resources
• Eight hospitals participated first year program offered
• 70 centers have participated in the program since its inception
• ABA took over administrative responsibility for the program on June 6, 2005
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Burn Center Verification Program

History

• Designed to assess quality of care provided from time of injury through rehabilitation

• Review focuses on a center’s organizational structure, personnel qualifications, facilities resources and medical care services

• Uses criteria set out in the Guidelines for the Operation of Burn Centers in the ACS publication on *Resources For Optimal Care Of The Injured Patient 2006* (Burn Chapter 14 prepared by the American Burn Association)
Types of Visits
Verification/Reverification

• Burn center verification is the process by which the ABA/ACS confirms that the hospital meets the criteria contained in the *Resources for Optimal Care of the Injured Patient* document.

• The on-site review is usually conducted by two surgeons from the ABA VRC
Types of Visits

Consultation

- To assess burn care or to prepare for a verification review. The standard core two-surgeon team or a multidisciplinary team may be requested.

- A consultation visit follows the same format as a Verification Review, but provides recommendations rather than a judgment. Very few hospitals that have sought verification after a consultation visit have been unsuccessful.
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Focus Review—On-site
• Used when hospital found to have one or more CDs
• Burn center corrects CD
• Two-reviewer team returns to facility-reviews that area
• New report generated, sent to VRC
• Accomplished no less than 6 months, no more than one year from date of first visit
• Additional fee
Focus review—Off-site

- Reserved for cases when VRC judges visit to site is not necessary
- Additional information sent to reviewers by hospital
- Original site visitors review additional information and make recommendation to VRC
- Additional fee
Verification Program Costs

- Verification: $9000
- Reverification: $8000
- Consultation: $8000
- Focus: $7500
Process

• Burn centers interested in re/verification should review the verification page of the ABA website at www.ameriburn.org

• Send a formal request for a packet of materials to Kitty Vineyard at: vineyard@ameriburn.org or (312) 642-9260

• A packet containing the pre-review questionnaire, information on requirements for verification, a site visit agenda, and an application form will be sent out upon receipt of the request
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Process—Pre-review

• To apply for a verification visit, send in a completed copy of the application for site visit along with payment to the ABA Central Office.

• The application includes the date parameters for your site visit and allows Central Office staff to begin scheduling the visit.

• ABA Central Office works with VRC members to confirm their availability and schedule the visit.

• ABA confirms date of visit via email to the site visit coordinator.
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Process—Pre-review

• Burn center completes pre-review questionnaire

• Send three hard copies and three CDs to ABA Central Office no later than one month before the visit takes place

• ABA staff reviews the questionnaire, then forwards it to the reviewers

• Letters containing site visit details including visitor contact information, deaths, transfers and complications and other documentation are sent to the hospital.

• The hospital is responsible for arranging airport pickup and hotel accommodations for the reviewers.
Process—Review

Day 1

• Visitors transported from airport to hotel
• Informal dinner including all attendings caring for patients in the burn center, the Nurse Manager(s) and the administrator most directly responsible for the burn center attend

Day 2

• Formal visit and review take place the next morning beginning at 7:15 am
• Introductory meeting, tour of the burn center, rounds and chart review, followed by an exit interview, usually ending by no later than 1:00 pm.
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Process—Post-review
• Reviewers prepare report, forward to ABA Central Office
  • ABA edits/formats report, send to VRC for review
  • VRC members send comments to ABA Central Office and VRC Chair
  • If additional information needed, ABA Central Office contacts hospital
  • In the case of a CD, a focus review may be requested
  • Entire process takes four to six months
New Verification vs. Reverification

- New verification requests some additional information about burn care and the role of burn team when treating patients with other injuries
- Reverification includes Areas Identified for Improvement from previous report and hospital action
- Reverification report asks for changes since last review
New Guidelines—Changes/Updates

- “Shall have” changed to “must have”
- Participation in ABA’s National Burn Repository now mandatory
- BCD must “direct” the total burn care 50 or more acutely burned patients annually. Updated from “participate in”
- Attending staff surgeons must participate, including primary decision making, in the care of 50 or more acutely burned patients annually
New Guidelines—Changes/Updates

Educational Requirements

- Nurse Manager: Annual participation in 16 or more hours of burn-related education
- Therapist: Annual participation in 16 hours or more of burn-related education
- Burn center nursing staff: must be provided with a minimum of two burn-related continuing education opportunities annually
- Social workers: must be provided with a minimum of two burn-related continuing education opportunities annually
New Guidelines—Changes/Updates

Additional Changes

• Research program: The medical director must demonstrate ongoing involvement in burn-related research

• Burn center must have timely access to operating rooms
Minimum Acceptable Record: National Burn Repository

- Reporting hospital number
- Number of operating room visits
- Number of procedures performed
- Patient sex
- Race
- Cause of death
- State in which injury occurred
- Patient age (for patients younger than 90 years)
- Year of injury
- Year of arrival at reporting hospital
- Description of event (free text)
- Site at which injury occurred (E849 code)
- Etiology of injury code (E-code)
- Body areas injured (Lund and Browder 19 areas × 6 age categories)

- Total burn size
- Total deep burn
- Inhalation injury
- ICD-9 diagnosis codes
- Total hospital days
- Hospital discharge disposition
- Primary payer source
- DRG code
- Circumstances of injury
- Discharge status (alive or dead)
- Year of discharge or death
- Total ICU days
- Interhospital transfer to your hospital
Quality Indicators

At time of visit, centers should (not must) show data on four of the following as well as two unit-specific quality indicators:

- Incidence of VAP
- Line Sepsis Rate
- Nutritional Evaluation within 48 hours of Admit
- Evaluation and Treatment by Therapy within 24 hours of Admit
- LOS/% TBSA
- Time from Admit to Burn Surgeon Evaluation
Why verify?

• Indicator to government, third-party payers, patients and their families that center provides the highest quality care

• Strict verification criteria help ensure burn center staff maintain optimum skills and that facility meets standards

• Areas for improvement noted in the report can be used for leverage at annual funding meetings

• Three-year review keeps burn center on parent institution’s “radar”

• Creates opportunity to publicize the accomplishments of your institution