

Introduction

- Standardizing care improves the culture of safety.
- Aligning burn surgeons, staff and ancillary services in the Burn ICU, Burn Acute Care floor, and Burn Clinic has the potential to reduce care variation and improve communication.

Approach

- In 2017, UW Medicine Regional Burn Center leadership, staff, adult burn survivors and parents of pediatric burn patients participated in a retreat to identify processes to improve care.
- Using crowdsourcing methodology, key quality indicators were identified within 5 domains of practice:
 - Resuscitation
 - Wound care
 - Pain/anxiety/delirium
 - Physical mobility
 - Psychosocial needs



- Multidisciplinary work groups established tasks, rules of engagement and time frames.
- Burn care practice documents were reviewed or updated. Burn Center Standards of Care and the BasECamP documentation packet were developed.
- BasECamP packet included :
 - Daily checklists
 - 24 hr resuscitation guidelines
 - Wound care standardization
 - Nutritional guidelines
 - Medication guidelines for pain and delirium
 - Early mobility guidelines
 - Depression screening with the PHQ

Table 1 Sample characteristics

	Pre BasECamP June 2018 – November 2018 n = 25	Post BasECamP December 2018- May 2019 n = 24
Gender (male)	19 (76%)	18 (75%)
Age	41.3 (16.4)	41.7 (15.2)
TBSA	29.7 (15.2)	32 (13.5)

The UW BasECamP pathway bedside documentation tool led by nursing staff provides a framework for improved efficiency in burn care by incorporating consistent burn standards of care, improves patient/ family education and communication as part of daily BICU care.

Project Progress

- The project concluded with dissemination of the work to staff on a commonly accessible Burn Center Sharepoint website.
- Patients and families were updated on progress to ensure alignment with original goals.
- The BasECamP packet was utilized on all adults (18+) admitted to the BICU with over 20% TBSA burns .



Table 2. Group Differences

	Pre BasECamP n = 25	Post BasECamP n = 24	Nonparametric comparison
mL/kg/TBSA burn	30.3	19.5	U = 168.5, p = .008
Start of TF/PO	25.2	24.8	U = 294.5, p = .916
% of times weighed	73%	85%	U = 185.0, p = .020
IV transition to PO pain meds	30.1	19.7	U = 172.5, p = .008
Active mobility	27.2	22.7	U = 245.0, p = .248
Total hospital days	25.8	24.1	U = 279.0, p = .681

Lessons Learned

- BasECamP provided a framework for standards of care in written form to improve efficiency and quality of care for patients.
- Staff surveys indicated that the implementation of BasECamP made standards of care more clear and consistent.
- After implementing the standards of care via BasECamP, there was less variability in care and QI indicators showed movement in the right direction.