Burn Disaster Management Planning: A Preparedness Toolkit (Poster)

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Module 2: Provide guidance
Providing guidance for pre-burn center providers during a MCI or WRE can come in two forms, either through real-time direct communication with a burn provider through pre-written guidelines. LVHN RBC decided that use of both forms would ensure providers were well informed of patient care issues.

Because LVHN RBC works extensively with the NEPA CTTF, we were asked to build a hazard specific policy for burn patient surge. The NEPA CTTF utilizes a burn disaster planning program called Teleburn. The use of telehealth to enhance triage capability has been shown to help millions of patients and is now operational at over 60 emergency departments, primary care practices, burn care centers, and burn specialty centers. Teleburn provides a video call platform in which a specialist can consult with a burn care provider for advice.

The concept of a referral system in burn patient surge scenarios. Utilizing store and forward technology, LVHN RBC has a successful program, called Teleburn, which can be used during a MCI or WRE to ensure that a patient’s wounds are assessed by a remote located LVHN Burn Surgeon.

There are many advantages to the Teleburn system in burn patient surge scenarios. Utilizing store and forward technology, providers in emergency departments can take a digital photograph of a patient’s burn wounds and send it over a secure electronic network to our burn specialists. These specialists then review and provide consultation to the referring center providers. The program has been shown to be a continuing education opportunity or as “just in time training” should a team come to our burn center to provide assistance to a burn patient.

Module 3: Provide education
In addition to providing enhanced Burn Care Support, LVHN RBC provides a myriad of courses for all levels of healthcare provider. The most comprehensive of these courses is titled 72 Hours of Burn Care. A comprehensive course that focuses on the physical and mental health needs of healthcare providers who are responsible for caring for burn patients.

In Pennsylvania there are several SMARTs whose stated missions are to provide surge assistance by: 1) providing additional personnel to burned patient care areas, 2) broadening the scope of care, and 3) providing additional stabilization and transport of burned patients. These programs are funded by the federal government to augment the personnel, resources, and capabilities provided by the burn care centers within the SMARTs.

Another reason why using Teleburn during an MCI is advantageous is that it is a familiar technology at many of the referral centers. Because LVHN RBC has a large number of providers who use Teleburn and because they are used to this technology, it is easy for them to transition to this new technology. LVHN RBC also maintains a Telehealth system in burn patient surge scenarios. Utilizing store and forward technology, LVHN RBC has a successful program, called Teleburn, which can be used during a MCI or WRE to ensure that a patient’s wounds are assessed by a remote located LVHN Burn Surgeon.

The concept of a referral system in burn patient surge scenarios. Utilizing store and forward technology, LVHN RBC provides a video call platform in which a specialist can consult with a burn care provider for advice.

FIGURE 2. “Just in time training” should a team come to our burn center to provide assistance to a burn patient.

Active participation in local and state drills is essential to ensuring that one is prepared for an emergency and ready to quickly implement the steps necessary to overcome the challenges presented. Thus far these drills have demonstrated the strength of the BIG and how they are a critical part of any burn care program improvement.

Referral centers use these drills as an opportunity to have staff examine the contents of the burn carts, ensure staff are employing best practices in burn care, and determine the need for additional education should knowledge be lost in the future. Another critical activity is to practice working on the burn bed to make sure that all providers are well versed in the use of the equipment available to them. Finally, providers can then work to enhance their ability for staff to provide ongoing practice opportunities for staff.

• Expand and maintain relationships with the referral centers. This collaboration not only benefits any patient involved in a future MCI or WRE, but also the patients who are treated for burn injuries under normal operating conditions.

• Lobby other CTTFs to adopt a burn disaster plan similar to the BIG.

• Counsel the media to ensure that accurate information about burn care is provided to the public.

• Expand to include the Eastern Burn Disaster Consortium to ensure the smooth and timely triage of burn patients from burn centers.

• Expand and maintain relationships with the providers who will be providing care to burn patients during a MCI or WRE.

• Work on the opportunities for improvement discovered during our drills.