

Calgary Firefighters Burn Treatment Centre



2020

Calgary Firefighters Burn Treatment Centre Annual Report

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2022

This report has been prepared by Trauma Services in partnership with the Calgary Firefighters Burn Treatment Centre Team.

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Alberta Health Services

Our Vision

Healthy Albertans. Healthy Communities. Together

Our Mission

To provide a patient-focused, quality health system that is accessible and sustainable for all Albertans.

Our Values

Alberta Health Services' core values – compassion, accountability, respect, excellence and safety – guide our actions and behaviours to achieve excellent patient- and family-centred healthcare for all Albertans.



Trauma Services Vision and Mission

Excellence in trauma services.

To continuously evaluate and improve the delivery of trauma services and to actively support collaborative injury reduction strategies.

2020 Executive Summary

Before speaking about our Burn Centre, it would be remiss to not comment on COVID-19. In this year, all our staff, our patients and their families and our burn center were pushed to their limits as we lived through the start of the COVID-19 pandemic. We thought we could just ride it out, but it became apparent after the third wave at the end of 2020 that we had a long way to go. We at The Calgary Firefighters Burn Treatment Center (CFTBC) are very proud of how the team handled the challenges as we learned new ways to adapt and continue caring for our patients. Our Burn Survivors often repeat this mantra in our support meetings, “this is our new normal”. After the tumultuous year of 2020, we aim to not forget but to grow in experience, resilience and carry forward in this new normal.

Since 1978 our Burn Treatment Center has been caring for the burn injured from Southern Alberta, Southeastern British Columbia, and Southwestern Saskatchewan. We are located on Patient Care Unit 30/31 and carries twenty-six beds with eight of the rooms being specifically designed to provide burn treatment for the acutely burned, non-ventilator dependent adult patient. Our outpatient clinic runs 365 days/year and sees an average of 850 patients per year and nearly 5000 visits.

Our burn center has an expert team of plastic surgeons, physician residents, nurses, therapists, burn physiatrist, psychologist, dietitian, and social worker. The team also extends to the ICU where they care for the critically injured burn patients. Once discharged from the unit, the burn clinic team of occupational and physical therapists specialize in return to function, return to work, scar management and improving strength and mobility for patients with burn injuries. In this year, we made the initial preparations to seek burn verification with the American Burn Association (ABA), noting we had a great foundation to meet the ABA’s stringent criteria.

A very important program our Burn Centre participated in is the SOAR Burn Survivor Peer Support program and we are happy to report that our monthly support group meetings

continued despite the pandemic. Our program strives for the successful reintegration back to the community and adjusting to a new way of life, their “new normal”. What lessons we healthcare providers learned from our burn survivors! Thank you to the survivors for their example and strength as we all tried to cope with the challenges the pandemic brought us.

We cannot forget to acknowledge our long-standing partnership with the Calgary Firefighters Burn Treatment Society (CFBTS). As essential workers they also had their trials to bear yet their commitment to the team remained strong. Their fundraising has provided to our burn center the equipment, education and research resources that make it state of the art. This was especially important this year as our meeting room underwent a renovation to add the technology needed for teleconferencing and online Zoom meetings.

Once again, we take this opportunity to thank the Data Analysts and the Trauma Services team that enable this report and the burn registry.

Vida Manaloto Unit Manager

Danielle Michaud, Assistant Manager for Allied Health

Acknowledgements

Dr. Duncan Nickerson, Medical Director, Plastic Surgery

Dr. Vincent Gabriel, Physical Medicine and Burn Rehabilitation

Ms. Christine Vis, Manager, Trauma Services and PCU 44

Ms. Tanya Miller, Manager, PCU 30/31 & PCU 42

Ms. Vida Manaloto, Unit Manager, PCU 30/31

Ms. Lindsay Burnett, Clinical Nurse Educator, PCU 30/31

Ms. Danielle Michaud, Unit Manager, Allied Health Burn Clinic

Ms. Clara Chan, Data Analyst, Trauma Services

Ms. Johanna Atienza-Serrano, Burn Data Analyst, Trauma Services

How Do We Collect Our Data?

What is the Burn Registry?

The Burn Registry is an electronic database system that is designed to improve the quality and outcomes of patient care. The registry contains information of all burn patients admitted to the Foothills Medical Centre (FMC). The information is collected and analyzed for internal reporting and is available for future research purposes.

Foothills Medical Centre began to collect data in 2012 on a Microsoft Access database which mirrored that American Burn Association (ABA) registry, NTRACS. Data collection was completed by Fiscal Year (April – March), therefore, annual reporting reflected the same timeline. In 2017, our burn center transitioned to the ABA recognized software NTRACS Version 6. As a result, our annual report followed Calendar Year (January-December) reporting to reflect the ABA.

Who qualifies for the Burn Registry?

To qualify for the Burn Registry, a patient must be admitted as an inpatient to FMC with a diagnosis of a burn injury or a non- burn related injury as defined by the ABA. Patients who have sustained inhalation injuries, with or without burn injuries, are also qualified. Non-burn diagnoses include the following:

- TENS (toxic epidermal necrolysis)
- SJS (Steven Johnson Syndrome)
- Purpura fulminans
- Friction/Degloving injuries
- Acute soft tissue infections (i.e. Necrotizing Fasciitis, Fournier's Gangrene, etc.)
- IV infiltration
- Calciphylaxis
- Other qualifying non-burn injuries primarily treated by the burns/plastics service

Non burn patients must have Plastic Service involved during the admission, either as the Attending Service or as a consult.

Patients who are readmitted – planned or unplanned – are also included in the Burn Registry.

How do you identify a burn patient?

A burn patient is a patient who has sustained an injury caused by fire/flame, scalding, contact with hot object, electrical burns, chemicals, radiation, friction and other mechanisms such as hot steam or gas. Burn injuries are determined by size and severity using the Lund and Browder chart. The size of a burn is measured as a percentage of the total body surface area (TBSA). Assessment of the depth of a burn injury is dependent on the temperature of exposure and the duration of exposure. Burns are classified as epidermal (superficial), partial thickness (superficial partial thickness or deep partial thickness), and full thickness injuries. Indeterminate burn injuries are burns that are yet to be determined to be deep partial thickness or full thickness burns. Indeterminate burns are continuously assessed during the patient's admission to determine its depth and course of care.

What data is collected?

Data collected includes patient demographics, admission information, burn injury data including the mechanism and circumstances of injury, ICD-9 and ICD-10 diagnosis and interventions, Lund & Browder chart, complications and hospital outcomes.

Why is this data collected?

The information collected for the Burn Registry is retrieved for analysis and internal quality improvement initiatives within the Burn unit and Trauma Services, solely for the purpose of providing the highest standard of care of the patient.

How reliable is the data?

Reports and queries generated from the Burn Registry and Data Integration, Measurement and Reporting (DIMR) are examined by the analyst to identify any discrepancies in the data. Any errors are corrected in the registry to ensure data quality and consistency. Burn Admission data is dependent on the integrity of the information captured on the Burn Admission Form and the patient's health record. The role of the burn data analyst is to ensure that the quality of burn data is accurate, consistent and reflects ABA reporting.

What Was The Burn Program Up To in 2020?

Clinical

- 128 inpatients were admitted with burn injuries and other complex soft tissue injuries and skin loss, 13 patients' required ICU care
- 852 patients admitted and treated through the outpatient burns clinic.
- ABA verification process started with our teams' reviewing criteria for verification.
- After a brief pause, Burn Survivor support meetings re-started via Zoom in May, leading to higher attendance numbers due to better accessibility for our out-of-town participants.
- Development and implementation of the Care of the Adult with Severe Frostbite guiding document for the Calgary.

Education

- 5 Registered Nurse, 3 Licensed Practice Nurse and 2 Unit Clerk students completed their final practicums on the unit. We also had 2 nursing groups participate in a clinical practicum as part of their educational program.
- The Burn clinic rehabilitation team provided specialized burn orientation to one full time physiotherapist, 1 therapy assistant and 2 casual occupational therapists.
- Weekly multidisciplinary rounds and educational presentations continued via Zoom after in-person meetings and capacity restrictions were put in place
- The rehabilitation and nursing teams attended the ABA annual meeting education sessions virtually this year.
- Lindsay Burnett holds the First Vice President position on the Canadian Burn Association and is on both the Education and Nursing Ad Hoc committees with the ABA.
- Renovations for our meeting room, adding a welcoming space for meetings and adding technology for teleconferencing and online group meetings.
- Burn Orientation was held in October with 4 RNs and 4 LPNs attending the 3-day education series.

Quality Assurance/Improvement

- American Burn Association went live with a new registry: Burn Care Quality Platform (BCQP), partnering with new vendor, BData.
- FMC continues to utilize NTRACS registry and went through significant update in October 2020 adding new fields and releasing new BCQP Data Dictionary.
 - ICD10-CM coding menus: additions, wording changes and retirement of codes
 - ICD10-PCS coding menus: additions, wording changes and retirement of codes
- Canadian Burn User Research Network (CBURN) on hiatus since March 2019.
- Capturing COVID-19 as an ICD10-CM code in the burn registry

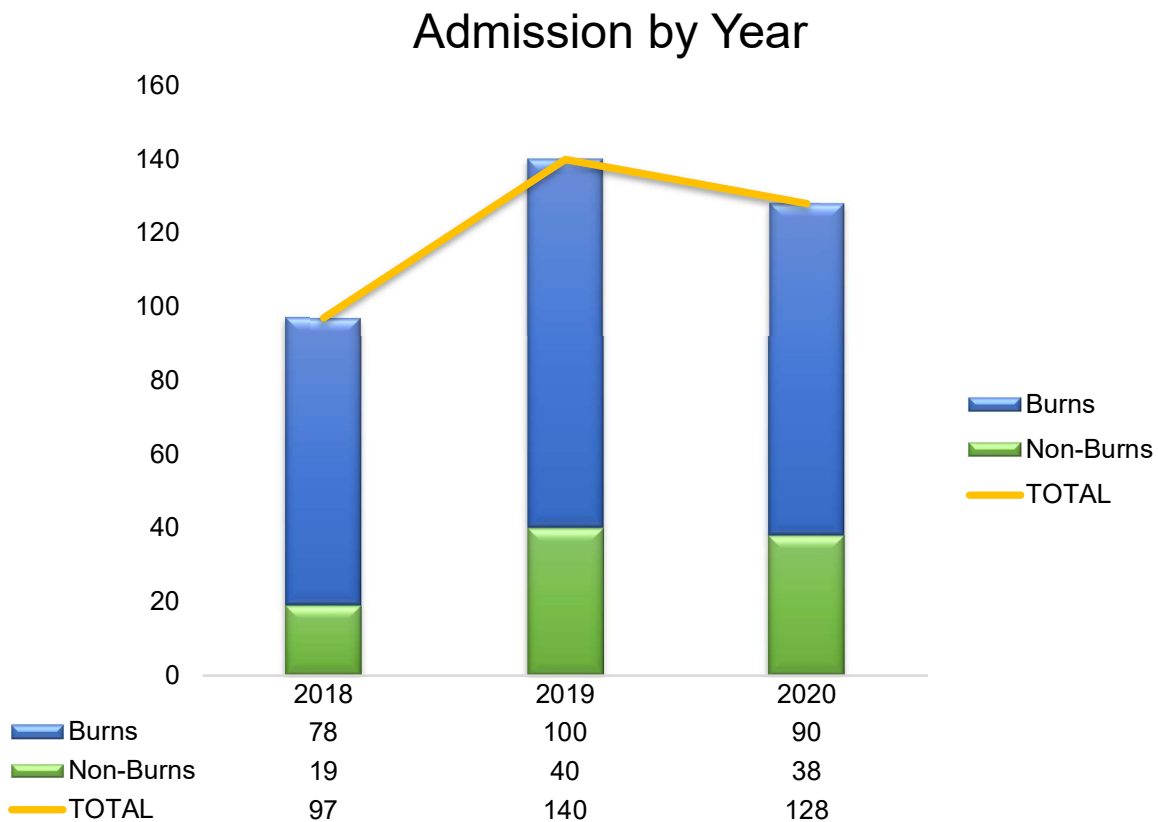
Research

Research activity was significantly impacted by the COVID-19 pandemic restrictions on in person work for both the laboratory and clinical settings. However, work continued both fronts with basic science team advancing work to investigate fibroblast function in animal models while the clinical team completed recruitment on patient-oriented outcomes and research for people requiring split thickness skin grafting. Enrollment was also ongoing for large burn patients in an autologous cultured skin replacement clinical trial. The research teams collaborated and submitted multiple grant applications in anticipation of resumed research activity in 2021.



2020 Statistics and Outcome Data

Who Experienced Burns and Non- Burns in 2020



COVID-19

No reported COVID patients were included in this registry this year.

BURNS

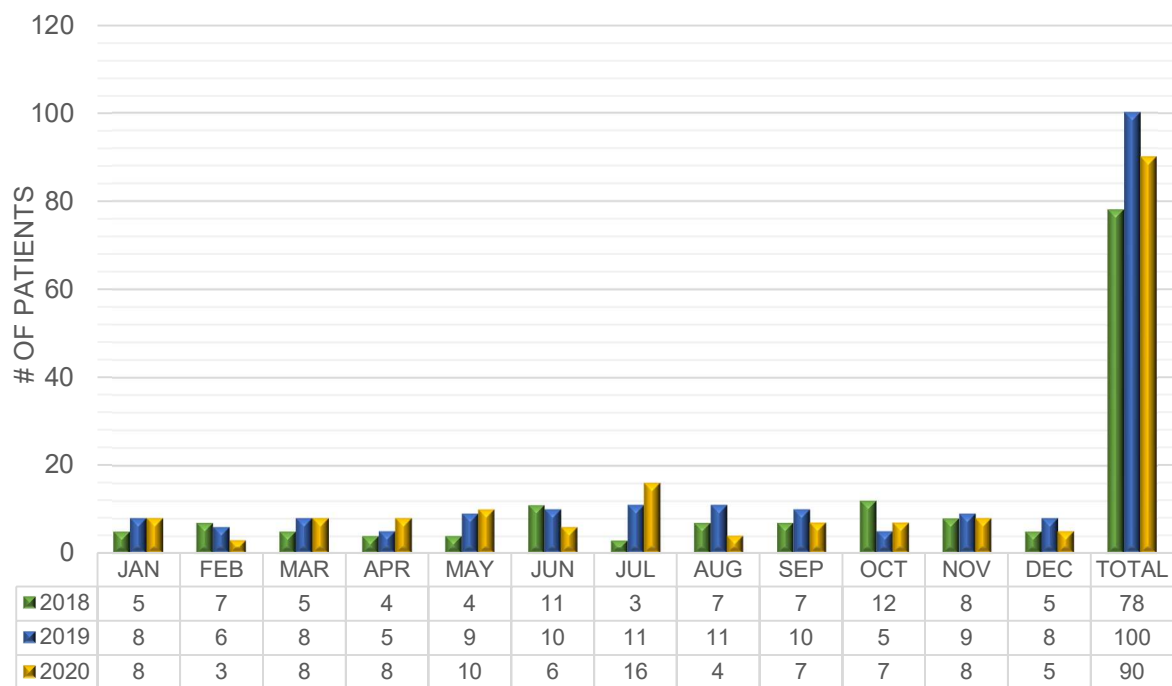
Who Experienced Burn Injuries?

The inclusion criteria for the Burn Registry includes patients admitted and diagnosed with a burn injury. The registry also includes non-burn diagnoses as defined by the ABA and where Plastic Services was consulted.

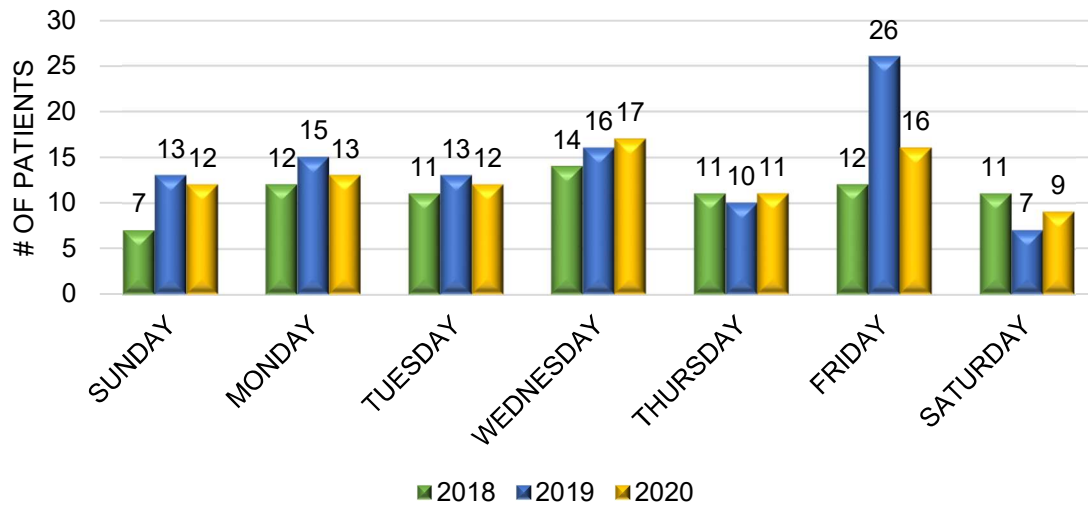
Admissions

The following charts look at burn admissions by year, month, and day of the week.

Burn Admissions by Month

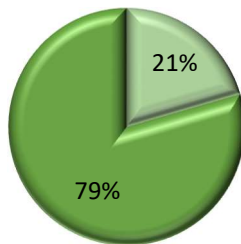


Burn Admissions By Day of the Week



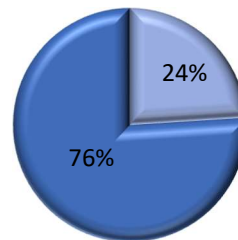
Admission by Gender

2018



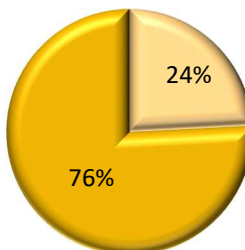
■ Female
■ Male

2019



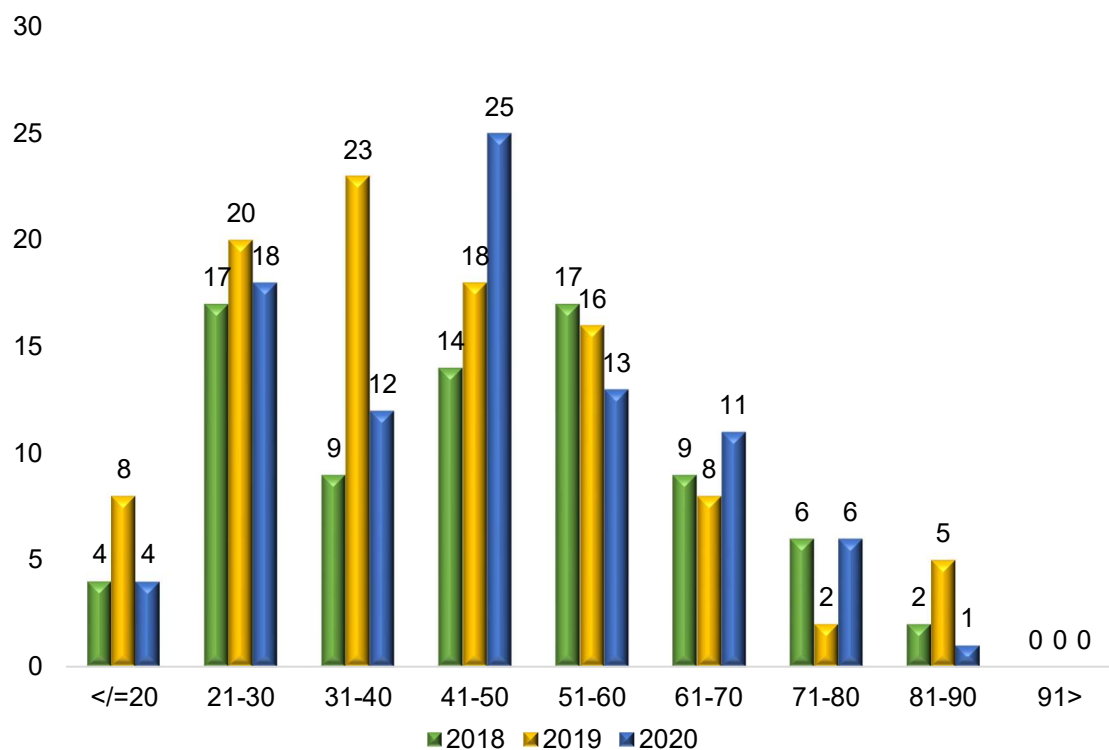
■ Female
■ Male

2020



■ Female
■ Male

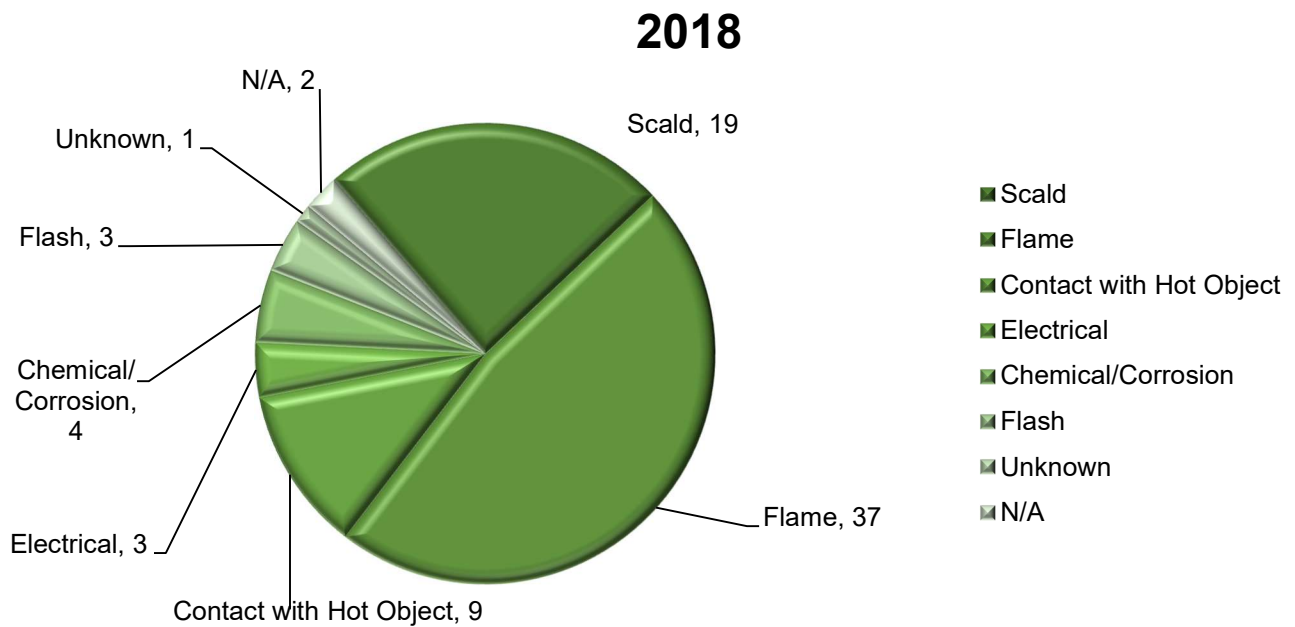
Age Distribution



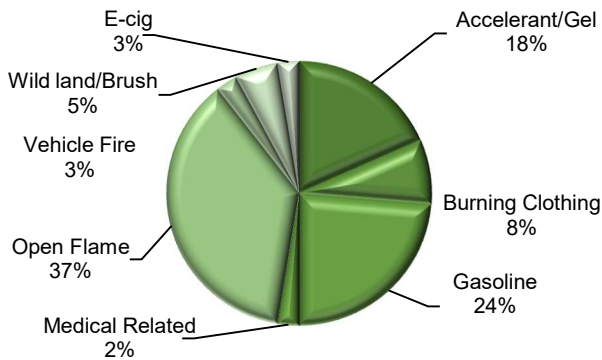
How Did These Burn Injuries Occur?

Etiology of Injury

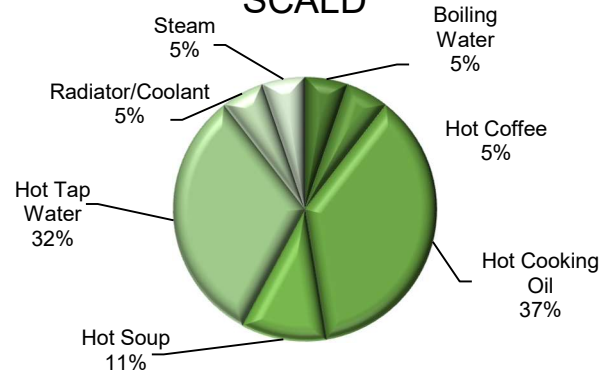
Burn Etiology is classified into the following categories: Scald, Flame, and Contact with Hot Object, Electrical, Chemical/Corrosion, Flash, Unknown and Not Applicable. With the V6 NTRACS, Burn Etiologies are further classified to specific cause of injury. Over the years, 'Not Applicable' was used for burn etiologies that were not listed in the registry.



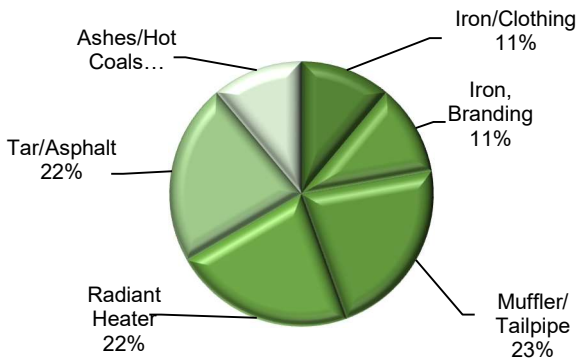
FLAME



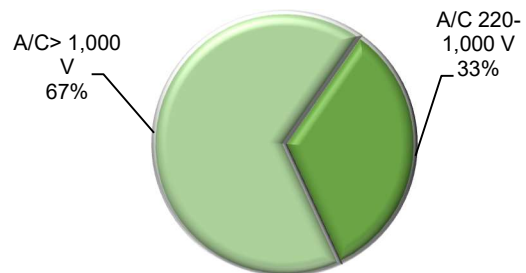
SCALD



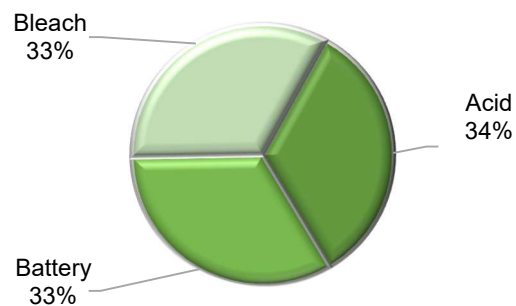
CONTACT

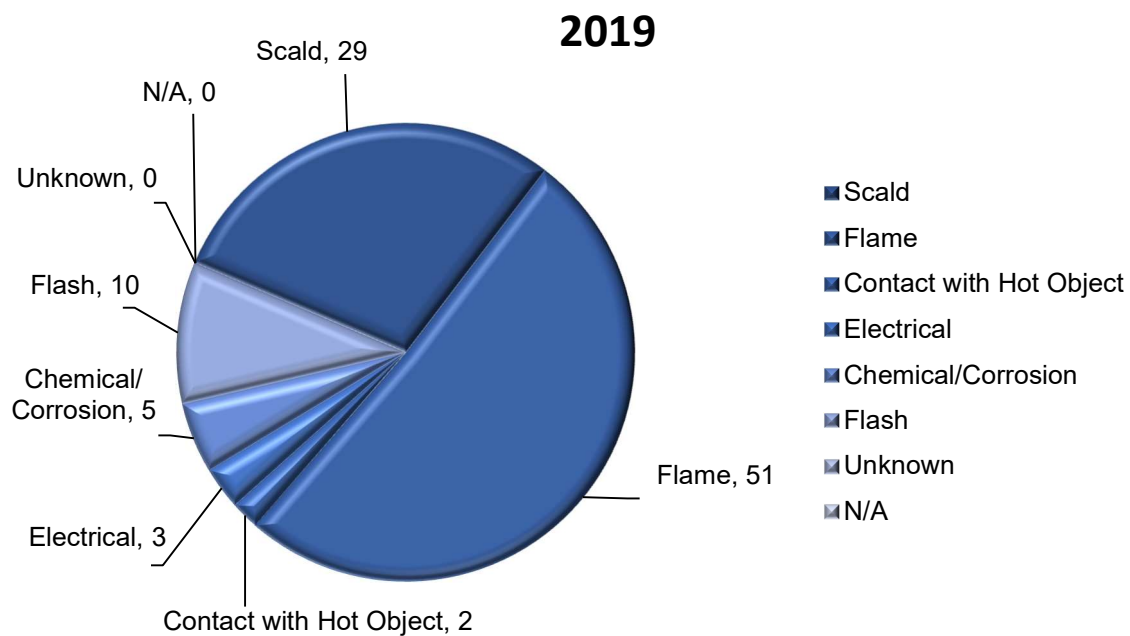


ELECTRICAL

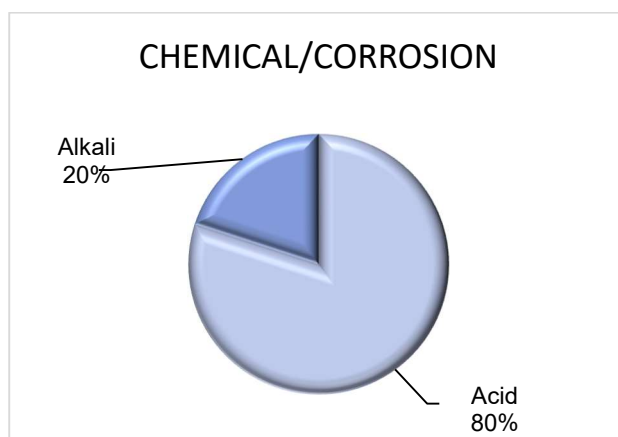
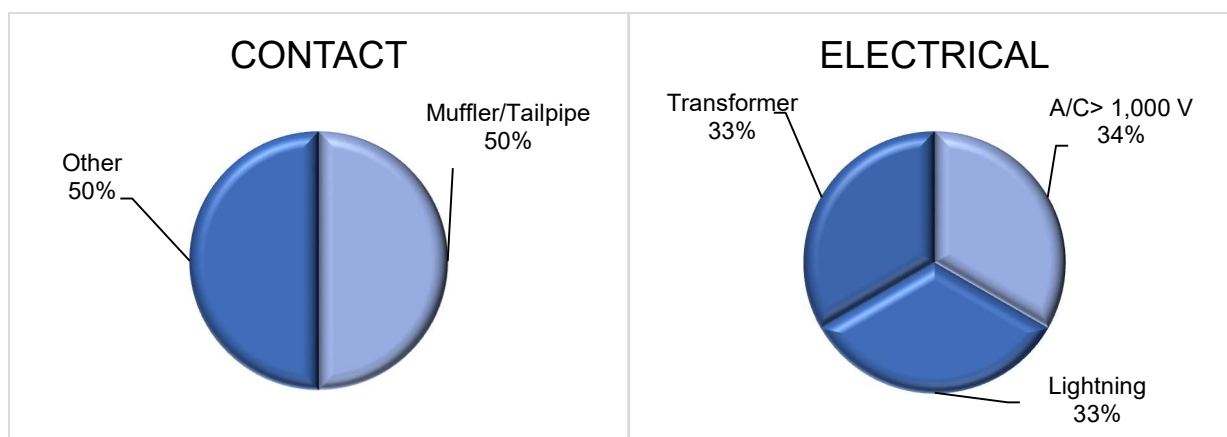
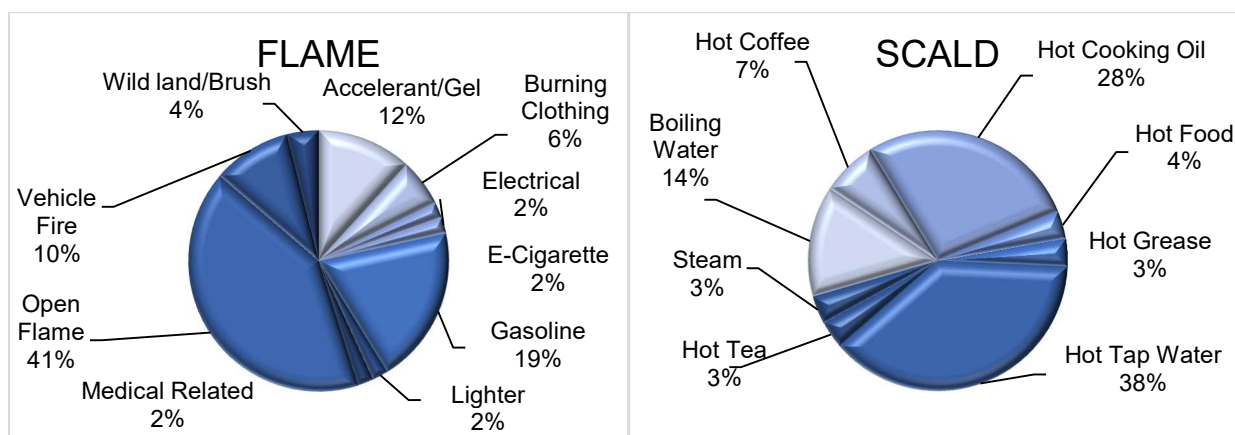


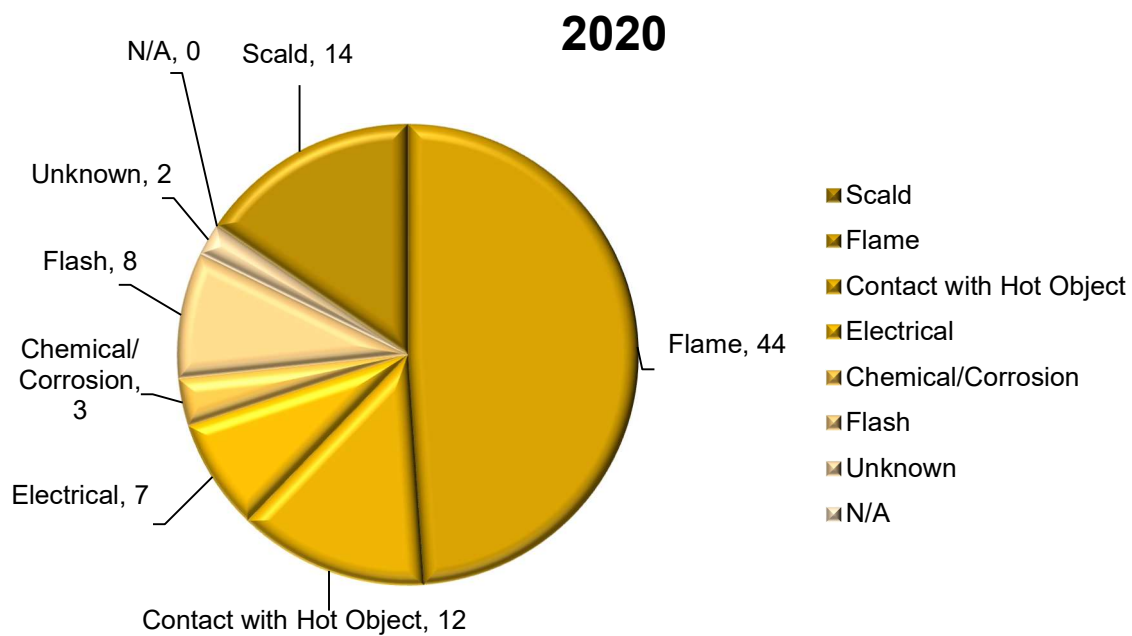
CHEMICAL/CORROSION

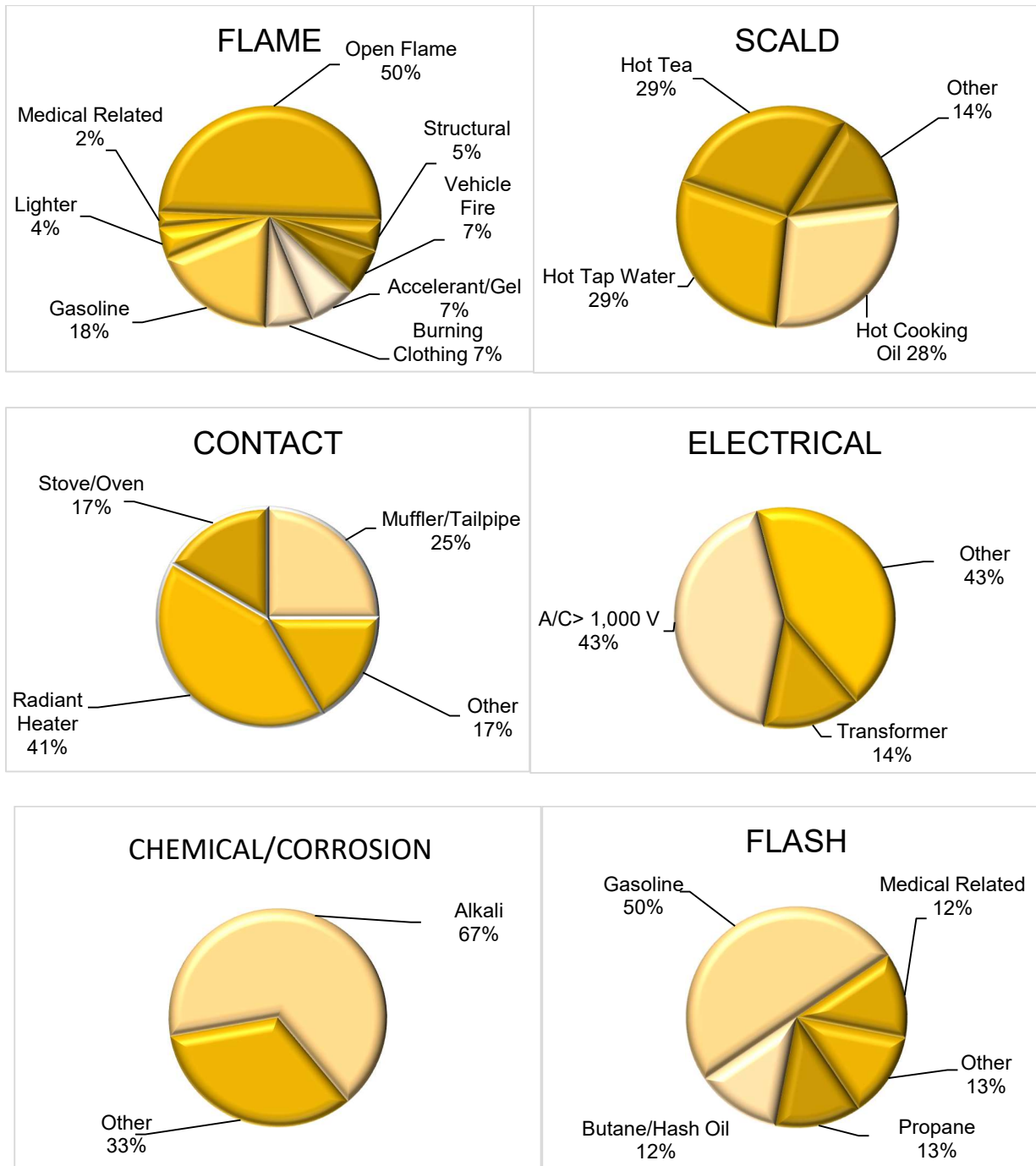




N/A refers to etiologies not available on the ABA provided list.

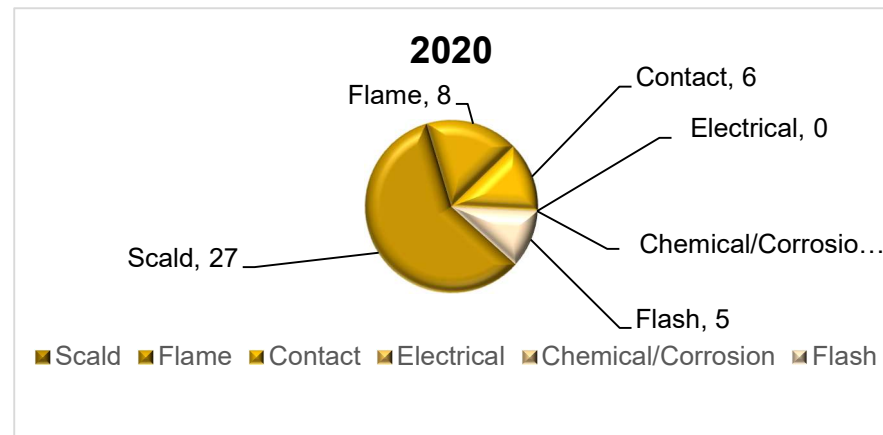
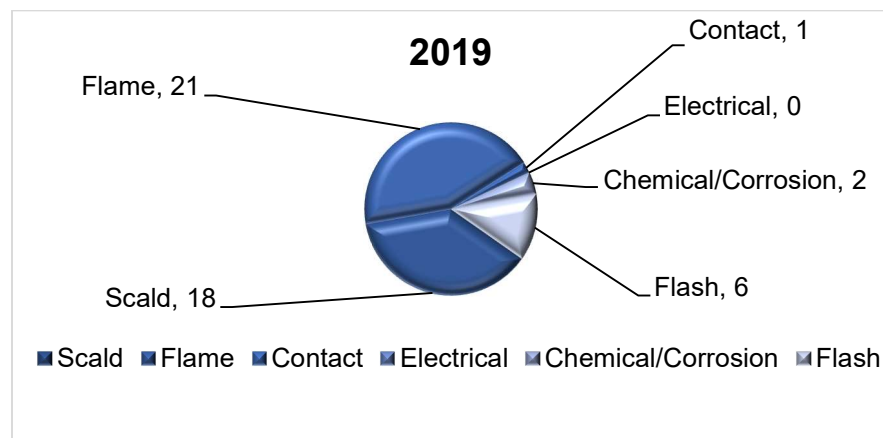
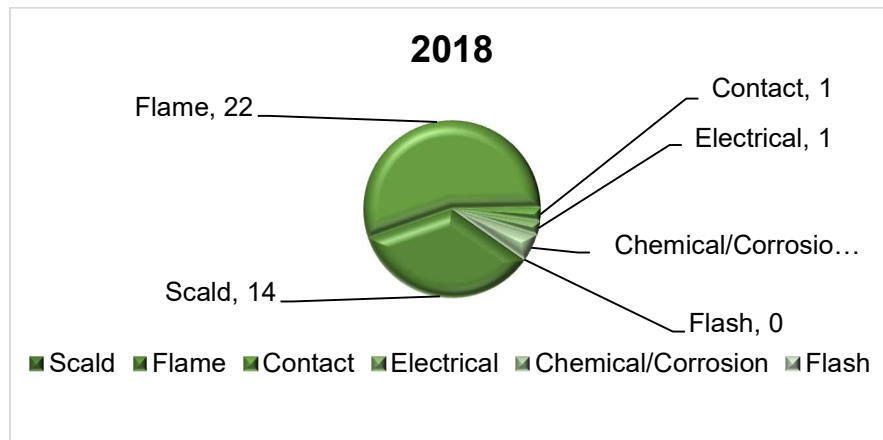




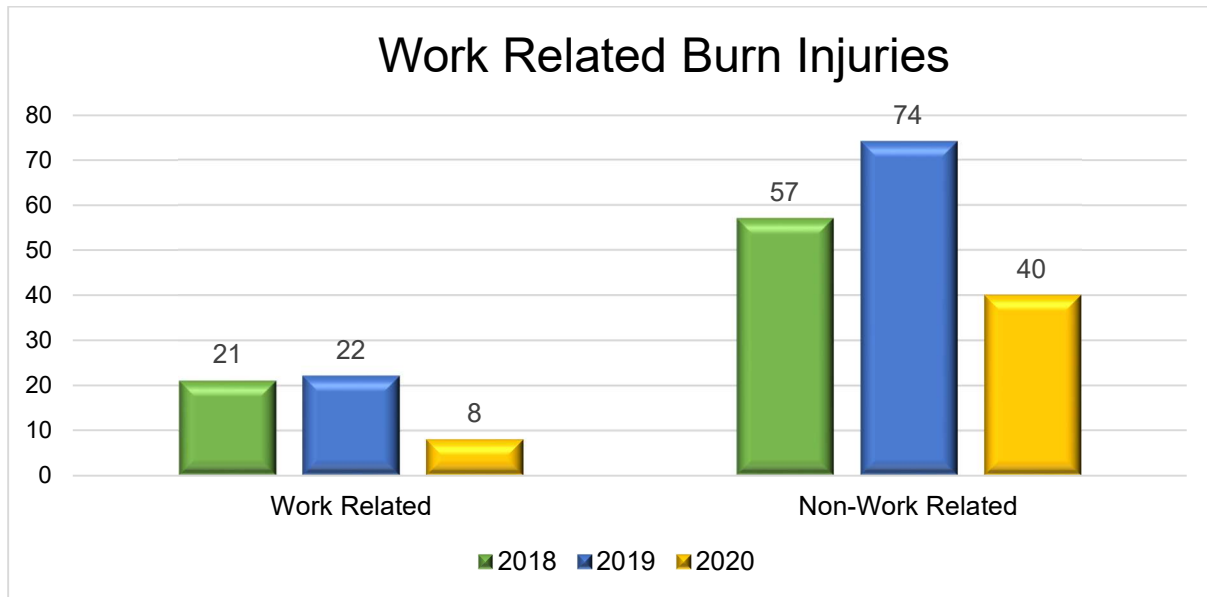


Where Were These Patients Injured?

Burn Injuries At Home



Work Related Burn Injuries



By Occupation

Occupation			
	2018	2019	2020
Management Occupations	0	1	0
Transportation And Material Moving Occupations	2	1	2
Production Occupations	3	2	1
Food Prep And Serving Related	2	3	0
Building And Grounds Cleaning & Maintenance	2	1	0
Installation, Maintenance & Repair Occupations	5	6	2
Constructions And Extraction Occupations	2	2	2
Architecture And Engineering Occupations	0	1	0
Related To Secondary Occupations	4	2	0
Unknown	1	3	1
TOTAL	21	22	8

By Place of Occurrence

The table below indicates the location of where the injury occurred using ICD-10 CM Location codes.

PLACE OF OCCURRENCE			
	2018	2019	2020
Non- Institutional (Private)	42	48	46
Institutional (Non-Private)	0	1	0
School, other institution and public administration	3	4	1
Sports and Athletics Area	0	1	0
Street, Hwy	2	8	5
Trade and Service Area	4	4	1
Industrial and Construction	5	8	4
Farm	1	1	4
Other Places	6	13	11
Unspecified Place or N/A	12	9	15
Unknown	3	3	3
TOTAL	78	100	90

What Injuries Did These Patients Sustain?

By Total Body Surface Area (TBSA)

TOTAL BODY SURFACE AREA (TBSA)			
	2018	2019	2020
<10%	35	34	33
10-19%	6	8	2
20-29%	3	3	1
30-39%	1	2	0
40-49%	2	0	0
50-59%	0	3	0
60-69%	0	0	0
70-79%	0	0	0
80-89%	0	0	0
>90%	0	0	0
Unknown	31	53	54
TOTAL	78	100	100

Inhalation Injury

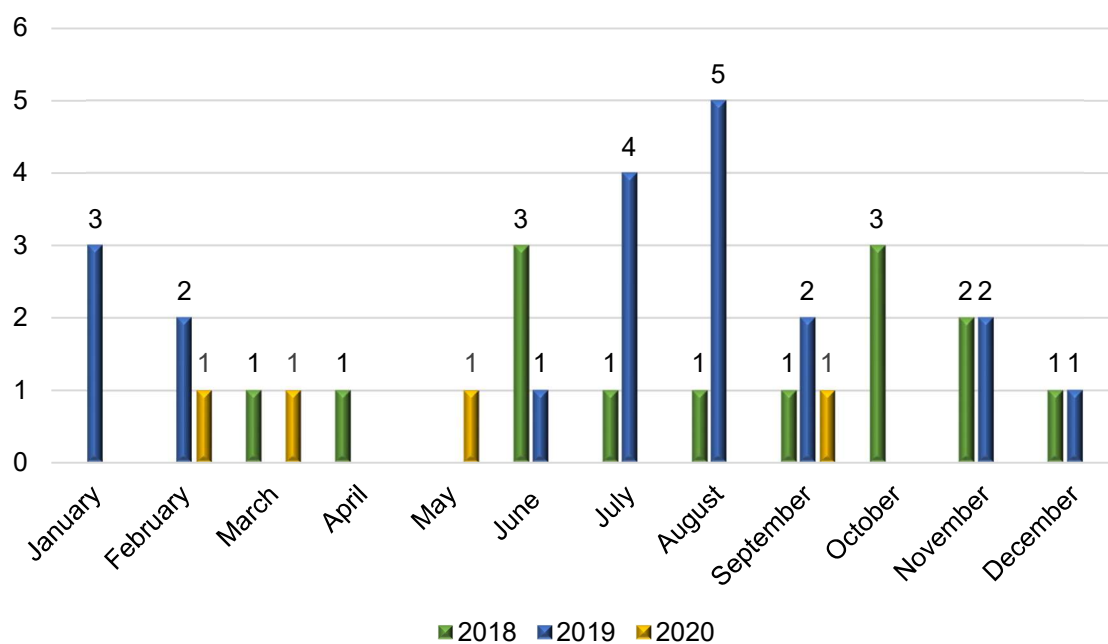
INHALATION INJURY			
	2018	2019	2020
Yes			
<i>with burn injury</i>	5	5	8
<i>without burn injury</i>	1	0	0
No	66	95	82
TOTAL	72	100	90

ETOH Levels

The chart below shows patients who tested positive for ETOH consumption.

Please note AB Legal Limit 0.05 BAC/ 11.0 mmol/L only applies to driving.

*Based on: [Alcohol and driving | Alberta.ca](https://www.alberta.ca/alcohol-and-driving.aspx)



Where Are The Patients Coming From?

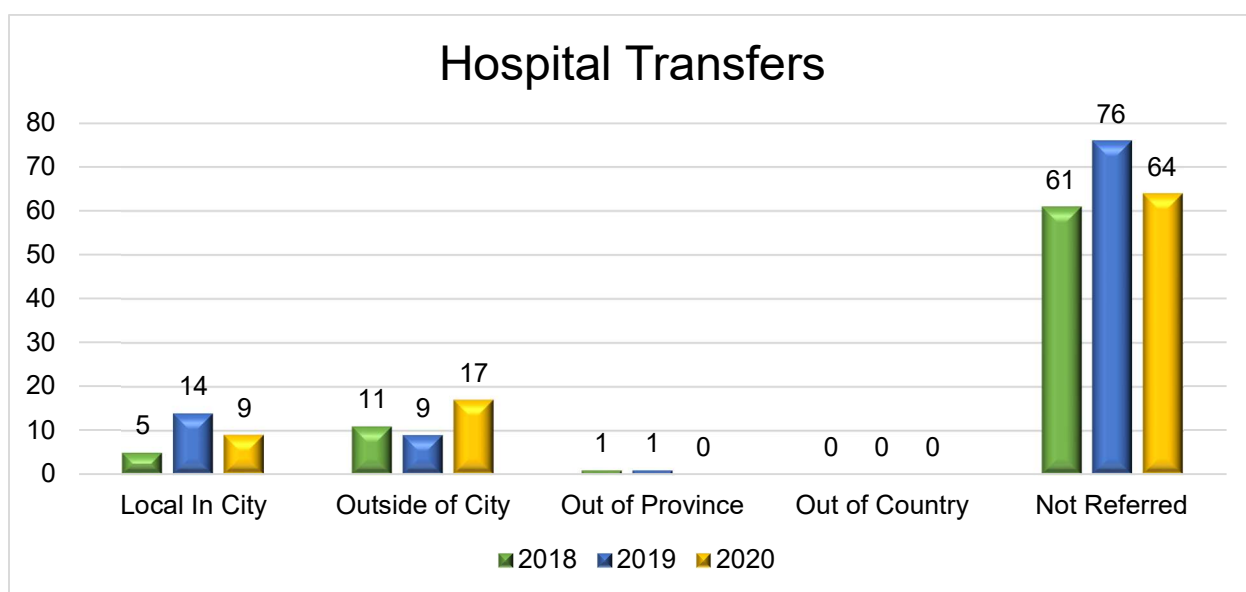
Patient Origin

Clinical setting prior to admission to Foothills Medical Centre. Only one admission source per admission.

ADMISSION SOURCE			
	2018	2019	2020
Direct from Scene of Injury	33	41	40
Transfer from an Emergency Department or Ambulatory Care Centre	12	22	23
Transfer from Another Acute Care Facility (Direct Transfers)	4	2	3
Admissions from Burn Centre Outpatient Office/Clinic	29	35	24
TOTAL	78	100	90

Transfers

Patients who were transferred or referred from another hospital.



Hospital Transfers			
HOSPITAL	2018	2019	2020
Within Calgary	3	10	9
Airdrie Regional Health Centre	1	0	1
Banff Mineral Springs Hospital	1	1	1
Brooks Health Centre	0	1	1
Canmore General Hospital	1	0	0
Cochrane Community Health Centre	1	1	1
Didsbury District Health Services	1	0	0
Drumheller Health Centre	1	0	1
High River General Hospital	1	0	0
Lethbridge- Chinook Regional Hospital	0	4	3
Medicine Hat Regional Hospital	0	1	1
Raymond Health Centre	0	0	1
Red Deer Regional Hospital Centre	0	1	3
Rocky Mountain House Health Centre	0	1	0
Sundre Hospital and Care Centre	1	1	0
Strathmore District Health Services	0	0	1
Stettler Hospital and Care Centre	2	0	0
Three Hills Health Centre	1	0	0
Vulcan Community Health Centre	0	1	2
Other Hospital/Ambulatory Care	2	0	1
Out of Province	1	2	0
TOTAL	17	24	26

How Did The Patients Get to FMC?

Emergency transport to FMC can occur via “ground” or by “air”. Ground transport refers to road ambulance. Air transport can refer to either fixed or rotary wing aircraft.

In cases where both air and ground were used, as is frequently the case with fixed wing transport, the patients were included in the “air” category.

TRANSPORTATION			
	2018	2019	2020
Ground	36	54	54
Helicopter	2	3	4
Public/Private Vehicle/Walk in	39	41	31
Fixed-Wing Ambulance	0	1	1
Police or Fire Department (Non-Ambulance)	1	1	0
TOTAL	78	100	90

What Happened At FMC?

ICU Admissions

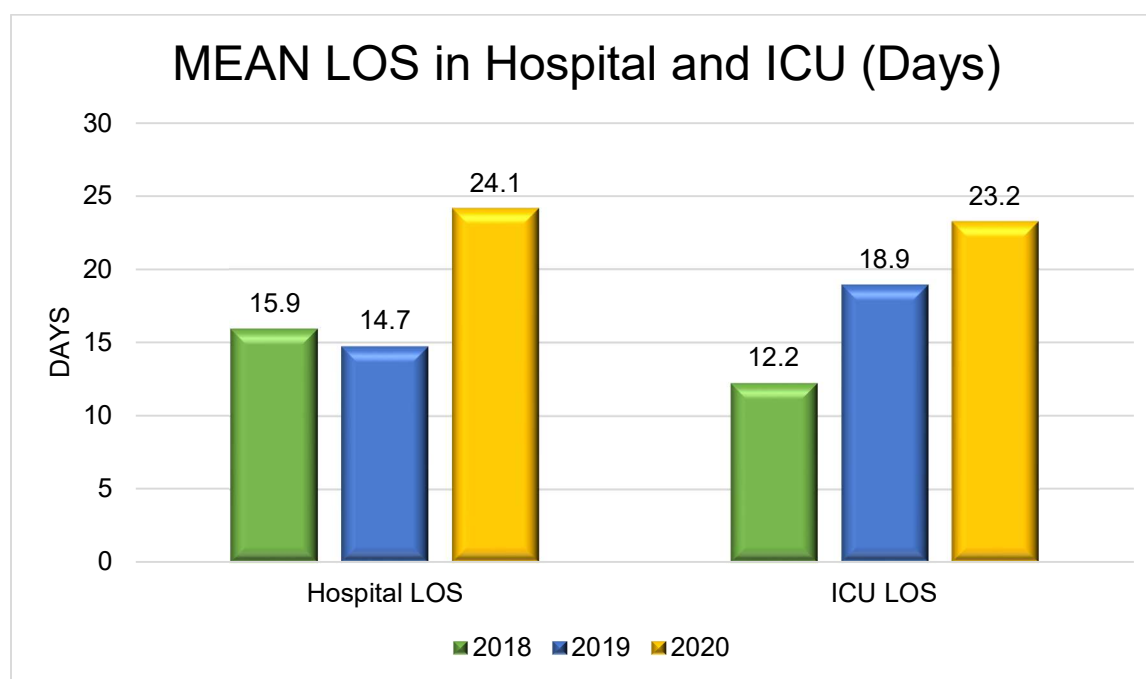
ICU ADMISSIONS			
	2018	2019	2020
ICU Admissions	10	10	13
ICU Days	122	189	302
Ventilator Days	91	74	191

Operative Interventions

OPERATIVE INTERVENTIONS			
	2018	2019	2020
OR VISIT COUNT	90	123	186
OR PROCEDURE COUNT	352	609	933

What Were The Outcomes for Burn Patients?

LOS



LENGTH OF STAY (DAYS)			
	2018	2019	2020
Longest Hospital Stay	210	102	510
Longest ICU Stay	32	100	132

Modified BAUX Score

The table below shows the number of patients with a BAUX score greater than 80. Modified BAUX Score is calculated by: $TBSA + Age + 17$ (Inhalation Injury present)

MODIFIED BAUX SCORE			
	2018	2019	2020
Modified BAUX Score greater than 80%	2	3	4

Mortality by Etiology

MORTALITY BY ETIOLOGY			
	2018	2019	2020
Open Flame		1	
Hot Tap Water	2		
Vehicle Fire	1		
Accelerant/Gel		1	
Structural			1
Gasoline		1	1
Medical Related		1	1
TOTAL	3	4	3

Mortality by Gender

MORTALITY BY GENDER			
	2018	2019	2020
MALE	2	1	3
FEMALE	1	3	0
TOTAL	3	4	3

Mortality by Age

MORTALITY BY AGE GROUP			
	2018	2019	2020
<=20	1	1	
21-30			
31-40			
41-50			1
51-60	1	1	
61-70		1	1
71-80	1		1
81-90		1	
91-100			
TOTAL	3	4	3

Responsibility of Pay

RESPONSIBILITY OF PAY			
	2018	2019	2020
Provincial Healthcare	65	84	
<i>Alberta</i>	62	81	82
<i>Other Province</i>	3	3	1
WCB	13	15	7
Out of Country	0	1	
TOTAL	78	100	90

Where Did The Patients Go After Their Acute Care Admission?

Discharge Disposition

Home Services pertains to Home Care as part of Alberta Health Services.

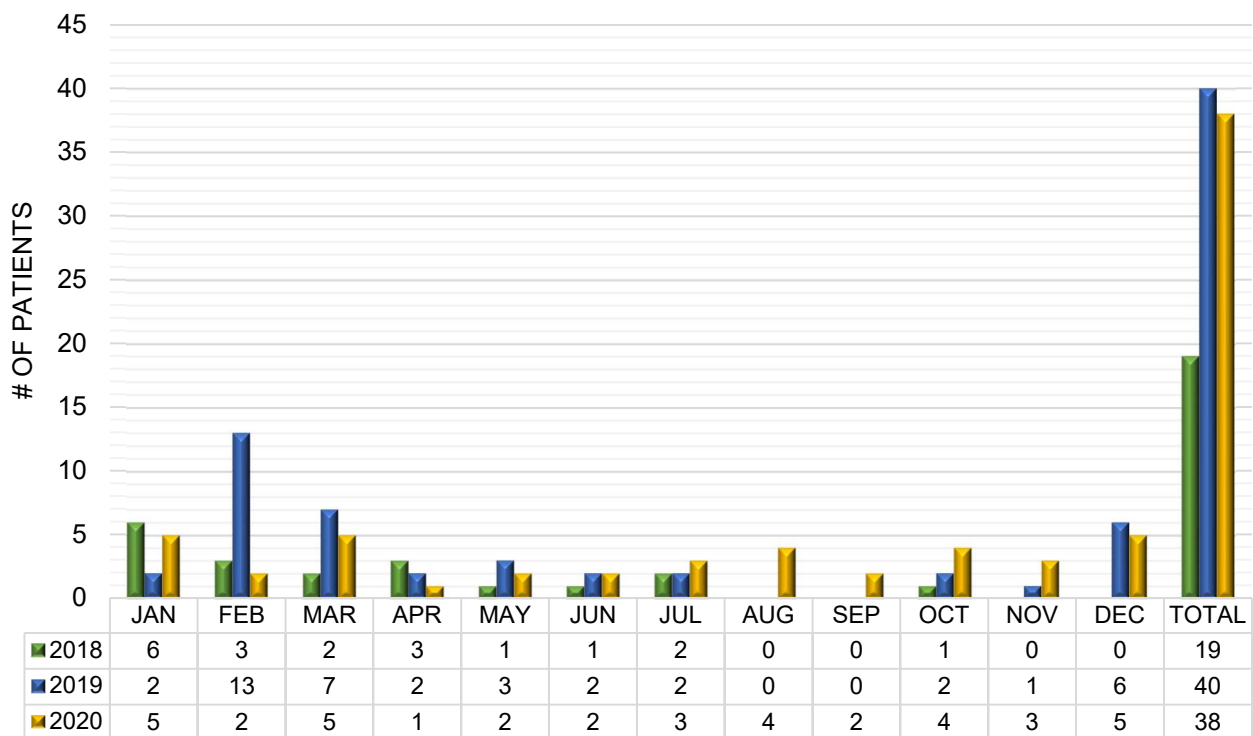
DISCHARGE DISPOSITION			
	2018	2019	2020
Died in Hospital	3	4	3
Discharged Home (Prior Living Situation) with No Home Services	47	67	59
Discharged Home with Home Services	15	19	12
Discharged to Street (Patient without Home)	1	1	6
Discharged/Transferred to Skilled Nursing Facility (SNF) / Nursing Home	3	2	0
Left Against Medical Advice or Discontinued Care	2	2	6
Transferred as Inpatient to Another Acute Burn Facility	0	0	1
Transferred as Inpatient to Another Hospital (Non-burn)	3	1	2
Transferred to Inpatient Rehabilitation Facility	4	4	1
TOTAL	78	100	90

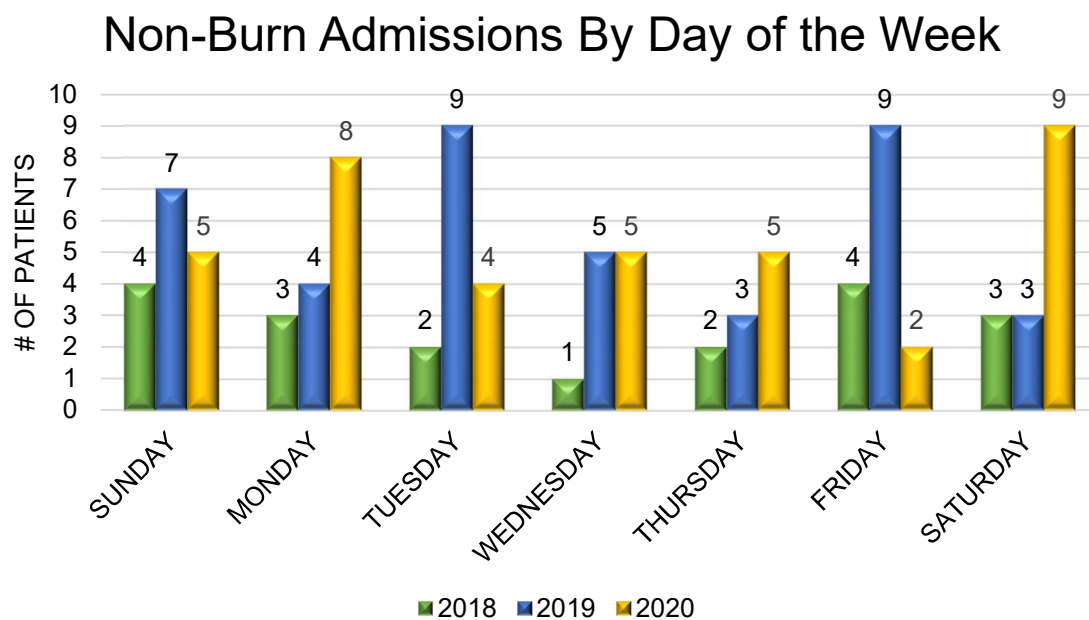
NON-BURNS

Who Experienced Non-Burn Injuries From 2018-2020?

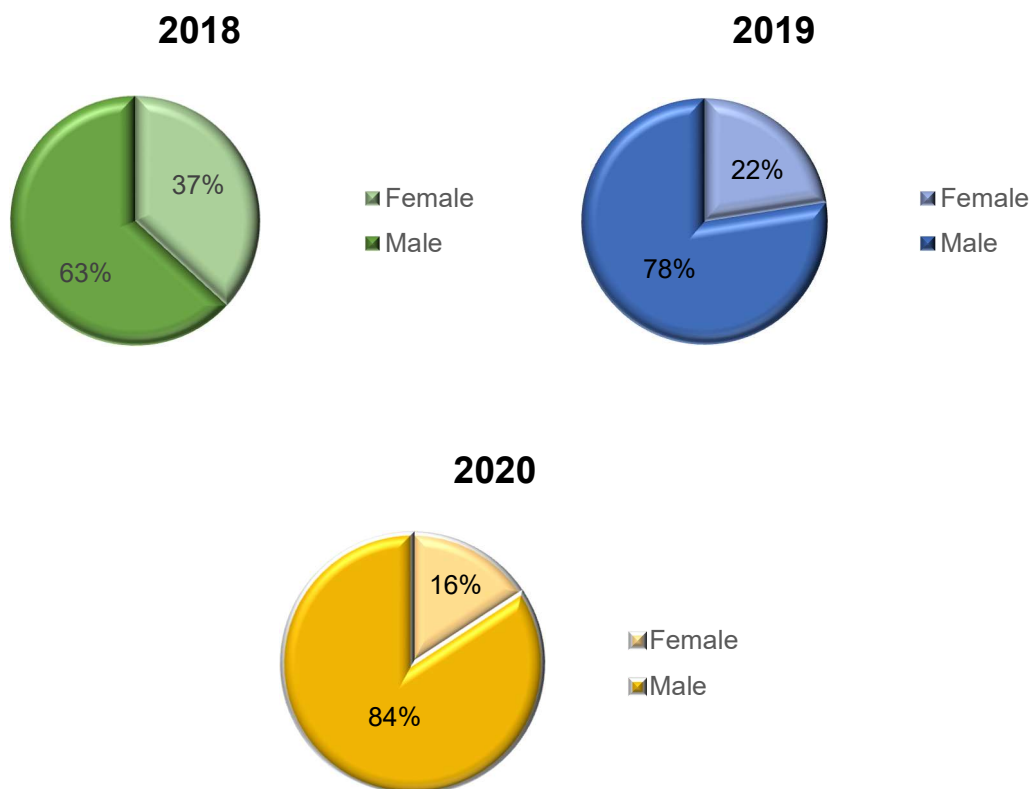
The inclusion criteria for the Burn Registry for non-burn includes patients with acute dermatologic conditions or other injuries that affect the integrity of the skin. Non-burn patients admitted to the Foothills Medical Centre must have the Plastics Service either involved in care or consulted during their inpatient admission.

Non-Burn Admissions by Month

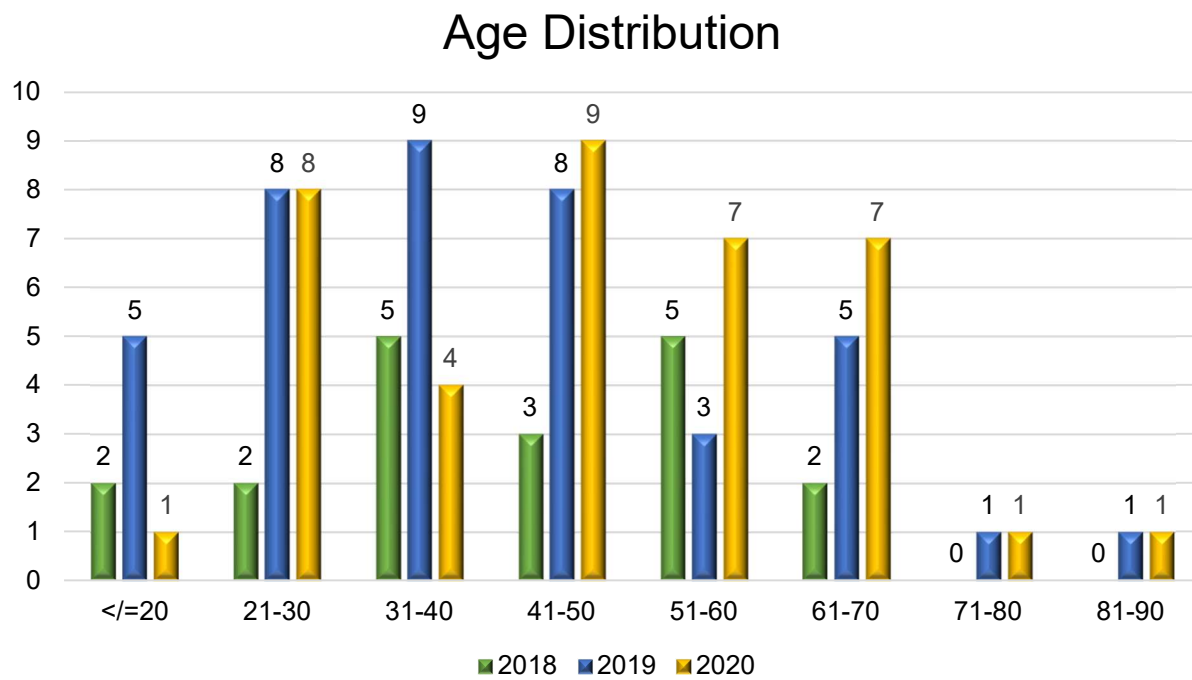




Admission by Gender



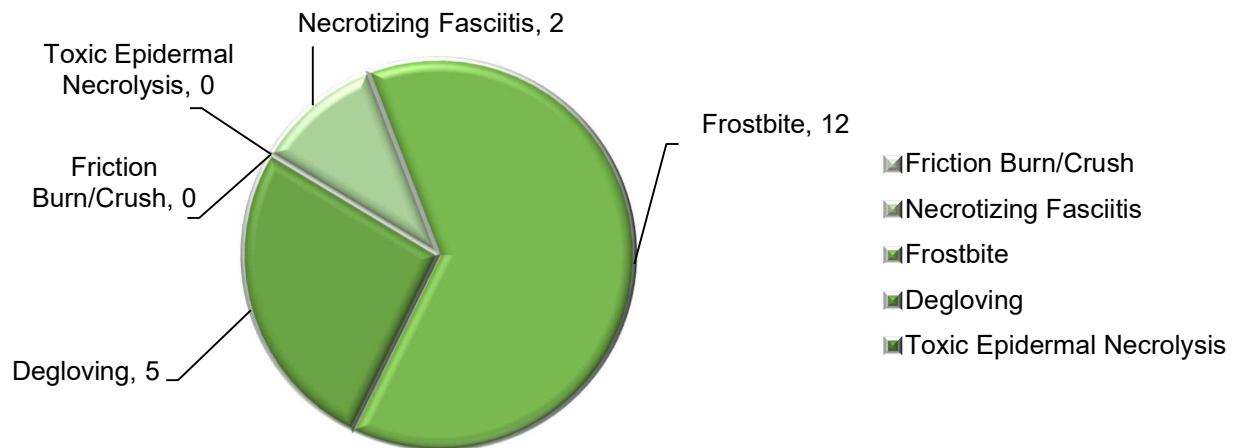
Age Distribution



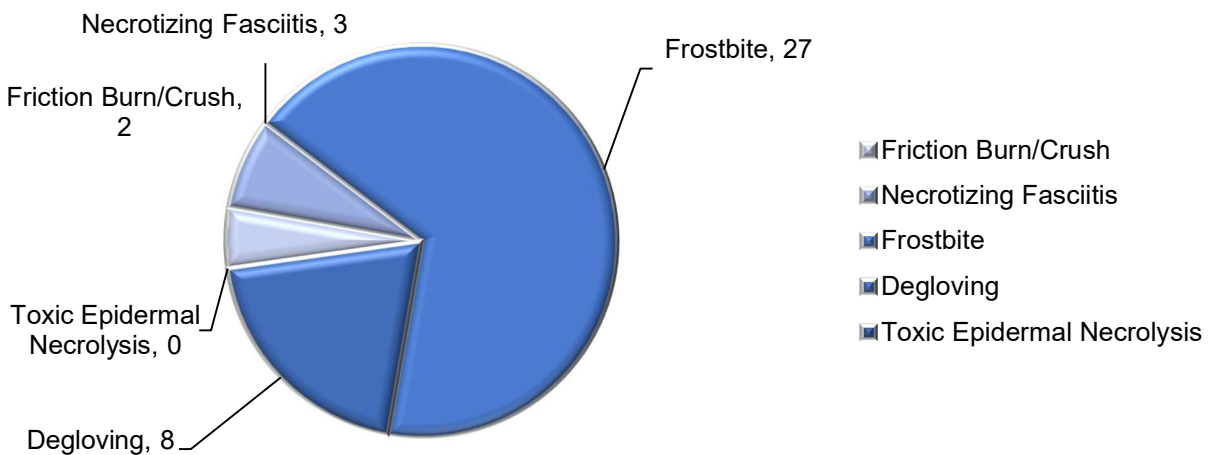
How Did These Non-Burn Injuries Occur?

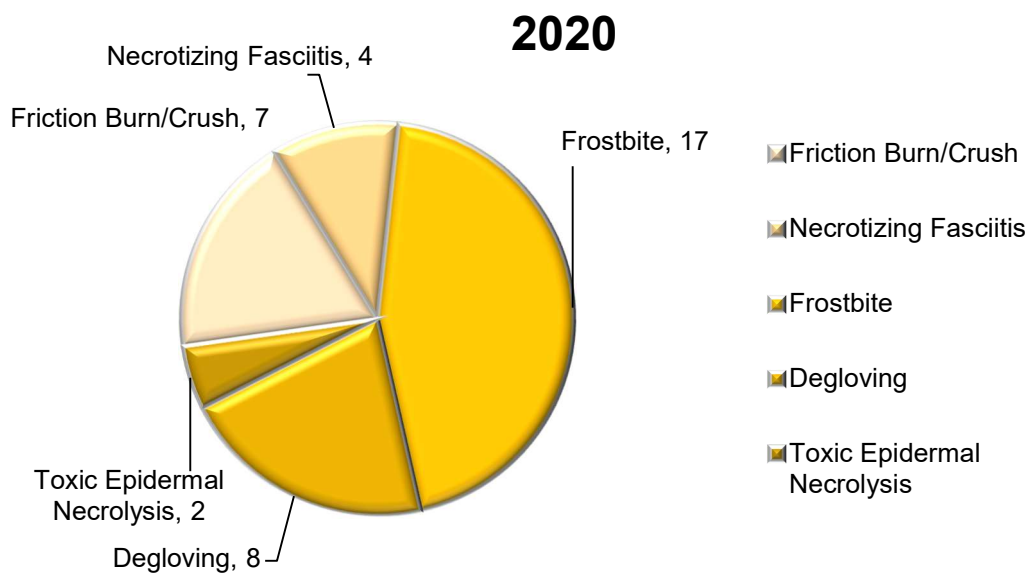
By Condition

2018



2019





Where Were These Non-Burn Patients Injured?

Place of Occurrence

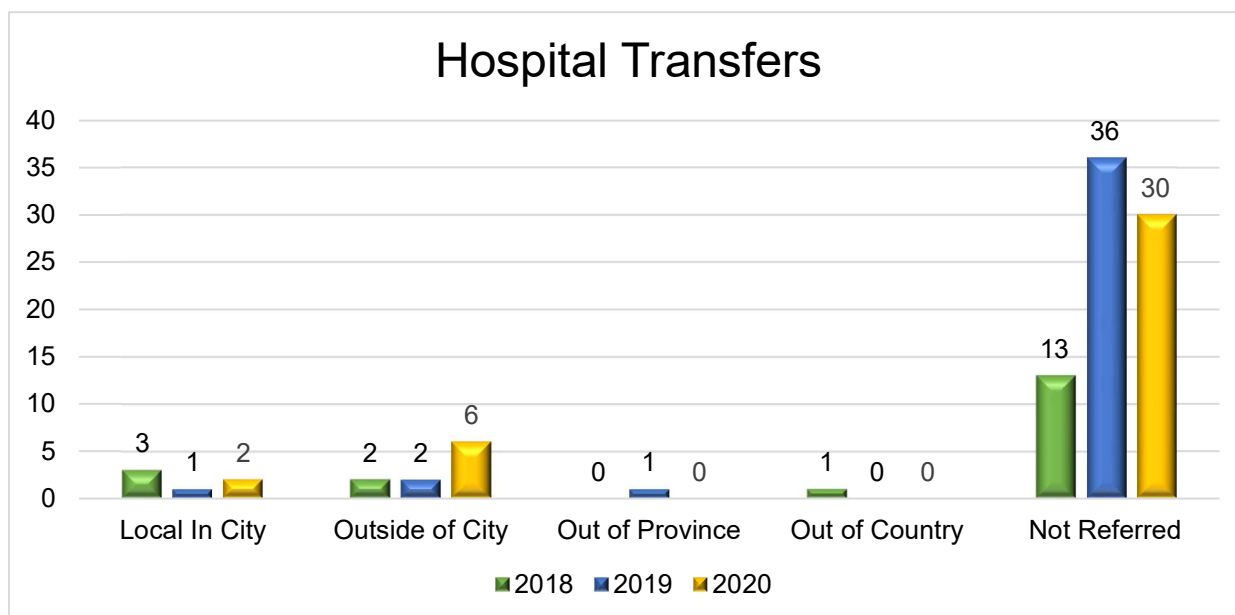
PLACE OF OCCURRENCE			
	2018	2019	2020
Non- Institutional (Private)	3	7	3
Institutional (Non-Private)	0	0	1
School, other institution and public administration	0	1	0
Sports and Athletics Area	0	0	0
Street, Hwy	5	22	17
Trade and Service Area	1	1	3
Industrial and Construction	1	2	1
Farm	0	1	0
Other Places	3	3	4
Unspecified Place or N/A	6	3	9
Unknown	0	0	0
TOTAL	19	40	38

Where Are The Non-burn Patients Coming From?

Admission Source

ADMISSION SOURCE			
	2018	2019	2020
Direct from Scene of Injury	10	21	27
Transfer from an Emergency Department or Ambulatory Care Centre	2	10	7
Transfer from Another Acute Care Facility	2	2	1
Admissions from Burn Centre Outpatient Office/Clinic	5	7	3
TOTAL	19	40	38

Transfers



HOSPITAL TRANSFERS			
	2018	2019	2020
Calgary	1	1	2
Airdrie Regional Health Centre	1	0	0
Banff Mineral Springs Hospital	0	0	2
Brooks Health Centre	1	1	1
Canmore General Hospital	0	0	1
Cochrane Community Health Centre	0	1	0
Didsbury District Health Services	0	0	0
Drumheller Health Centre	0	0	0
High River General Hospital	0	0	0
Lethbridge- Chinook Regional Hospital	1	4	0
Medicine Hat Regional Hospital	0	1	1
Pincher Creek Health Centre	0	1	0
Red Deer General Hospital	0	0	1
Rocky Mountain House Health Centre	0	0	0
Strathmore General Hospital	0	0	0
Sundre Hospital and Care Centre	0	0	0
Stettler Hospital and Care Centre	0	0	0
Three Hills Health Centre	0	0	0
Vulcan Community Health Centre	0	0	0
Other Hospital/Ambulatory Care	2	0	0
Out of Province	0	1	0
TOTAL TRANSFERS	6	10	8

How Did The Patients Get to FMC?

Emergency transport to FMC can occur via “ground” or by “air”. Ground transport refers to road ambulance. Air transport can refer to either fixed or rotary wing aircraft.

In cases where both air and ground were used, as is frequently the case with fixed wing transport, the patients were included in the “air” category.

TRANSPORTATION			
	2018	2019	2020
Ground	10	18	28
Helicopter	0	1	1
Public/Private Vehicle/Walk in	8	19	8
Fixed-Wing Ambulance	1	0	0
Police or Fire Department (Non-Ambulance)	0	2	1
TOTAL	19	40	38

What Happened At FMC?

ICU Admissions

ICU ADMISSIONS			
	2018	2019	2020
ICU Admissions	3	9	6
ICU Days	6	78	64
Ventilator Days	1	49	35

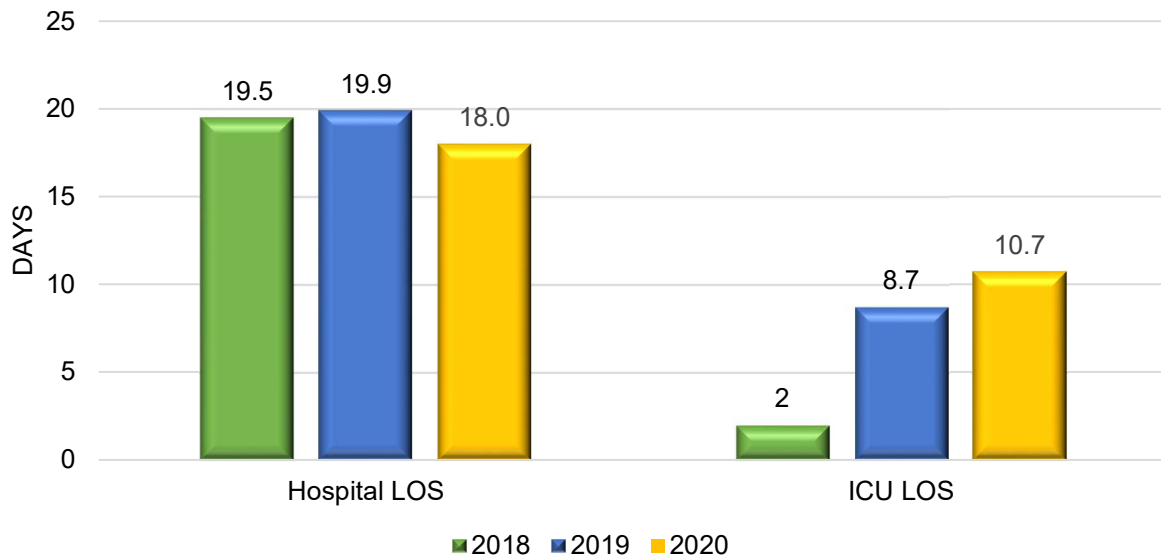
Operative Interventions

OPERATIVE INTERVENTIONS			
	2018	2019	2020
OR Visit Count	22	40	42
OR Procedure Count	98	152	124

What Were The Outcomes for Non-Burn Patients?

LOS

Mean LOS in Hospital and ICU (Days)



LENGTH OF STAY (DAYS)			
	2018	2019	2020
Longest Hospital Stay	104	180	109
Longest ICU Stay	3	40	21

Responsibility of Pay

RESPONSIBILITY OF PAY			
	2018	2019	2020
Provincial Healthcare	17	36	34
<i>Alberta</i>	17	34	33
<i>Other Province</i>	0	2	1
WCB	2	4	3
Out of Country	0	0	1
TOTAL	19	40	38

Mortality by Etiology

MORTALITY BY ETIOLOGY			
	2018	2019	2020
Necrotizing Soft Tissue Infection	0	1	0
TOTAL	0	1	0

Mortality by Gender

MORTALITY BY GENDER			
	2018	2019	2020
MALE	0	1	0
FEMALE	0	0	0
TOTAL	0	1	0

Mortality by Age

MORTALITY BY AGE GROUP			
	2018	2019	2020
<=20			
21-30			
31-40			
41-50			
51-60			
61-70		1	
71-80			
81-90			
91-100			
TOTAL	0	1	0

Where Did The Non-Burn Patients Go After Their Acute Care Admission?

Discharge Disposition

Home Services pertains to Home Care as part of Alberta Health Services.

DISCHARGE DISPOSITION			
	2018	2019	2020
Died in Hospital	0	1	0
Discharged Home (Prior Living Situation) with No Home Services	8	16	24
Discharged Home with Home Services	5	7	9
Discharged to Street (Patient without Home)	2	5	4
Discharged/Transferred to Skilled Nursing Facility (SNF) / Nursing Home	0	2	0
Left Against Medical Advice or Discontinued Care	0	7	0
Transferred as Inpatient to Another Hospital (Non-burn)	3	1	0
Transferred to Inpatient Rehabilitation Facility	1	1	1
TOTAL	19	40	38

Outpatient Burn Treatment Services

The Outpatient Burn Treatment Clinic provides treatment and rehabilitation of burn injuries including surgical grafting, graft revisions and major plastic repairs. Burn clinic patients are currently not captured in the burn registry.

The following table is a summary of the FMC Outpatient Burn Clinic based on the data provided by Data Integration, Measurement and Reporting (DIMR).

OUTPATIENT BURN TREATMENT SERVICES				
	2017	2018	2019	2020
# of Inpatient Burn Admissions <i>(all burn patients admitted to FMC)</i>	104	82	103	93
# of IP Burn Admissions W/ Burn Clinic Follow Up <i>(FMC discharged burn patients with burn clinic follow up excludes multiple visits)</i>	75 (72%)	57 (70%)	71 (69%)	56 (72%)
# of OP Burn Clinic Visits <i>(all burn patients seen at the Burn Clinic includes multiple visits)</i>	439	254	260	196

APPENDIX A



Last Name	
First Name	
Birthdate (yyyy-Mon-dd)	PHN #

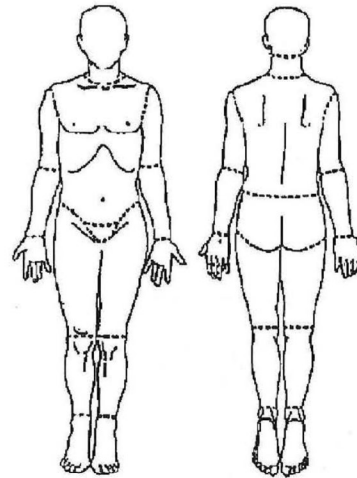
Adult Burn Treatment Admission History

Past Medical History		
Significant past/chronic illness		
Medications		
Past Surgery		
Allergies		
Smoking History (<i>how many per day, how many years</i>)		Last Tetanus (YY/MM/DD)
ETOH History	<input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> No History <input type="checkbox"/> Unknown	
Illicit Drug Use	<input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> No History <input type="checkbox"/> Unknown	
Psychological History		
<input type="checkbox"/> Self-reported	<input type="checkbox"/> Past <input type="checkbox"/> Current	Diagnosis/Symptoms _____
<input type="checkbox"/> Diagnosed	<input type="checkbox"/> Past <input type="checkbox"/> Current	Diagnosis/Symptoms _____
	Diagnosed by Whom (Name) _____	
	<input type="checkbox"/> General Practitioner <input type="checkbox"/> Psychologist/ Psychiatrist	
	<input type="checkbox"/> Other (specify) _____	
Physical Assessment/ Examination		
Neurological		
Head & Neck		
Respiratory		
Abdomen/Genitourinary		
Extremities		
Vascular		
TOTAL TBSA	*If burn injury is greater than 20%, please complete Lund & Browder diagram and calculate Parkland Formula (Page 2).*	

Page 2 of 2


Calgary Firefighter's Burn Treatment Centre - Admission History

Area	Age		Preliminary TBSA (%)				Final TBSA (%)		
	15y	Adult	SP	DP	FT	ID	SP	DP	FT
Head	9	7							
Neck	2	2							
Ant. Trunk	13	13							
Post. Trunk	13	13							
R. Buttock	2.5	2.5							
L. Buttock	2.5	2.5							
Genitalia	1	1							
R.U. Arm	4	4							
L.U. Arm	4	4							
R.L. Arm	3	3							
L.L. Arm	3	3							
R. Hand	2.5	2.5							
L. Hand	2.5	2.5							
R. Thigh	9	9.5							
L. Thigh	9	9.5							
R. Leg	6.5	7							
L. Leg	6.5	7							
R. Foot	3.5	3.5							
L. Foot	3.5	3.5							
Total									
Preliminary TBSA			Final TBSA						



SPT (superficial)
DPT (deep)



FT (full)
ID (indeterminate)

Do not include Epidermal ("1st degree") burns in TBSA

PARKLAND FORMULA

Fluid administered *PRIOR* to admission

4ml x ____ kg x ____ % TBSA = ____ ml/ 24 hours

Give ____ ml of ____ during ____ hours and ____ ml during the next ____ hours

Urine output goal ____ ml/kg/hour

Estimated need for fluid resuscitation, first 24 hours of admission

4ml x ____ kg x ____ % TBSA = ____ ml/ 24 hours

Give ____ ml of ____ during ____ hours and ____ ml during the next ____ hours

Urine output goal ____ ml/kg/hour

APPENDIX A

APPENDIX B

TERMS OF REFERENCE FOOTHILLS MEDICAL CENTRE BURN COMMITTEE

Purpose:

To provide a forum for an interprofessional group of healthcare providers to:

- a. Develop evidence-based policies, procedures and guidelines for burn patients
- b. Develop educational resources for the interprofessional team caring for burn patients
- c. Address clinical concerns related to burn care
- d. Collaboration between the ICU and Burn Teams to provide consistency and best practice

Guiding Principles:

- a. The committee will recognize the values set out by Alberta health Services
- b. The committee will follow patient-family centered care values
- c. The committee will recognize cultural, ethnic, and religious factors which influence patients, families and healthcare professionals
- d. The committee will review the Terms of Reference biennially (January 2020)

The following is a list of recommended members:

- a. At least one physician from both Unit 30/31 and FMC ICU
- b. At least one manager or unit manager from both Unit 30/31, FMC ICU, and Burn Clinic
- c. At least one representative from OT and PT
- d. At least one educator from both Unit 30/31 and FMC ICU
- e. Bedside nursing staff representatives from each unit
- f. At least one representative from IP&C
- g. As needed, RRT representative, Social worker/Psychologist with specialization in burn patients

Membership Duties:

- a. Membership requests and participation will be reviewed on a continual basis
- b. Meetings will be held on a quarterly basis
- c. Minutes and agendas will be documented and distributed prior to each meeting. Minutes will be kept with the Burn Committee co-chairs
- d. If members are unable to attend a meeting, they are to notify the co-chairs
- e. Read the minutes and be involved in the action items

January 10, 2018

APPENDIX C

Burn Rounds Topic

Schedule for 2020 not available.