

## Purpose

To establish a standardized process promoting effective communication of complex burn wound care among multidisciplinary team members

## Problem

### Ineffective Communication

Contributing factors:

- Inconsistent use of the Burn Care Tracking sheet (Figure 1)
- No designated location for housing tracking document
- Confusion resulting from differing care prescribed to multiple burn sites
- Critical communication points delineating specific wound care needs have been missed during bedside shift report
- Conflicting post-operative wound care orders
- Attending Physician Rounds vary according to provider and lack consistency

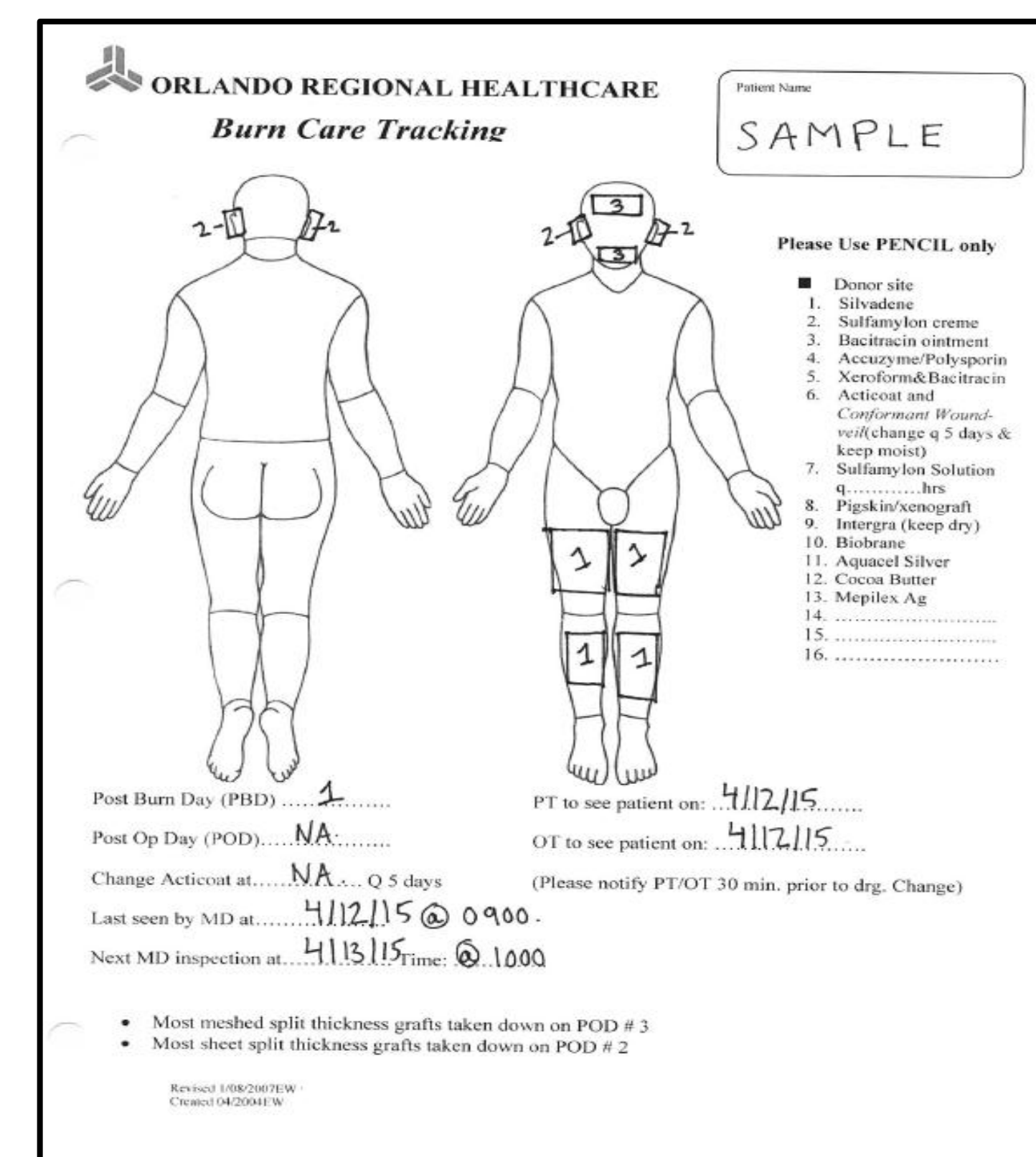
## Methods & Interventions

### Methods:

- Met with the burn care providers and unit Clinical Nurse Specialist
- Obtained Unit Practice Council approval for the Performance Improvement project
- 4 Point Likert scale distributed to burn nursing staff to assess perceptions of unit communication (Figure 2&3)
- Provided staff education on the use of the Burn Care Tracking sheet through a variety of teaching methods
- Reinforced education during daily Huddles

### Interventions:

- Use of an erasable Burn Care Tracking sheet during rounds, handoff & dressing changes
- Review & clarification of orders during daily multidisciplinary rounds and bedside shift report
- Reassessment of the practice change



ORLANDO REGIONAL HEALTHCARE  
Burn Care Tracking  
SAMPLE

Please Use PENCIL only

1. Douse site
2. Silvadene
3. Soften/lock cream
4. Electrolyte solution
5. Acetaminophen/ibuprofen
6. Anticoolant/fluoride
7. Sterile/antibiotic/analgesic
8. Change q 5 days & keep moist
9. Sterile/antibiotic solution
10. ...
11. Povidone/Iodine
12. Stereoc (strip dry)
13. Rubbing
14. Numbol Silver
15. Cream Butter
16. Nuprin/Az
17. ...
18. ...

Post Burn Day (POD) ... 4  
PT to see patient on: 4/12/15  
OT to see patient on: 4/12/15  
Change Activist at: NA ... 0 5 days (Please notify PT/OT 30 min. prior to disp. Change)  
Last seen by MD at: 4/12/15 @ 0900  
Next MD inspection at: 4/15/15 @ 1000

Most treated split thickness grafts taken down on POD # 3  
Most sheet split thickness grafts taken down on POD # 2

Figure 1

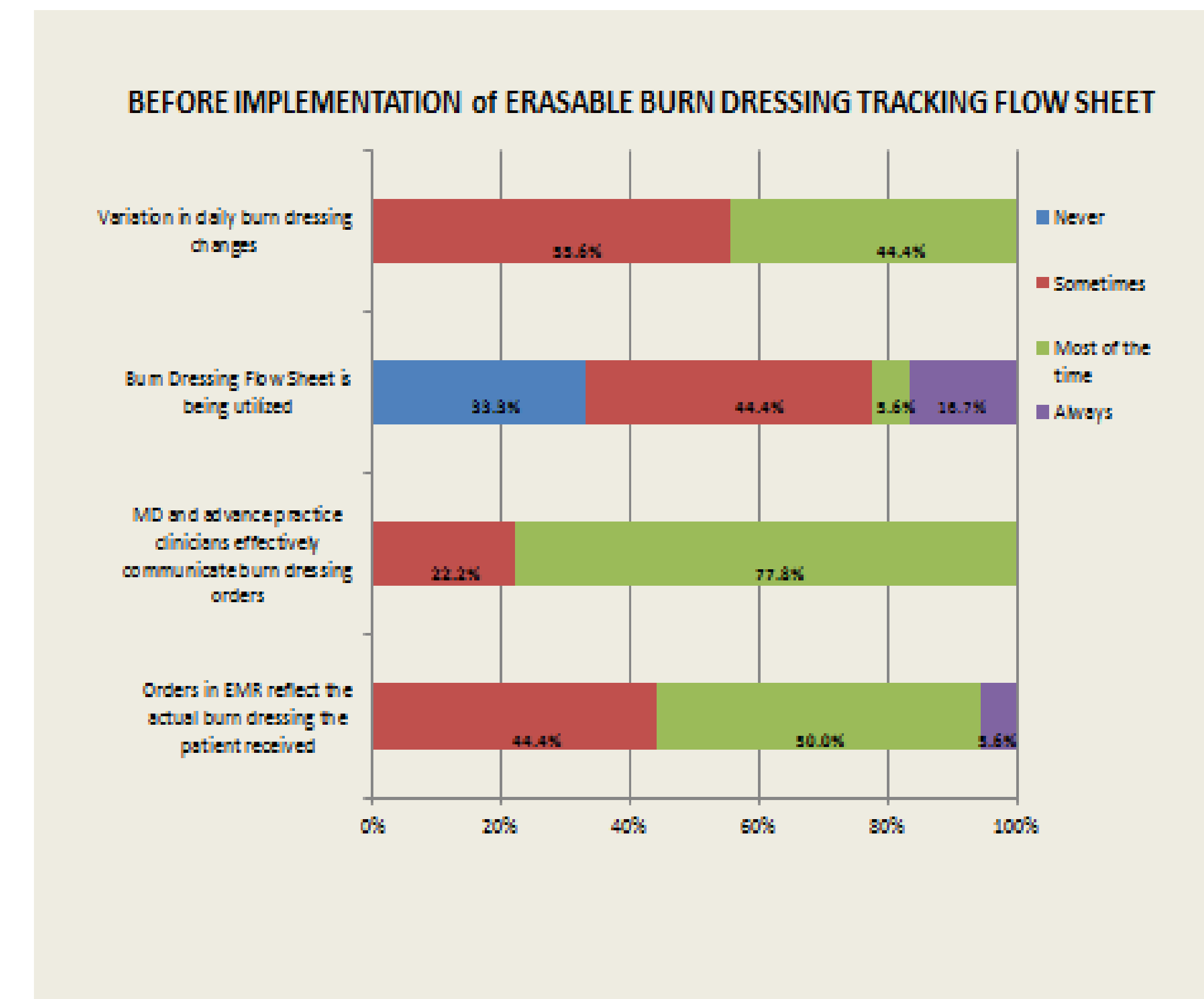


Figure 2

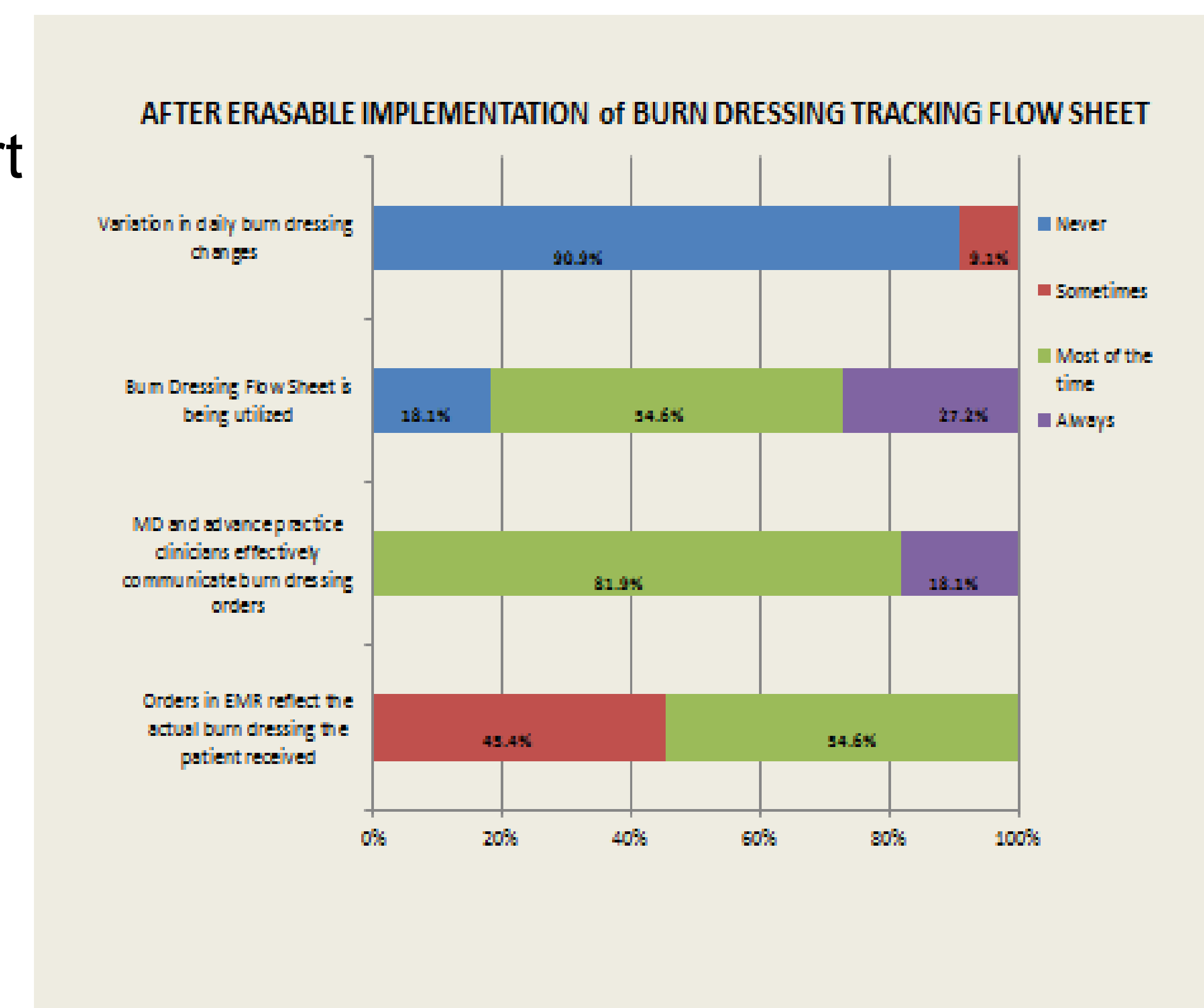


Figure 3

## Results

- Increased utilization of the Burn Care Tracking sheet
- Staff initiated practice establishing placement of the Burn Care Tracking sheet on clipboard for ease of access
- Improved multidisciplinary collaboration and communication
- Results confirmed a decrease in variation between burn dressings performed and actual wound care orders

## Discussion

- EMR platform does not list burn dressings in a sequential manner
- The Burn Care Tracking sheet is not currently part of the electronic record
- Ongoing monitoring necessary to assess sustainability
- Burn Care Tracking sheet will require ongoing revision in collaboration with multidisciplinary team in order to ensure maintenance of best practices in provision of quality care
- Opportunities for process improvement remain