A Statewide Burn Injury Service: 10 years on what has been achieved?

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BACKGROUND

The NSW Minister for Health in 2000 commissioned a review of health services making recommendations to improve:

1. Quality of Care and Safety of Patients
2. Equity of Access and Equity of Outcome within the Hospital System
3. Clinician/Consumer – Driven Planning

Clinical programs were established driven by clinician and consumer involvement, the Severe Burn Injury Service being one of the first 15 programs established. With this came annual recurrent funding of $1.5 million for severe burns. This funded additional clinical staff, operating theatre sessions, purchasing of Laser Doppler Imaging machines and employment of a Service Directorate.

The model of clinician and consumer led clinical networks has now been embedded in the NSW Health system with the establishment of the Agency for Clinical Innovation in 2010 which incorporates over 25 clinical networks with supporting structures.

METHOD

The Service Directorate was employed, which included a Manager and Project Officers. The Service is steered by a governing committee with representation from; burn clinicians, hospital and health service executive, Ministry of Health and consumers.

This committee has subcommittees and working groups (see structure diagram) that develop projects and materials such as guidelines, and review processes with the aim to improve the outcomes for burn injured patients.

ACHIEVEMENTS

- Single coordinated supra-regional referral service, reduced from 5 burn units to 3.
- Established clear transfer guidelines
- Introduced Transfer feedback process
- Developed NSW Burn Model of Care
- Data registry for both admitted & non-admitted burns
- Agreed Clinical Outcome measures
- Decrease in variation of LOS across two units (graph 3)
- Decrease in average LOS with increase use of day only admissions (graph 1 & 4)
- Increase in managing patients in ambulatory care clinics (graph 2)
- Delivered comprehensive clinical education to >12500 clinicians
- Prevention campaigns – school & community
- Burn disaster preparedness
- Clinical Practice guidelines for multidisciplinary burn care
- Establishment of digital referral and shared management model of care
- Strengthened working relationship with rehabilitation facility
- Peer Support Program with structured recruitment, training and support
- Resources on website for clinicians & consumers

DISCUSSION

The success of a coordinated clinical service is fundamentally reliant on having the combination of enthusiastic engaged clinicians, consumers and non staff not involved with direct clinical care. The Service Directorate, currently a manager, a prevention/education officer and 3 part-time data entry clerks, are able to support the busy, time poor clinicians in continuing to improve the quality, safety, equity and efficacy of care.

Involvement of consumers is also essential in delivering the best care. Completing successful projects early and a focus on patient outcomes helps to maintain ongoing clinical engagement.