

615 **The Effects of the COVID-19 Pandemic on Implementation of a Psychological Distress Screening Program after Burn Injury**

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Introduction: The relationship between psychiatric conditions and burn injury is complex, as disorders in thought or mood can both predispose to as well as result from thermal injury. We sought to describe our center’s experience with implementation of a psychological distress screening program in the run-up to and during the COVID-19 pandemic.

Methods: We undertook an analysis of de-identified data as part of a quality improvement review focusing on the results of psychological screening of our outpatient burn population. In the spring of 2019, our verified burn center implemented an outpatient screening program consisting of a registered nurse administering three validated test to screen for Post-Traumatic Stress Disorder screen, depression and anxiety, and problematic alcohol consumption to all patients at the time of physically checking in for their first burn clinic appointment. All outpatients triggering a positive screen are subsequently referred to the burn unit PsyD while a negative screen results in monthly repeat screenings until discharge from the burn clinic or a positive screen, whichever comes first. We analyzed data from the last twelve months of normal outpatient workflow. Loess regression was used to analyze the monthly proportions of patients screening positive.

Results: During the peak of COVID-19 in our region, clinic staff were reduced, and screening procedures suspended for the months of March and April 2020. Therefore, the study period consisted of 01 July 2019 to 31 August 2020. A median of 36.5 screens were conducted per month [interquartile range 27.75, 44.75]. Of these screens, 26.5% were positive, with 94.2% successfully referred to the burn unit’s postdoctoral fellow. The Loess regression showed the proportion of patients screening positive for psychological stressors from July 2019 until a peak in November 2019. A downtrend was then noted in the proportion screening positive from December 2019 to date (Figure).

Conclusions: Psychological stressors are prevalent in burn outpatients. We attribute the decrease in positive responses beginning in December 2019 to a combination of a decrease in the frequency of repeat administrations of the screening test in patients after screening positive, and a reluctance of anxious patients to present to the burn clinic for fear of COVID exposure while at the facility.

