

503 Social Media as a Platform for Burn Survivor Outreach at a Safety Net Hospital

Rachel A. Colbath, BS, Erin E. Ross, BS, Peggy J. Ebner, MD, Jeremy Yu, MS, Justin Gillenwater, MD, Haig A. Yenikomshian, MD
Keck School of Medicine of USC, Carlsbad, California; Keck School of Medicine, University of Southern California, Los Angeles, California; University of Southern California, Los Angeles, California; USC/LAC+USC Medical Center, Los Angeles, California; USC/LAC+USC Medical Center, Los Angeles, California

Introduction: Outpatient follow-up is a critical component of burn recovery. Sociodemographic variables that prevent patients from pursuing follow-up can lead vulnerable groups to have a lower quality of life after burn injury. Social media provides a platform for improvement of patient outreach and support. The purpose of this study is to investigate accessibility and interest in social media interventions among socioeconomically disadvantaged and minority burn patients.

Methods: Patients receiving treatment at a burn clinic in a large public hospital were asked to complete a survey about social media usage, difficulty attending follow-up appointments, and interest in engaging with the hospital through social media. Patient demographics and clinical data were obtained via chart review. The relationship between clinical or demographic factors, and interest in social media engagement, was assessed via exact logistic regression.

Results: Data were collected from 65 eligible patients. Social media use among participants (76.9%) was similar to the proportion in the U.S. general population (72%). 61.5% of participants used Facebook, 40% used Instagram, and 4.6% used Twitter. 81% of participants had consistent internet access. 58.3% of respondents expected to encounter challenges when planning follow-up appointments. Challenges included difficulty with transportation (26.2%), trouble taking time off work (9.8%), and forgetting to schedule (9.8%). Participants were asked if they were interested in receiving post-discharge education, care team outreach, and follow-up reminders via social media. 36.5% of patients were very or moderately interested, 27% were slightly interested, and 36.5% were unsure or not at all interested.

20% of patients both expected follow-up challenges and were moderately or very interested in social media engagement. While controlling for social media use, the odds of having moderate or greater interest in the post-discharge engagement program were estimated to be 2.6 times higher for patients older than 39 (OR 3.64; 95% CI 1.03-14.24; $P=.044$). There was a pattern of lower interest in social media engagement with higher %TBSA, while controlling for age or social media use, though P values were higher than .05.

Conclusions: Over half of the burn patients surveyed expected to face challenges when planning follow-up appointments, a third of whom were moderately or very interested in social media engagement. Social media may be an alternative form of outreach with older patients in particular. Observed overlap between follow-up difficulty and outreach program interest may suggest such a program could ameliorate follow-up challenges.

504 Starting a Pediatric Burn Center: Challenges Faced in an Underserved Patient Population

Nicole M. Kopari, MD, FACS, Jessica A. Zagory, MD, Kristen Lindsey, NP, Herb A. Phelan, III, MD, MSCS, Jeffrey E. Carter, MD
Children's Hospital New Orleans, New Orleans, Louisiana; Louisiana State University Health Sciences Center New Orleans, New Orleans, Louisiana; Children's Hospital New Orleans, New Orleans, Louisiana; LSUHSC-New Orleans Department of Surgery, New Orleans, Louisiana; University Medical Center- New Orleans, New Orleans, Louisiana

Introduction: Burn injury is the third most common cause of childhood injury resulting in death. The CDC recognizing the South as having the highest rate of pediatric burn deaths in the U.S. Unfortunately, 10% of all child abuse cases involve burn injuries and 20% of all pediatric burn admissions are due to nonaccidental trauma. Our study demonstrated that aftercare was a major challenge in starting a pediatric burn center. We analyzed the rate of lost to follow-up in burn-injured children following surgery and our steps to address this need in our community through key partnerships within our state.

Methods: Our study is a single center review of pediatric burn-injured children undergoing surgery from 01/01/2021 through 09/30/2021. Lost to follow-up was defined as three or more consecutive months without clinic or telemedicine visits despite three or more documented communication attempts by attending surgeons and/or clinic staff. Children requiring child protective services (CPS) for suspected nonaccidental trauma were compared to those where nonaccidental trauma was not suspected. All children sustained burn injuries of sufficient severity to require excision and autograft with follow-up in the outpatient clinic. Families were provided with an after-visit summary reviewing the clinic appointment, transportation and meal assistance, and they received a call prior to clinic to remind them of the scheduled appointment.

Results: A total of 35 children required surgery with outpatient follow-up per protocol. 23% of the patients required CPS investigations. We reviewed 151 subsequent clinic visits and the associated cancellations, rescheduled appointments, and no-show visits. Children under the care of CPS had a higher rate of being lost to follow-up (50%) compared to other children (17%). Parents undergoing CPS investigation were 4x less likely to provide cancellation notice. Children placed in foster care had no cancellations, rescheduled appointments, or missed visits despite a higher number of clinic visits overall.

Conclusions: Children suffering nonaccidental injuries represent an exceptionally vulnerable portion of our population. Burn injuries often are a public and personal reminder of severe trauma. CPS works to find a balance in securing a safe home while attempting to maintain a family unit. Our work demonstrated an unacceptably high rate of loss to follow-up for children requiring surgical intervention after injury especially in those with concerns for nonaccidental etiologies. As a result, our burn surgeons led an initiative with statewide burn directors and our state's emergency response network to engage the state's CPS department. Our goal was to raise awareness and increase education for CPS social workers and foster families on burn injury and aftercare needs.