

581 The Effects of the COVID Pandemic on Burn Clinic

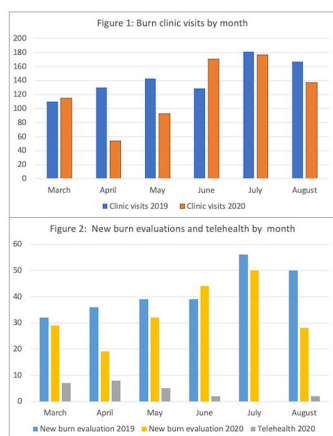
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Introduction: The COVID19 pandemic has led to anxiety and fears for the general public. People were concerned about coming to a medical facility where the virus might be transmitted. Furthermore, stay-at-home orders that were implemented during the pandemic did not apply to clinic visits but contributed to people staying at home even for medical care. We hypothesized that there were delays in burn care due to the pandemic.

Methods: We queried our clinic data for number of clinic visits and new burn evaluations by month. Patients referred to our clinic from March 15, 2020 to Sept 15, 2020 were reviewed for time of presentation after injury. Days from injury date to clinic referral date and days from clinic referral date to appointment date were calculated. Patients who were referred but did not show and were not seen in our ED were not included because injury date could not be determined. Univariate analysis was performed.

Results: As seen in Figure 1, our in-person clinic volume decreased in April and May 2020 but rebounded in June 2020 as compared to the number of clinic visits for the same months last year. Similarly, in Figure 2, our new burn evaluations decreased in April and May 2020 compared to our new burn volume from 2019. However, our video telehealth visits increased in March and April then decreased in June-August.

Conclusions: Our burn clinic remained open to see patients with burn injury throughout the pandemic, however, clinic visits were delayed early in the pandemic. While we had an increase in video telehealth, it does not account for the decrease in clinic visits. This may be due to low enrollment in the electronic medical record encrypted communication platform and/or limited knowledge/access to the technology. Additional care may have been informally given via telephone but not well captured. Furthermore, burn care was delivered in the following months. Additional investigation is necessary to see if the incidence of burn injury decreased.



582 A Survey of Burn Care Providers Regarding the Utility of Telehealth to Provide Outpatient Burn Care

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Introduction: Telehealth is purported to be the wave of the future, offering improved access to care by overcoming geographical and other logistical challenges while simultaneously improving efficiencies within the healthcare system. As the global COVID-19 pandemic swept through our state, we were abruptly forced to take our burn clinic to a telehealth platform for most patients. The purpose of this study was to evaluate our experience with telehealth in managing burn wounds and other complex skin defects.

Methods: A 16-item survey was developed using the framework outlined by the National Quality Forum for the development of telehealth measures. The survey was distributed to direct care providers and focused on the domains of experience and effectiveness and the subdomains of efficiency and satisfaction.

Results: There were a total of 14 respondents, including physicians, allied healthcare professionals, therapists and nurses. Seventy-seven percent of participants felt that overall, the system was efficient in the 4 categories of time required for scheduling, check-in, visit conduct and care coordination. Telehealth was deemed moderately to very effective by 80% in providing the patient access to care and the provider's ability to educate the patient. However, providers, therapists and nurses uniformly found telehealth to be either not at all effective or slightly effective in assessing wounds, musculoskeletal function and developing a plan of care. When rating satisfaction with connectivity and overall quality of the clinic visit 70% of respondents were either dissatisfied/neither satisfied nor dissatisfied with the platform.

Conclusions: The operational aspects of our burn clinic telehealth program implemented during the COVID-19 pandemic were found to be largely satisfactory, with the exception of connectivity issues. However, the clinical aspects of the program were found to be largely unsatisfactory and, notably, were judged to be inferior to in-person visits.