
76 A Retrospective Review of Factors Influencing Return to Work/school in Burn Patients

Kevin N. Foster, MD, MBA, FACS, Claudia Islas, BSE, Samin Kabir, Karen Richey, BSN, RN

The Arizona Burn Center Valleywise Health, Phoenix, Arizona; Arizona Burn Center Valleywise Health, Phoenix, Arizona; Arizona Burn Center Valleywise Health, Phoenix, Arizona; Arizona Burn Center Valleywise Health, Phoenix, Arizona

Introduction: Treatment and time to healing for burn injuries is largely dependent on the depth of the burn, location, and size. Treatment varies and can include any or several forms of dressings, surgery to remove eschar, allografting, autografting, depending on the depth of the burn. Hospitalization time ranges from days to months. Once discharged, patients continue to follow-up with burn specialists to ensure burns are healing properly. The time it takes a burn patient to return to work or school differ and can be dependent on many factors including personal choice. The objective of this study was to assess the time it took patients to return to work or school following burn injuries and help identify potential factors influencing their return time.

Methods: A retrospective chart review of patients aged > 5 years, with TBSA > 10%, requiring hospitalization for > 7 days in a two-year span (2018-2019) was performed. Patients who did not report employment during admission and those who expired during hospitalization were excluded. IRB approval was obtained to contact patients via telephone who did not report a return to work or school date during their outpatient follow-up.

Results: There were a total of 1579 burn admissions from 2018-2019, 93 of those patients met final protocol criteria. Seventy-four of those patients returned to work/school (RTW), and nineteen did not return to work/school (N-RTW) as of chart review date. The average total body surface area (% TBSA) for RTW was 18.30 vs. 33.08 for NRTW ($p=0.0002$). The average length of stay (LOS) for RTW was 23.55 vs. N-RTW 51.15 ($p=0.0102$). Exact return to work/school dates were obtained from 67 patients. The average length of days to return to work/school ($n=67$) was 102.19 post discharge, the minimum was 2 days, and the maximum was 785 days. There were 9 patients in the N-RTW group who filed for disability.

Conclusions: Results suggest the average days per %TBSA it takes for burn patients to return to work or school is 5 days. Additionally, larger %TBSA burned and longer hospital LOS also adversely affected return to work. Additional studies are needed to identify additional factors influencing return to work and to identify methods to hopefully improve the ability to return to work.

77 Impacts of Financial Assistance on Quality of Life Among People Living with Burn Injury

Flora Martz, Kara McMullen, MPH, Gretchen J. Carrougher, MN, RN, Steven E. Wolf, MD, FACS, Jeffrey C. Schneider, MD, Barclay T. Stewart, MD, PhD, Clifford C. Sheckter, MD, Aaron E. Bunnell, MD

Oakland University William Beaumont School of Medicine, Southfield, Michigan; University of Washington, Portland, Oregon; Department of Surgery, The University of Washington, Seattle, Washington; University of Texas Medical Branch at Galveston, Galveston, Texas; Massachusetts; University of Washington, Seattle, Washington; Stanford University, Stanford, California; University of Washington, Seattle, Washington

Introduction: Financial toxicity negatively impacts recovery after injury. Financial assistance (FA; e.g., disability income, food stamps, low-income housing voucher) may mitigate the impacts of financial toxicity. We aimed to describe FA after burn injury and its association with health-related quality of life (HRQL) and return to work.

Methods: Data from adult participants participating in a multicenter longitudinal database from 2015 to 2021 were used for complete-case analysis. Participants were separated into two groups: those who received any form of financial assistance due to their burn injury, and those who did not. The cohort and FA were described. Multi-level, mixed-effects, linear regression was performed to assess the associations of FA with VR-12 Physical and Mental Health Component Summary scores (PCS, MCS) and return to work. Lastly, a propensity score analysis matched 3:1 on age, gender, pre-injury PCS and MCS, burn size, length of hospital stay, and the number of operations as a result of burn injury was used to maximally reduce potential confounding.

Results: The analysis included 1,237 participants [725 who received FA, 512 who did not receive FA (NFA)]. Participants who received FA due to their burn injury were more likely to be younger (median 42 FA vs 48 NFA, p -value < 0.001), racially minoritized (19.2% FA vs 14.3% NFA, p -value < 0.001), have larger injuries (21% FA vs. 10% TBSA NFA, p -value < 0.001), longer hospital stays (median 29.5 days FA vs. 17 days NFA, p -value < 0.001), more days before returning to work (median 220 days FA vs 79 days NFA, p -value < 0.001), and have a workers compensation insurance payer (23.6% FA vs. 9.38% NFA, p -value < 0.001) compared to peers who did not receive FA. The number of participants who received new FA decreased after the 6-month time point: 11% at discharge, 33% at 6 months, and 15% at 12 months. Propensity score analysis demonstrated that receiving FA was associated with lower PCS and MCS scores at all time points and longer time to return to work (Table 1).

Conclusions: Given that financial toxicity is associated with unsatisfactory recovery after injury, efforts to reduce financial stressors are needed. FA seems somewhat matched to patients with greater recovery challenges (e.g., larger injuries, more complex hospitalizations). Additionally, most patients do not receive FA for a prolonged period (e.g., >6 months). While FA is associated with lower HRQL and longer return to work, these data may represent improvement compared to what people living with burn injury might have experienced without FA and represent unmeasured confounding.