

768 **The Significant Impact of Having a Dedicated Ambulatory Clinical Social Worker in the Burn Clinic**

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Introduction: A licensed clinical social worker (LCSW) has been recognized as an essential role within the Burn Center inpatient multidisciplinary team. However, for ambulatory patients facing acute crisis, resources can be scarce; relying on clinic nursing staff or an inpatient LCSW to problem solve psychosocial concerns can leave large gaps of patient care unaddressed. An Ambulatory LCSW (ALCSW) assists transition of care working to prevent unnecessary Emergency Room visits and readmissions. We sought to examine our experience utilizing an ALCSW in the Burn Center.

Methods: A full-time burn ALCSW position was approved in fall of 2020 at our ABA verified Burn Center. The role includes extensive assessments of mental health, substance use, domestic violence, and safety concerns, connecting clinic patients to resources for transportation, benefits, insurance coverage, employment, food, and housing. The ALCSW also conducts short term patient centered, family & group therapy sessions. A retrospective review was performed on duties of the ALCSW comparing 9 months (December-August) pre and post hire. Data collected included visit types, hours of patient care, and interventions performed.

Results: During the first 9 months, the ALCSW completed 1,008 patient encounters (approximately 25 hours of direct patient care per week) and 510 psychosocial assessments. In the first three months alone 258 substance use screens, 166 mental health assessments, 44 ASD/PTSD therapy sessions, 205 Homeless Shelter referrals and 128 community resource encounters were performed that would have otherwise been left unaddressed or added to the workload of our Burn Clinic RN or provider.

The ALCSW was able to see up to 89.39% more patients per month (n=89) compared to the inpatient LCSW who only responding to clinic patients with emergent needs (n=13). The increase of ALCSW encounters showed a 35.37% increase of completed visits without IP admission (n=pre 665 vs post 1029), 39.73% decrease of IP admissions after clinic visit (n=pre 73 vs post 44), and 17.82% increase of patients without inpatient admissions entirely (n=pre 572 vs post 696). In addition, the added effort of an ambulatory LCSW, has increased SOAR support group participation by 60.13% in calendar year 2021 compared to calendar year 2020 (n=pre 63 vs post 158).

Conclusions: Hiring a dedicated Burn ALCSW can substantially increase the resources available to outpatients, fill voids of patient care, limit unnecessary hospital resources, and prevent admissions.

769 **The association of a burn injury with social engagement: A Preschool-LIBRE1-5 study**

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Introduction: Social engagement, primarily through peer interactions, is an active-coping strategy that is key to community re-integration after a burn injury. For young children, social engagement encourages standard development, with burn injuries potentially affecting their likelihood to engage with others. We utilized the parent-report Preschool-LIBRE₁₋₅ (Life Impact Burn Recovery Evaluation) to explore factors that can influence a child's social engagement.

Methods: Our participants were 426 parents of burned children ages one through five who completed the Preschool-LIBRE₁₋₅. Four variables involving social engagement were assessed: "frequency of child avoiding other children," "frequency of child playing alone," "frequency of child wanting to be left alone," and "frequency of child liking to be around other children." Responses from a 5-point Likert scale ranging from never to always were recoded on a 3-point Likert scale such that a higher score indicated increased social engagement. A nominal logistic regression analysis was conducted with each social engagement variable as a separate dependent variable for each model. The age of the patient when the survey was completed and gender were independent variables. The models also were adjusted by the presence of a hand burn, a face burn, burn size, race, and ethnicity. A bootstrap analysis was conducted to assess internal validity of the significant findings.

Results: The sample characteristics included: mean age of 3.1+1.4 years, mean time since burn injury of 1.2+1.3 years, mean total body surface area (TBSA) of 4.2+7.9, 55.2% male, and 74.2% white. Findings did not reach significance for three of the dependent variables. However, the dependent variable "frequency of child liking to be around other people" was significant with an increased odds of 35.8% for older children compared to younger ones. (OR [95% CI] =1.358 [1.027, 1.795]). Further, boys were much less likely to want to be left alone (OR [95% CI] = 2.97[1.36,6.5]). Among 500 bootstrap samples, 59% and 79% of the samples replicated the significant findings respectively.

Conclusions: In preschool children with burn injuries, burn location, race, and ethnicity were not associated with the social engagement items tested in this study. Boys did show a higher likelihood of peer engagement suggesting that gender may influence a child's desire to be alone.