DAT Notetaker Guide

Hospital name:
Address:
Date of DAT:
Facilitator:
Notetaker:
Members of focus group:

Score inputted to DAT4Burns? Yes/No

Example: Notetaker Guide

3.0 Burn Care Team

Burn MDT (3)

Clinical Lead (1)

Team Communications (1)

Level of Burn Training (2)

Access to other specialities (1)

Overall staffing capacity (2)

Example questions to discuss and think about.

- We try to have meetings about once a month, but not scheduled.

- Members of the burn team who are on duty that day – depends who is on duty.

- The nurse.

- We don't have meetings to discuss specific patients, we are too busy.

- Some people use WhatsApp.

Score 0
Limited or no regular communication between team members

Score 0.5
Semi-regular communication and decision making

Score 1
Regular communication and scheduled team meetings

1.0 Policies and Procedures
Referral (0)
Transfer (0)
Burn ward/burn beds (3)
Discharge planning and follow up (2)
Burn management guidelines (2)
Non survivable burns and palliative care (1)
Operational and management issues (2)

Definition: the referral of the care of a patient **from another service** to the service being assessed

NOTES:

There is no score attached.

1.0 Policies and Procedures

Referral (0)
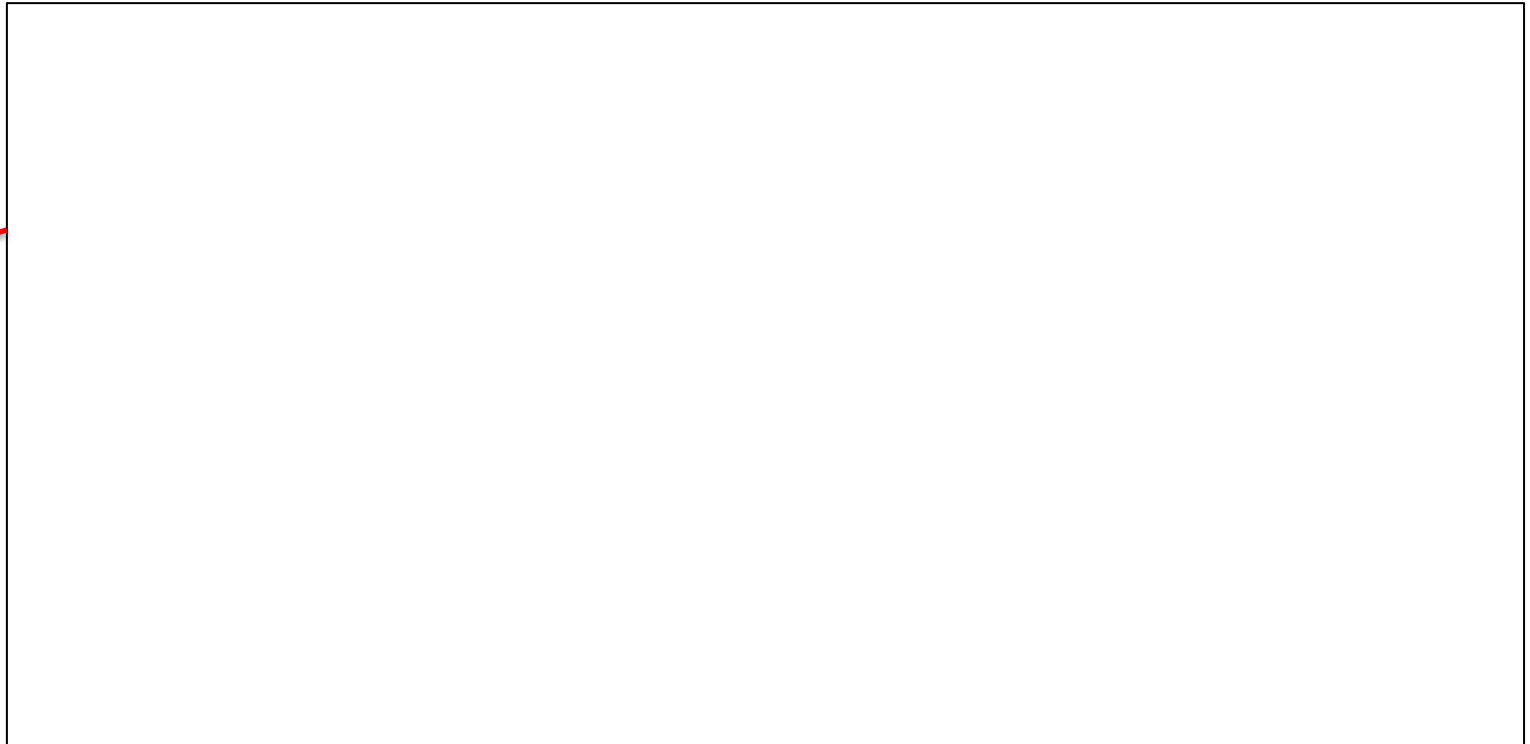
Transfer (0)

Burn ward/burn beds (3)

Discharge planning and follow up (2)

Burn management guidelines (2)

Non survivable burns and palliative care (1)

Operational and management issues (2)

Definition: the transfer of the care of a patient **from the service being assessed** to another service.

There is no score attached.

1.0 Policies and Procedures
Referral (0)
Transfer (0)
Burn ward/burn beds (3)
Discharge planning and follow up (2)
Burn management guidelines (2)
Non survivable burns and palliative care (1)
Operational and management issues (2)

Definition: the burn unit is a distinct hospital unit specializing in the treatment of burns. A burn unit is a physically separate ward for the treatment of burns. Burn beds are the number of beds specifically reserved for burn patients.

0	0.5	1	1.5	2	3
No burn beds, burn ward or separate area	No burn beds but steps to address this.	Severe deficiencies in beds/spaces	Significant deficiencies in bed space	Minor deficiencies in bed space	Sufficient burn beds and ward space all year

1.0 Policies and Procedures

Referral (0)

Transfer (0)

Burn ward/burn beds (3)

Discharge planning and follow up (2)

Burn management guidelines (2)

Non survivable burns and palliative care (1)

Operational and management issues (2)

0	0.5	1	1.5	2
No follow up process	No process but steps are in place	Informal process followed	Formal process, sometimes followed	Formal process, regularly followed

1.0 Policies and Procedures
Referral (0)
Transfer (0)
Burn ward/burn beds (3)
Discharge planning and follow up (2)
Burn management guidelines (2)
Non survivable burns and palliative care (1)
Operational and management issues (2)

Definition: Written guidelines that recommend how healthcare professionals should care for people with burn injuries.

Maximum Scoring Scale
2 points

0	0.5	1	1.5	2
No burn management guidelines	No guidelines but steps in place	Informal guidelines followed	Informal guidelines in place	Formal guidelines implemented and followed

1.0 Policies and Procedures
Referral (0)
Transfer (0)
Burn ward/burn beds (3)
Discharge planning and follow up (2)
Burn management guidelines (2)
Non survivable burns and palliative care (1)
Operational and management issues (2)

<u>Definition</u>: an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening injury.

0	**0.5**	**1**
No specific palliative care strategies	Informal palliative care strategies	Formal strategies regularly followed

1.0 Policies and Procedures
Referral (0)
Transfer (0)
Burn ward/burn beds (3)
Discharge planning and follow up (2)
Burn management guidelines (2)
Non survivable burns and palliative care (1)
Operational and management issues (2)

Definition: examples are - budget issues, authority over recruitment, retention and training of clinical and support staff, effect of organizational or government policies. Any non clinical issues.

0	0.5	1	1.5	2
Severe operational and management issues affecting delivery	Severe issues but steps in place to address this	Significant operational and management issues affecting delivery	Significant issues but steps in place to address this	Staffing level sufficient for caseload

2.0 Burn service activities

Prevention (4)

Training to other services (3)

Research(3)

Sustainability of key activities(0)

<u>Definition</u>: Primary burn prevention prevents burn injuries from happening and reduces the incidence of burns. This discussion should be wide-ranging to explore the team's understanding of prevention, rather than a narrow definition of the term.

0	0.5	1	2	3	4
No prevention activities	No activities but steps are in place	Semi regular, informal activities	Semi regular formal, or regular informal activities	Regular formal prevention activities	Regular formal activities to a standard programme

2.0 Burn service activities

Prevention (4)

Training to other services (3)

Research(3)

Sustainability of key activities(0)

<u>Definition</u>: A wide ranging exploration of any and all forms of training, or teaching different team members have been involved in, including informal and 'on the job' training.
Interburns Operational Standards recommend training from higher levels to lower-level services.

0	0.5	1	2	3
No training activities	No training activities but steps are in place	Semi regular, informal training	Semi regular formal, or regular informal training activities	Regular formal activities to a standard programme

2.0 Burn service activities

Prevention (4)

Training to other services (3)

Research(3)

Sustainability of key activities(0)

Definition: This should be a wide-ranging discussion exploring the team's understanding of research from small scale projects to larger formal projects.

0	0.5	1	2	3
No research activities	No research activities but steps are in place	Limited research activities by individual staff	Regular research by staff but lack of coordination/ funding	Regular research by staff with high level of coordination/ funding

2.0 Burn service activities

Prevention (4)

Training to other services (3)

Research(3)

Sustainability of key activities(0)

No score attached, but very important to note down the teams thoughts.

3.0 Burn care team

Burn multi disciplinary team (3)

Clinical lead (1)

Team communication (1)

Level of burn training (2)

Access to other specialities (1)

Overall staffing capacity (2)

<u>Definition</u>: the MDT involves health care professionals from different disciplines, working together to deliver comprehensive and effective patient care.

Core roles: Medical and Nursing
Ancillary support: Physiotherapist, Occupational Therapist, Dietician, Psychosocial (either in team or external).

0	0.5	1	1.5	2.0	2.5	3
No regular burn MDT	Key medical/nursing staff but low in numbers or training	Key medical/nursing staff but some deficiencies	Key medical/nursing staff but lack ancillary support	Key medical/nursing plus some ancillary support	Key medical/nursing plus enough ancillary support	Complete MDT including all disciplines

3.0 Burn care team

Burn multi disciplinary team (3)

Clinical lead (1)

Team communication (1)

Level of burn training (2)

Access to other specialities (1)

Overall staffing capacity (2)

Definition: Clinical lead is the head of the burn service and the one who has responsibility in the event of failure or error.

0
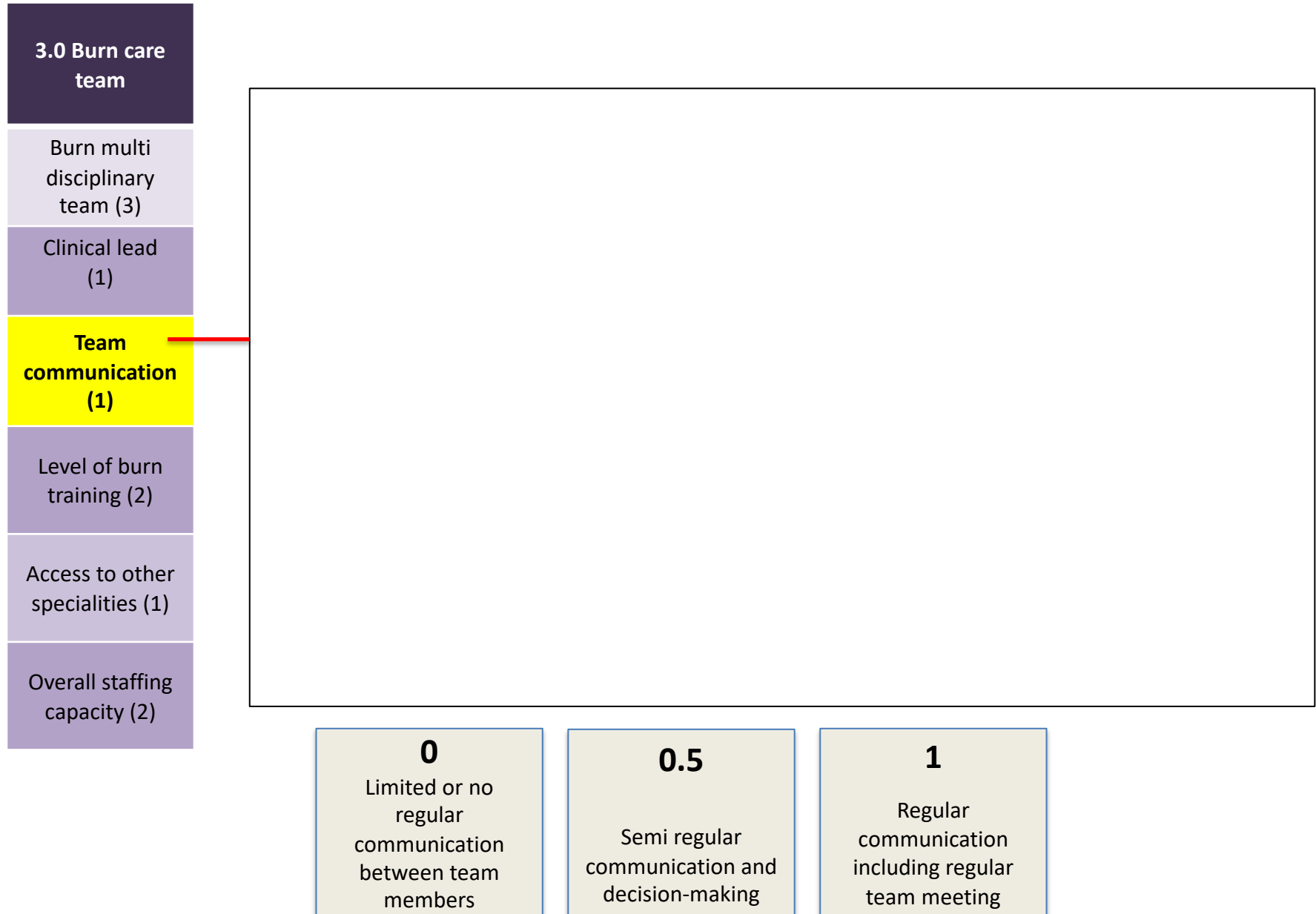No clinical lead or clinical lead lacks burn experience or training
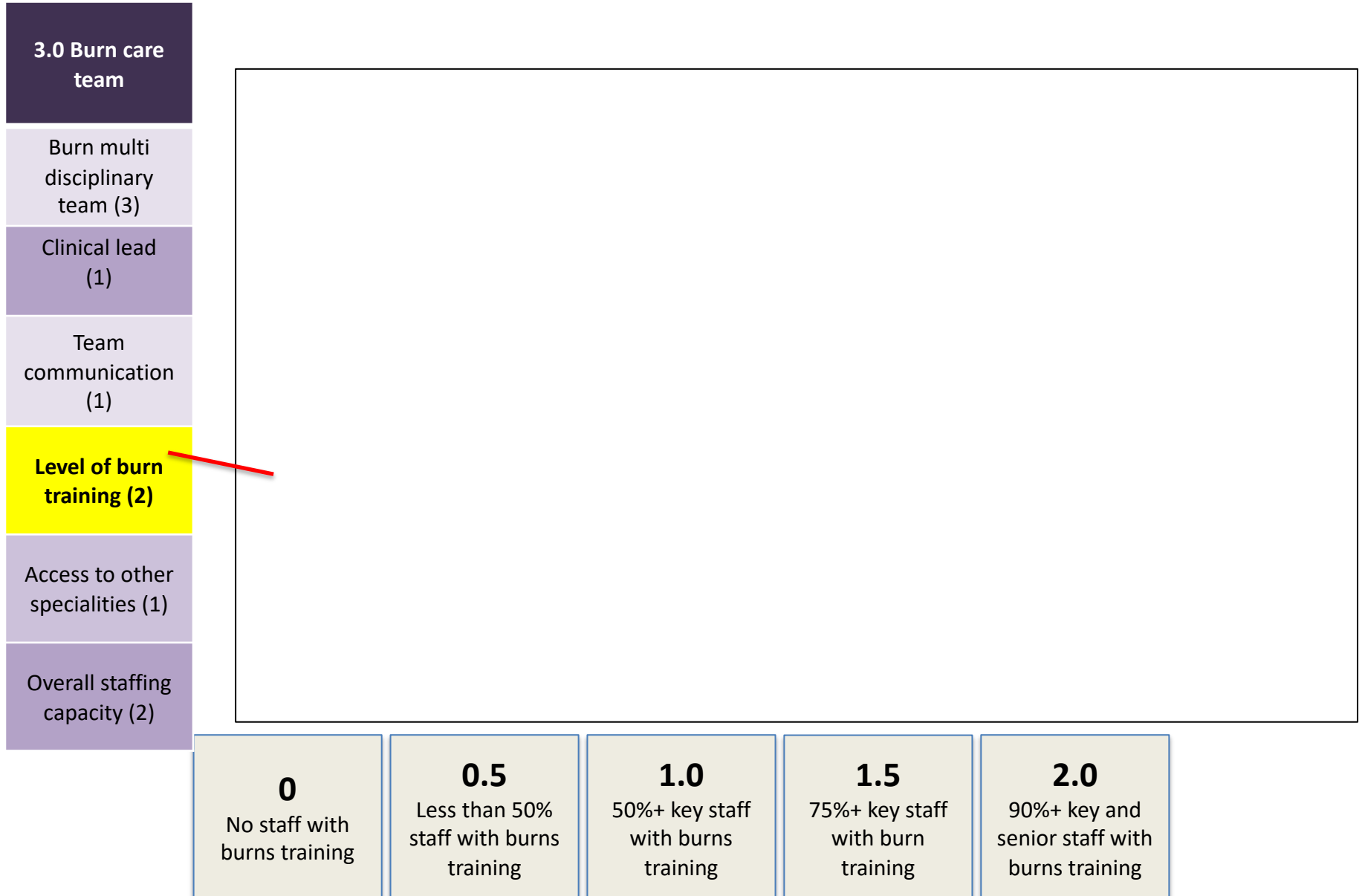
0.5
Clinical lead with limited training experience

1
Clinical lead with burn training and experience in burn care

3.0 Burn care team

Burn multi disciplinary team (3)

Clinical lead (1)

Team communication (1)

Level of burn training (2)

Access to other specialities (1)

Overall staffing capacity (2)

0	**0.5**	**1**
Limited or no regular communication between team members	Semi regular communication and decision-making	Regular communication including regular team meeting

3.0 Burn care team

Burn multi disciplinary team (3)

Clinical lead (1)

Team communication (1)

Level of burn training (2)

Access to other specialities (1)

Overall staffing capacity (2)

0	**0.5**	**1.0**	**1.5**	**2.0**
No staff with burns training	Less than 50% staff with burns training	50%+ key staff with burns training	75%+ key staff with burn training	90%+ key and senior staff with burns training

3.0 Burn care team
Burn multi disciplinary team (3)
Clinical lead (1)
Team communication (1)
Level of burn training (2)
Access to other specialities (1)
Overall staffing capacity (2)

Definition: See Interburns *Operational Standards for Burn Care* for more information on team specialities.

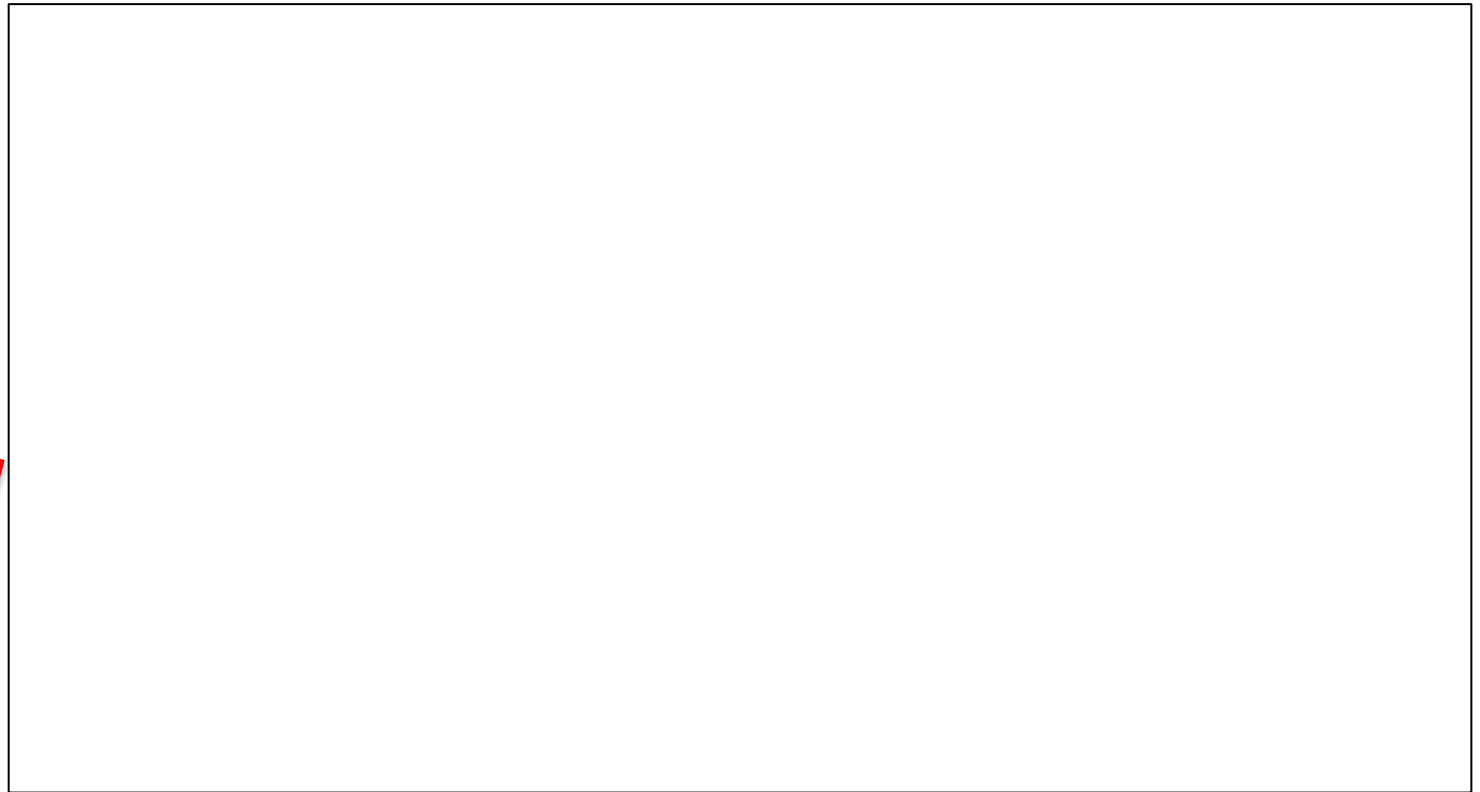| 0	0.5	1
Lack access to the majority of key specialities	Lack access to some key specialities	Access to all key specialities

3.0 Burn care team

Burn multi disciplinary team (3)

Clinical lead (1)

Team communication (1)

Level of burn training (2)

Access to other specialities (1)

Overall staffing capacity (2)

<u>Definition</u>: capacity should be integrated into the wider discussion about the team, its training and experience.

0	0.5	1.0	1.5	2
Severe deficiencies in staffing compared to patient case load (impact on care is severe)	Significant deficiencies in staffing compared to caseload (impact on care is significant)	Moderate deficiencies in staffing (moderate impact on care)	Minor deficiencies in staffing (minor impact on care)	Staffing levels sufficient for caseload (no impact on care)

4.0 Surgery

Emergency surgery (2)

Early excision and skin grafting (4)

Burn reconstructive surgery (2)

Surgical capacity (2)

Definition: Emergency Care is medical or health treatment provided to an injured person for a sudden onset of a medical condition where failure to give immediate care would result in the patient's deterioration.

0	**0.5**	**1.0**	**1.5**	**2**
Not delivering emergency surgery	Not delivering emergency surgery but steps are in place to address this	Delivering emergency surgery to a limited degree	Delivering emergency surgery to a majority of patients requiring it	Delivering emergency surgery to all patients requiring it

4.0 Surgery

Emergency surgery (2)

Early excision and skin grafting (4)

Burn reconstructive surgery (2)

Surgical capacity (2)

Definition: **Early excision** is operative excision within 7 days post burn injury. **Skin grafting is** where skin is used to cover an area where the patient's skin has been lost due to a burn, typically from one part of the body to another.

0	0.5	1.0	2.0	3.0	4.0
Not delivering excision and skin grafting	Not delivering excision and skin grafting; steps in place	Delivering excision and skin grafting to a limited degree	Delivering excision and skin grafting to some patients	Delivering skin grafting to the majority of patients	Delivering excision and grafting to all patients requiring it

4.0 Surgery

Emergency surgery (2)

Early excision and skin grafting (4)

Burn reconstructive surgery (2)

Surgical capacity (2)

Definition: Burn reconstructive surgery is only expected at *Advanced- level burn services* in the Operational Standards.

0	0.5	1.0	1.5	2
Not delivering reconstructive surgery	Not delivering recon surgery but steps in place	Delivering recon surgery to a limited degree	Delivering recon surgery to the majority of patients	Delivering recon surgery to all patients requiring it

4.0 Surgery
Emergency surgery (2)
Early excision and skin grafting (4)
Burn reconstructive surgery (2)
Surgical capacity (2)

<u>Definition</u>: surgical capacity should be integrated into the wider discussion about the team, its training and experience.

0	**0.5**	**1.0**	**1.5**	**2.0**
Severe deficiencies In surgical / anaesthetic staffing	Significant deficiencies in surgical / anaesthetic staffing	Moderate deficiencies in surgical / anaesthetic staffing	Minor deficiencies in surgical / anaesthetic staffing	Sufficient surgical / anaesthetic staffing

5.0 Nursing

Infection control (3)

Paediatric care(2)

Dressings and wound care (3)

Nursing capacity (2)

0	**0.5**	**1.0**	**2.0**	**3.0**
Little or no effective infection control	Significant deficiencies in infection control	Moderate deficiencies in infection control	Minor deficiencies in infection control	No significant deficiencies in infection control

5.0 Nursing

Infection control (3)

Paediatric care(2)

Dressings and wound care (3)

Nursing capacity (2)

0
Staff not aware of need and not trained

1.0
Some staff aware of and trained in paediatric specific treatment

3.0
All staff aware of and trained in paediatric specific treatment

5.0 Nursing

Infection control (3)

Paediatric care(2)

Dressings and wound care (3)

Nursing capacity (2)

0	0.5	1.0	1.5	2
Severe deficiencies in nursing staffing	Significant deficiencies in nursing staffing	Moderate deficiencies in nursing staffing	Minor deficiencies in nursing staffing	Sufficient nursing staffing

6.0 Treatment
Pain management (3)
Emergency care(2)
Critical care (2)
Fluid resuscitation (1)
Nutrition (2)

<u>Definition</u>: Pain management is the process of providing medical care that alleviates or reduces pain.

0	1	2	3
Little or no effective pain control	Limited access to pain control	Moderate access to pain control	Good access to pain control

6.0 Treatment
Pain management (3)
Emergency care(2)
Critical care (2)
Fluid resuscitation (1)
Nutrition (2)

Definition: Medical or health treatment given to an injured person for a sudden onset of a medical condition where failure to give immediate care would result in their medical condition.

0	0.5	1.0	1.5	2.0
Unable to deliver effective emergency care	Not delivering but steps are in place to address this	Delivering emergency care to a limited degree	Delivering to the majority of patients needing it	Delivering emergency care to all patients needing it

6.0 Treatment
Pain management (3)
Emergency care(2)
Critical care (2)
Fluid resuscitation (1)
Nutrition (2)

<u>Definition</u>: the specialized care of patients whose conditions are life-threatening and requiring comprehensive care and constant monitoring.

0	**0.5**	**1.0**	**1.5**	**2**
Unable to deliver effective critical care	Not delivering but steps are in place to address this	Delivering critical care to a limited degree	Delivering to the majority of patients needing it	Delivering critical care to all patients needing it

6.0 Treatment

Pain management (3)

Emergency care(2)

Critical care (2)

Fluid resuscitation (1)

Nutrition (2)

0
Very few staff confident in assessing/ calculating fluid resuscitation?

0.5
Some staff confident in assessing fluid resuscitation

1
All staff confident in assessing fluid resuscitation

6.0 Treatment

Pain management (3)

Emergency care(2)

Critical care (2)

Fluid resuscitation (1)

Nutrition (2)

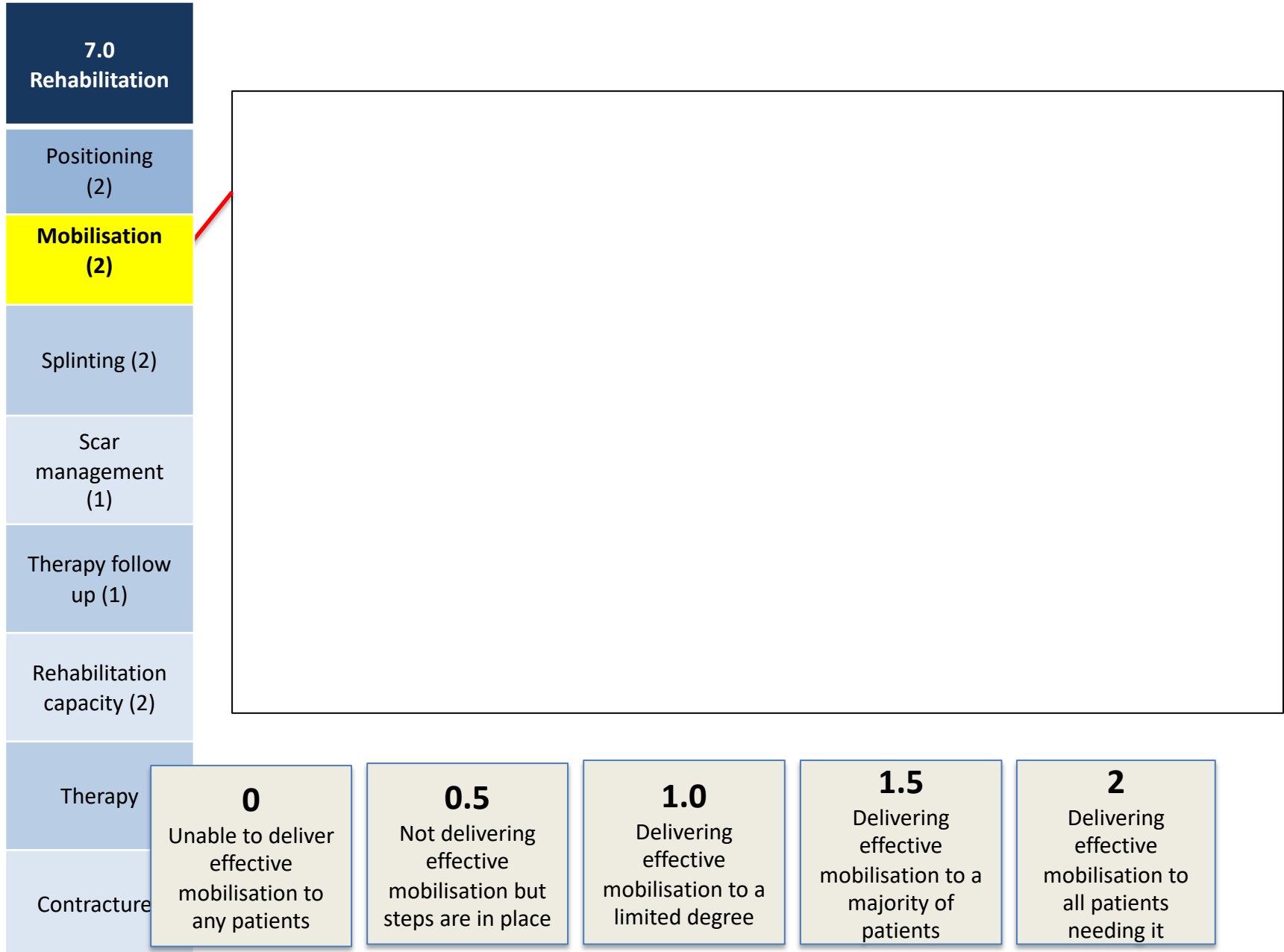| 0	0.5	1.0	1.5	2.0
Unable to deliver effective nutrition to burn patients	Not delivering but steps are in place	Delivering nutrition to a limited degree	Delivering nutrition to a majority of patients needing it	Delivering nutrition to all patients needing it

7.0 Rehabilitation

Positioning (2)

Mobilisation (2)

Splinting (2)

Scar management (1)

Therapy follow up (1)

Rehabilitation capacity (2)

Therapy

Contracture

0	**0.5**	**1.0**	**1.5**	**2.0**
Unable to deliver effective anti contracture positioning	Not delivering but steps are in place	Delivering anti contracture positioning to a limited degree	Delivering effective positioning to a majority of patients	Delivering effective positioning to all patients needing it

7.0 Rehabilitation

Positioning (2)

Mobilisation (2)

Splinting (2)

Scar management (1)

Therapy follow up (1)

Rehabilitation capacity (2)

Therapy

Contracture

0	0.5	1.0	1.5	2
Unable to deliver effective mobilisation to any patients	Not delivering effective mobilisation but steps are in place	Delivering effective mobilisation to a limited degree	Delivering effective mobilisation to a majority of patients	Delivering effective mobilisation to all patients needing it

7.0 Rehabilitation

Positioning (2)

Mobilisation (2)

Splinting (2)

Scar management (1)

Therapy follow up (1)

Rehabilitation capacity (2)

Therapy

Contracture

0	0.5	1	1.5	2
Unable to deliver effective splinting to any patients	Not delivering effective splinting but steps are in place	Delivering effective splinting to a limited degree	Delivering effective splinting to a majority of patients	Delivering effective splinting to all patients needing it

7.0 Rehabilitation

Positioning (2)

Mobilisation (2)

Splinting (2)

Scar management (1)

Therapy follow up (1)

Rehabilitation capacity (2)

Therapy

Contractures

0	**0.5**	**1**
Not delivering effective scar management or to a limited degree	Delivering effective scar management to a moderate degree	Delivering effective scar management to a majority of patients

7.0 Rehabilitation

Positioning (2)

Mobilisation (2)

Splinting (2)

Scar management (1)

Therapy follow up (1)

Rehabilitation capacity (2)

Therapy

Contractures

0	0.5	1
Not delivering effective therapy follow up or to a limited degree	Delivering effective therapy follow up to a moderate degree	Delivering effective therapy follow up to the majority of patients

7.0 Rehabilitation

Positioning (2)

Mobilisation (2)

Splinting (2)

Scar management (1)

Therapy follow up (1)

Rehabilitation capacity (2)

Therapy

Contracture

0	0.5	1.0	1.5	2.0
Severe deficiencies in therapy staffing (severe impact)	Significant deficiencies in therapy staffing (significant impact)	Moderate deficiencies in therapy staffing (moderate impact)	Minor deficiencies in therapy staff (minor impact)	Sufficient therapy staffing (no impact on care)

7.0 Rehabilitation
Positioning (2)
Mobilisation (2)
Splinting (2)
Scar management (1)
Therapy follow up (1)
Rehabilitation capacity (2)
Therapy
Contractures

<u>Definition</u>: Restoring the patient's mobility and ability to return to their daily life post-injury

7.0 Rehabilitation

Positioning (2)

Mobilisation (2)

Splinting (2)

Scar management (1)

Therapy follow up (1)

Rehabilitation capacity (2)

Therapy

Contractures

<u>Definition</u>: a contracture is the tightening of the skin after the 2nd or 3rd degree burn. When skin is burned, the surrounding skin begins to pull together, resulting in a contracture. It needs to be treated as soon as possible because the scar can result in restriction of movement around the injured area.

8.0 Patient support

Financial support (3)

Social work and legal support (2)

Psychosocial support (3)

Support for consumables (2)

0	0.5	1.0	2.0	3.0
Service is not providing financial support	No financial support but steps in place	Service provides a limited degree of financial support	Providing significant financial support to some	Providing significant support to the majority of patients

8.0 Patient support

Financial support (3)

Social work and legal support (2)

Psychosocial support (3)

Support for consumables (2)

0	**0.5**	**1**	**1.5**	**2**
Little or no access to social work and/or legal support	Little or no access but steps in place	Limited access to social work and/or legal support	Majority able to access social work and/or legal support	Almost all able to access social support and/or legal work

8.0 Patient support
Financial support (3)
Social work and legal support (2)
Psychosocial support (3)
Support for consumables (2)

<u>Definition</u>: Psychosocial care is care to address the psychological needs of burn patients and the social factors affecting them post injury. Ask the team to define their understanding of psychosocial care.

| 0	0.5	1.0	2.0	3.0
Service is providing no psychosocial support	No psychosocial support but steps in place	Limited number of patients able to access	Majority able to access psychosocial support	Almost all able to access psychosocial support

8.0 Patient support

Financial support (3)

Social work and legal support (2)

Psychosocial support (3)

Support for consumables (2)

Definition: Support for resources and consumables necessary for treating burn patients.
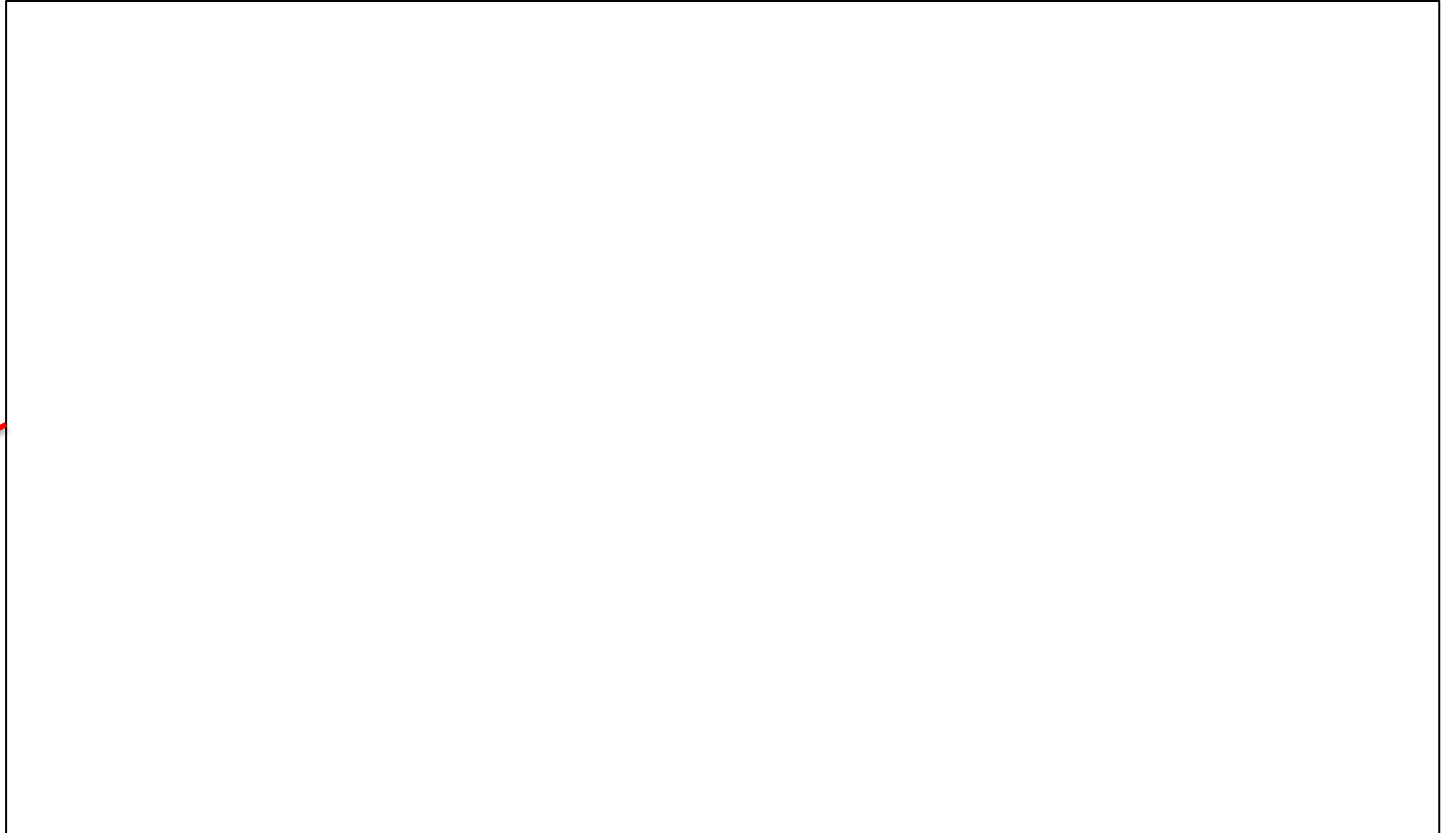
0	**0.5**	**1.0**	**1.5**	**2.0**
Severe lack of support for consumables (impact on care is severe)	Significant lack of support for consumables (impact is significant)	Moderate lack in support for consumables	Minor lack in support for consumables	Support for consumables enough for caseload.

9.0 Patient Outcomes and Data Management

Documentation (2)

Data collection / Management(2)

QI/Audit(1)

Mortality/ morbidity data(1)

Patient Reported Outcome Measures (1)

Patient Reported Experience Measures (1)

Outcomes and data capacity (2)

0	**0.5**	**1.0**	**1.5**	**2.0**
No effective documentation and record keeping	Documentation and record keeping implemented but major gaps	Documentation and record keeping implemented but many gaps	Consistently strong with minor gaps	Strong with no gaps

9.0 Patient Outcomes and Data Management
Documentation (2)
Data collection / Management(2)
QI/Audit(1)
Mortality/ morbidity data(1)
Patient Reported Outcome Measures (1)
Patient Reported Experience Measures (1)
Outcomes and data capacity (2)

0	0.5	1.0	1.5	2.0
No effective data collection	Limited data collection but steps in place	Data collection implemented but major gaps	Consistent data collection with minor gaps	Strong data collection with no gaps

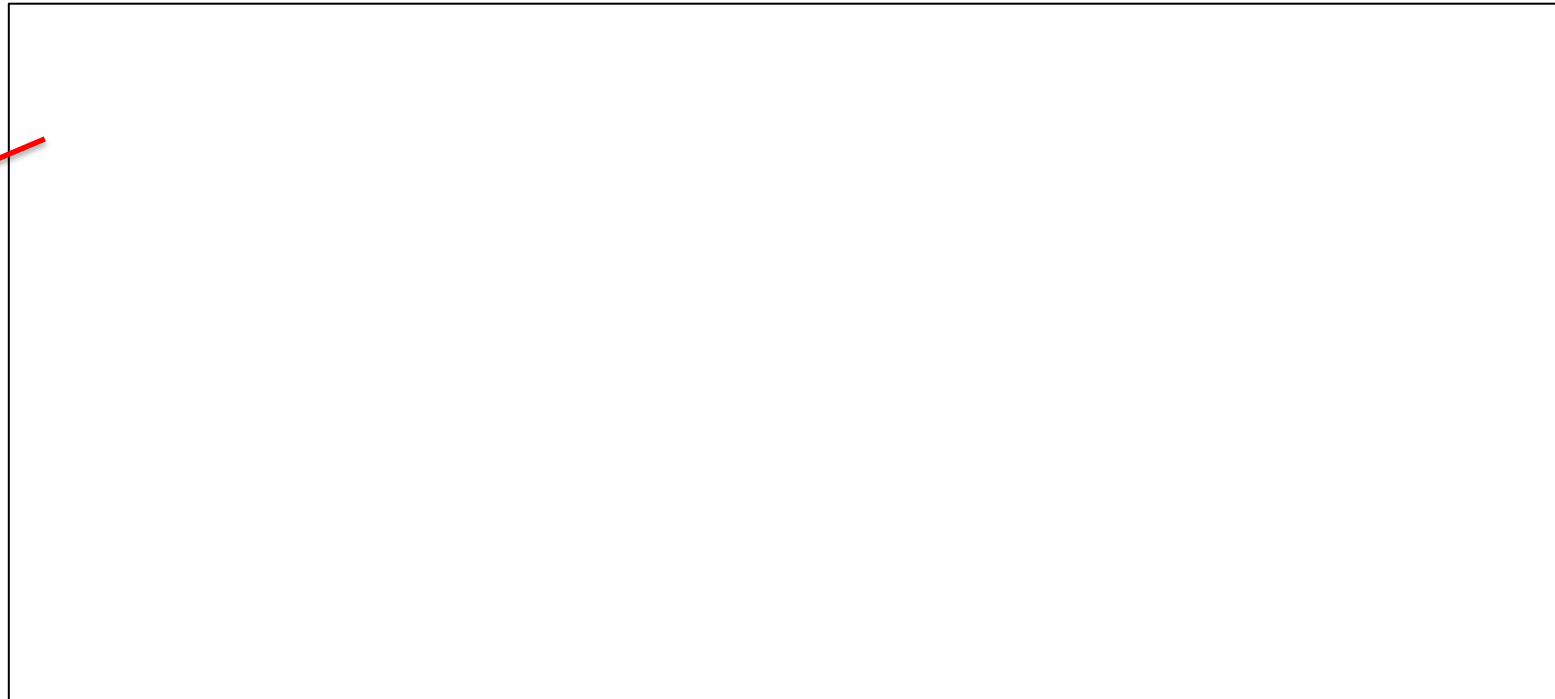| 9.0 Patient Outcomes and Data Management |
| :---: |
| Documentation (2) |
| Data collection / Management(2) |
| **QI/Audit**(1) |
| Mortality/ morbidity data(1) |
| Patient Reported Outcome Measures (1) |
| Patient Reported Experience Measures (1) |
| Outcomes and data capacity (2) |

Definition: Ask the team to define their understanding of QI. Audit in healthcare is used by health professionals to assess, evaluate and improve patient care in a systematic way. QI is about making healthcare safer, effective and patient centred, timely, efficient and equitable.

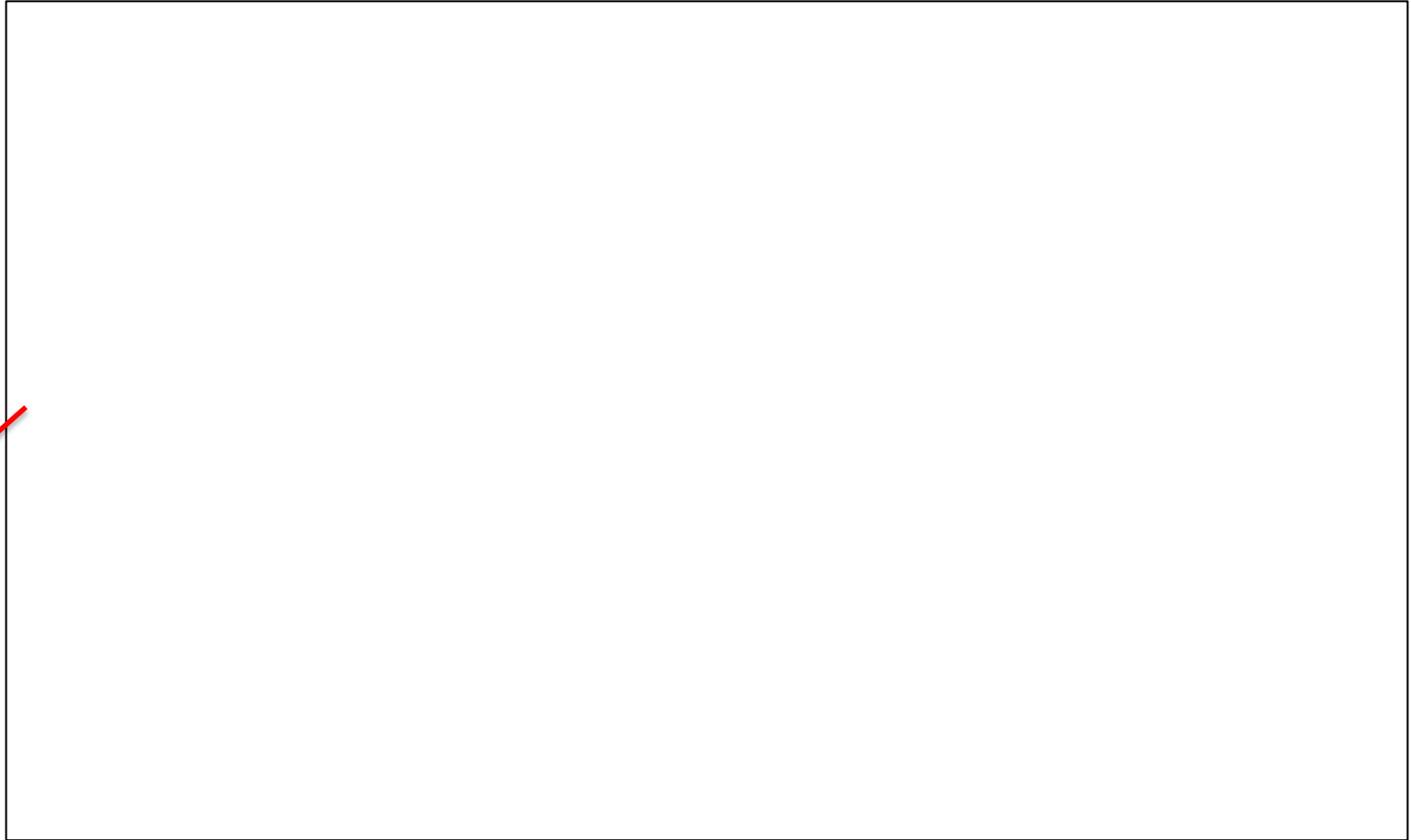| 0	0.5	1
No QI or audit activities	Limited or irregular QI and audit activities	Implementing regular QI and audit activities

9.0 Patient Outcomes and Data Management
Documentation (2)
Data collection / Management(2)
QI/Audit(1)
Mortality/ morbidity data(1)
Patient Reported Outcome Measures (1)
Patient Reported Experience Measures (1)
Outcomes and data capacity (2)

0	0.5	1
Not collecting mortality and morbidity data	Irregular or limited collection of M+ M data	Regular consistent collection of M + M data

9.0 Patient Outcomes and Data Management
Documentation (2)
Data collection / Management(2)
QI/Audit(1)
Mortality/ morbidity data(1)
Patient Reported Outcome Measures (1)
Patient Reported Experience Measures (1)
Outcomes and data capacity (2)

Definition: Patient-reported outcome measures (PROMs) are questionnaires measuring the *patients' views of their health status*.

0	0.5	1
Not implementing any PROMs	Limited implementation of PROMs	Regular implementation of PROMs

9.0 Patient Outcomes and Data Management
Documentation (2)
Data collection / Management(2)
QI/Audit(1)
Mortality/ morbidity data(1)
Patient Reported Outcome Measures (1)
Patient Reported Experience Measures (1)
Outcomes and data capacity (2)

Definition: Patient-reported experience measures (PREMs) are questionnaires measuring the *patients' perceptions of their experience while receiving care.*

0 Not implementing any PREMs	**0.5** Limited implementation of PREMs	**1** Regular implementation of PREMs

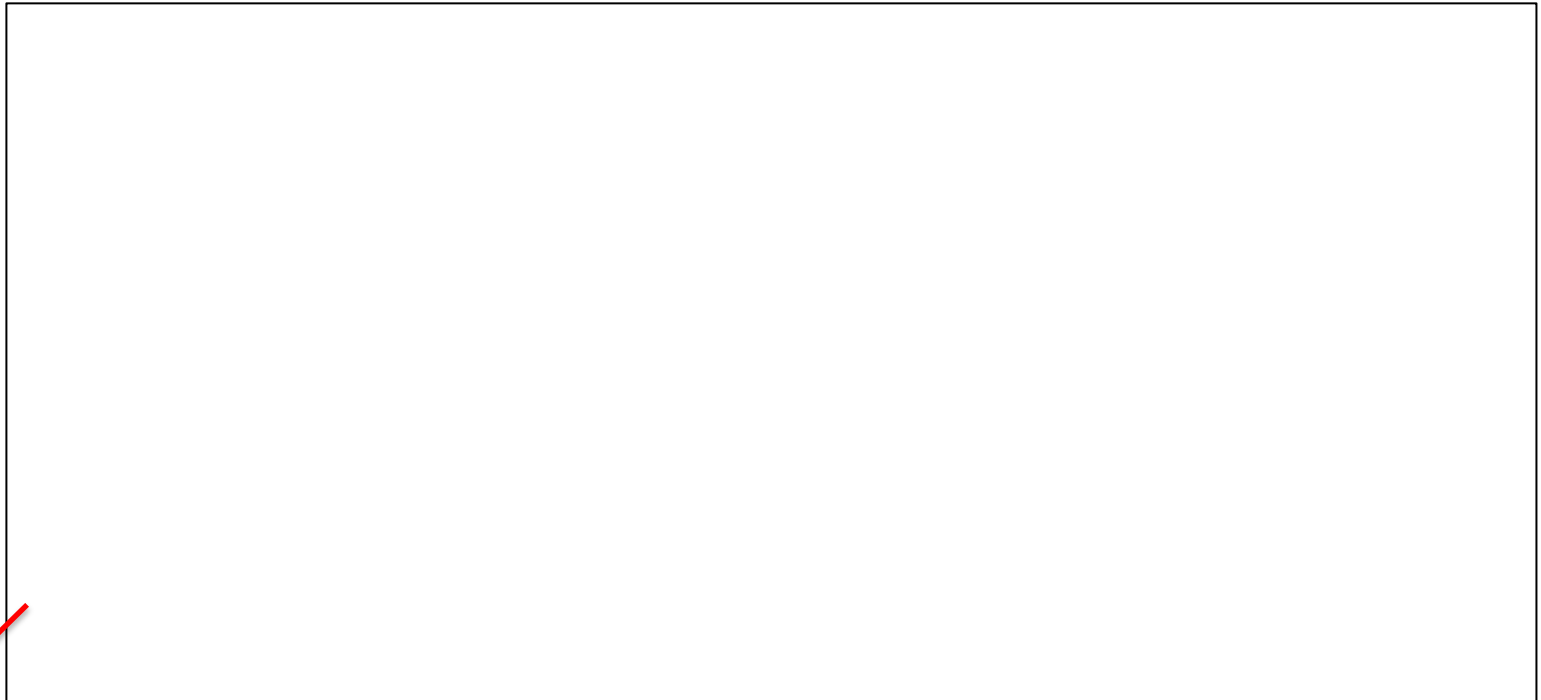| 9.0 Patient Outcomes and Data Management |
| --- |
| Documentation (2) |
| Data collection / Management(2) |
| QI/Audit(1) |
| Mortality/ morbidity data(1) |
| Patient Reported Outcome Measures (1) |
| Patient Reported Experience Measures (1) |
| **Outcomes and data capacity (2)** |

0	0.5	1	1.5	2
Severe lack in data collection capacity (impact is severe)	Significant lack in capacity (impact is significant) any PREMs	Moderate lack in capacity (impact is moderate)	Minor lack in capacity (impact is minor)	No lack in data collection capacity (no impact)

1	Standardised paper or electronic data registry	Yes	No
2	Burn assessment chart	Yes	No
3	Burn admission pro-forma	Yes	No
4	Stethoscope	Yes	No
5	Blood pressure cuff	Yes	No
6	Guedel airway	Yes	No
7	Bag and Mask	Yes	No
8	IV fluids	Yes	No
9	IV canulae	Yes	No
10	Telephone	Yes	No
11	Access to transport – taxi, rickshaw, ambulance	Yes	No
12	Analgesia – oral/IM/IV	Yes	No
13	Access to chronic pain support	Yes	No
14	Antiseptic fluids – iodine / betadine /	Yes	No
15	Topical antimicrobials – what	Yes	No
16	Simple dressings - what	Yes	No
17	POP	Yes	No

Intermediate level 1-41

18	Laryngoscope	Yes	No
19	Suction	Yes	No
20	Bougie	Yes	No
21	Endotracheal tubes	Yes	No
22	O2 supply – cylinder / concentrator / piped?	Yes	No
23	Ventilator	Yes	No
24	Central line kit	Yes	No
25	Basic surgical set	Yes	No
26	Operating theatre	Yes	No
27	Specific ward or area for burn patients	Yes	No
28	Watson / Humby knife	Yes	No
29	Mesher	Yes	No
30	Rehabilitation equipment	Yes	No
31	Splints	Yes	No
32	Laboratory support	Yes	No
33	Blood transfusion facility	Yes	No
34	NG tubes	Yes	No

Intermediate level 1-41

35	Nutritional supplements	Yes	No
36	Dedicated Physio therapy area	Yes	No
37	Dedicated physio therapy equipment	Yes	No
38	Play area for children	Yes	No
39	Lap top or desk top computer	Yes	No
40	Printer	Yes	No
41	Flip chart	Yes	No

Intermediate level 1-41

42	Designated critical care area	Yes	No
43	Dedicated burns theatre	Yes	No
44	Digital camera	Yes	No
45	Projector	Yes	No
46	Lecture theatre/seminar room	Yes	No
47	IT equipment	Yes	No
48	Reliable internet access	Yes	No
49	Data management software	Yes	No
50	Data collection support	Yes	No
51	Library	Yes	No
52	Administrative support	Yes	No

Advanced level 1-52