

# New Burn Center Lights a New Path with Makeover

By Tyler Smith

“Geography is destiny,” wrote Abraham Verghese, MD, in his novel “Cutting for Stone.” If it’s true that location plots a path to the future, the Burn Center at University of Colorado Hospital is in position to rewrite its history.



*The outpatient area of the newly remodeled Burn Center.*

The Burn Center on June 26 completed an expansion and remodeling project that has transformed not only the space it occupies, but also the way it provides patient care. With the change, patients now receive integrated inpatient and outpatient care in the same unit on the third floor of the Critical Care Wing (CCW) in Anschutz Inpatient Pavilion 1. The outpatient Burn Clinic had been on the seventh floor of the Anschutz Outpatient Pavilion.

The remodeling created three exam rooms and a procedure room that adjoin the inpatient unit. The extra space became available last spring when the Surgical Intensive Care Unit (now the Surgical/Trauma ICU) [moved out of its 10-bed space](#), also on the third floor of the CCW, and into a new 24-bed unit on the fifth floor of AIP 2. The Burn Center took those beds, expanding its inpatient capacity from nine to 19. The remodeling also included new office space for physicians, said Nurse Manager Mary Holden, RN, MS.

The additional beds and relocation of outpatient services promise to improve efficiency, said Holden, noting that workflow studies

showed that burn physicians spent a couple of hours every week simply walking between the hospital and the clinic to see patients. Doubling the number of inpatient beds will also reduce the instances of patients being placed in beds on other units – another drain on time, resources, patient care, and provider satisfaction, Holden said.

“We now have created a true Burn Center, where patients are cared for by a Burn team in one spot,” Holden said. The work also meets a long-standing recommendation from the American Burn Association (ABA) during its verification visits, [most recently in December 2014](#), Holden said. An integrated unit strengthens the Burn Center’s status as the only ABA-verified service in the state.

**Warming to the challenge.** The expansion, coupled with a process improvement project through the [Institute for Healthcare Quality, Safety and Efficiency](#) (IHQSE) that revamped scheduling, expanded nursing responsibility, and increased patient access, has outpatient clinic volume “booming,” Holden said. On day one, clinic providers saw 19 patients (up from eight to 10 on a normal day in the AOP space). Through the first four days, the patient visit total was a robust 65, she said.

The changes mean better care for burn patients, said Burn Center Associate Nurse Manager Camy Bell, RN, MS, CCRN. Prior to the change, Bell said, inpatient providers were in a “bubble” with a poor grasp of the treatment patients received in the outpatient setting. The separation also hampered outreach and injury-prevention efforts, as some patients receive only ambulatory care.

In 2014, Bell noted, a small group of patients received treatment in the clinic for fireworks injuries, but the inpatient-based burn outreach and coordination program knew nothing about it and missed an opportunity for education. Conversely, ambulatory patients too often were unaware of meetings of the twice-monthly

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[Burn Support Group](#) and [SOAR](#) (Survivors Offering Assistance in Recovery), which provides peer support for burn patients.

“We now have a great opportunity to see burn survivors as they come to the outpatient world for treatment,” said Burn Outreach Coordinator Laura Madsen, RN. “We have a better handle on where injuries occur, even when patients don’t need to be admitted to the hospital.” She cited the example of a burn covering a patient’s entire hand. The physical injury might not require hospitalization, but the emotional trauma that results might very well need attention from the support group, Madsen said.



*The outpatient clinic includes a procedure room.*

The expansion also improves patient access to psycho-social services, a key for a population that often requires significant long-term assistance. Emily Scott, LCSW, the Burn Center’s social worker, is now able to see both inpatients and outpatients in the same setting, a boon for efficient care.

“Cohorting patient populations and streamlining care coordination is the wave of the future,” Bell said. “We can provide care from the sickest patients to those who need ambulatory and psycho-social services. Time and proximity increase efficiency.”

The new arrangement benefits providers in ways that aren’t immediately apparent. Crystal Foster, RN, charge nurse for the Burn Clinic, said the integrated center closes an emotional gap she experienced while working to help [manage complex wound care and dressing changes](#) for burn patients on the 8 West Orthopedics Unit. It was important work, but isolated from the broader continuum of burn care.

“It’s nice to see long-term what happens to the patients,” Foster said as she stood behind the counter of a newly created check-in and waiting area in the Burn Center. “We see the results of our care now.

We’re no longer sending them out into the world wondering what will happen to them.”

**Harder than it looks.** As logical as the idea of an integrated clinical service might sound, actually building one required a great deal of effort. The expansion added beds, but it didn’t increase physical space. The Burn Center’s medical director, [Gordon Lindberg](#), MD, designed the layout, which included converting physician call rooms to exam rooms.

“My main objective was to provide a space that made it easier to merge inpatient and outpatient care,” Lindberg said in an email. The redesigned layout includes extra space for computer workstations for residents and attending physicians who can provide outpatient care while also doing their charting and placing orders for inpatient services, he said. A common space for both inpatient and outpatient providers builds cohesion, Lindberg added.

Holden added FTEs to ensure staff could support the additional inpatient beds, and nurse practitioner Kathryn Moser also joined the clinic team.



*Burn Center Nurse Manager Mary Holden stands in the new waiting/reception area of the Burn Center.*

**Different worlds.** Holden had to learn the outpatient world quickly after a career spent in inpatient care. She got 24 hours of training in the Epic electronic health record to learn the nuances of outpatient documentation. The work also included building a new cost center for the clinic. Holden said she drew heavily on the experience of Tonie Moore and Varenka Kraft, manager and supervisor of clinic operations, respectively, for the General Surgery Clinic, for guidance in opening an ambulatory clinic. Manager of Clinic Operations Samantha Weimer, RN, provided staff to help train people to open an outpatient clinic in an inpatient setting.

After months of work, Holden said, "It's amazing how well the space works."



*Some of the members of the new Burn Center's team. Left to right: Kelley Williams, medical assistant; Camy Bell, associate nurse manager; Kathryn Moser, nurse practitioner; Holden; Crystal Foster, charge nurse; Susan Schmidt, supervisor of clinic operations.*

The added capacity and improved efficiencies will be a necessity in the days ahead. Even with the geographical and operational gaps that slowed business, volume in the old outpatient clinic increased from 746 visits in 2007 to more than 2,000 in 2014, and will undoubtedly climb significantly in the new fiscal year, which began July 1. In 2007, the average daily census for the inpatient unit was three. Today, a dozen to 14 patients routinely fill beds. Lindberg said the Burn Center plans to add surgeons to meet the anticipated demand. Starting Sept. 1, Bell will move into a new role with the Burn Clinic, as advanced practice nurse and clinical nurse specialist.

With the new space finished and more growth on the horizon, the Burn Center will continue to refine its operations and find new ways to deliver optimal care, Bell said, adding the future is bright.

"Everything we think is important is coming together in one big global view," she said.