

Burn Decontamination: MTQIP Survey

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Collaborative Process

- First catch a bass (research idea)
- Home institution IRB approval
- Contact MTQIP: Judy Mikhail
- MTQIP Survey Policy



Collaborative Process

- Complete Survey Request Form and submit with protocol
- Data Use Agreement (DUA): allows both entities to use/disclose data for research
- Survey sent to MTQIP membership (Qualtrics®)

M·TQIP

Survey Request Form

Submission Date

1. List names and emails of all survey request investigators:

| Name | MTQIP Trauma Center | Investigator Role | Email Address |
|------|---------------------|------------------------|---------------|
| | | Principle Investigator | |
| | | Co-Investigator | |

2. Briefly describe (one paragraph) your survey topic.

3. Place an X next to the statement that most closely reflects your survey intent.

| | |
|--------------------------|---|
| <input type="checkbox"/> | To determine trauma center practices for information sharing purposes at with no intent to publish |
| <input type="checkbox"/> | To determine trauma center practices for research purposes with intent to publish |

4. Place an X next to which contact list you wish to draw your sample from.

| | |
|--------------------------|--|
| <input type="checkbox"/> | MTQIP Contact List |
| <input type="checkbox"/> | Specific MTQIP Meeting Participant List. Specify meeting date: |

5. Place an X next to all subpopulations you wish to draw your sample of respondents.

| | |
|--------------------------|--------------------------------|
| <input type="checkbox"/> | Trauma Surgeons |
| <input type="checkbox"/> | Orthopedic Surgeons |
| <input type="checkbox"/> | Neurosurgeons |
| <input type="checkbox"/> | Advanced Practitioners |
| <input type="checkbox"/> | Trauma Medical Directors (TMD) |
| <input type="checkbox"/> | Trauma Program Managers (TPM) |
| <input type="checkbox"/> | MTQIP Clinical Reviewers (MCR) |
| <input type="checkbox"/> | Trauma Registrars |
| <input type="checkbox"/> | Other (describe) |

6. Return completed form to: Judy Mikhail PhD, Chair, Publications Committee: jmikhail@med.umich.edu

Burn Decontamination

- Known risk of contamination to facility/personnel during mass casualty events
- Concern for secondary contamination of facility/personnel in non-mass casualty events
- Burn victims exposed to product of incomplete combustion
- Methamphetamine production/explosion, MVC gas/diesel exposure

Burn Decontamination

- Challenged by colleagues
- Literature review: best practice, protocols
- Internal survey of nurses in ED, Trauma unit and WMAC
- MTQIP query Michigan Level I and II centers

MTQIP Survey Results

- Completed: 32% TMDs, **50% (n=17) TPMs**
- 69% decon burn patients
- Chem 65%, Flame 29%, Thermal 24%, Elec 12%

MTQIP Survey Results

- Decon Protocol use: 69% yes
- Decon Protocol usage: provider discretion 55%
- Additional data points: products used, burn volumes, Level I or II, university vs community

Next Steps

- Publish in a peer reviewed journal
- National survey
- Potential to develop/disseminate best practices in burn decontamination

References

1. Patient Decontamination in a Mass Chemical Exposure Incident: National Planning Guidance for Communities. U.S. Department of Homeland Security and U.S. Department of Health and Human Services, December 2014.
2. Briggs S. *Advanced Disaster Medical Response Manual for Providers. Second Edition.* Massachusetts General, International Trauma Disaster Institute, and Harvard Medical School. Boston, Massachusetts. Cine-Med;2013.
3. Larson TC, Orr MR, derHeide EA, et al. The Threat of Secondary Chemical Contamination of Emergency Departments and Personnel: An Uncommon, but Still Occurring Problem. *Disaster Med Public Health Prep.* 2016;10:199-202.
4. Sumi K, Tsuchiya Y. Toxic Gases and Vapours Produced at Fires. *Canadian Building Digest.* 1971;144:1-10.

Thank You

- Mark Hemmila, MD
- Judy Mikhail, PhD, MBA, RN

