



Standard for Center of Excellence (CoE) in Burns

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1. Standard Scope

- 1.1. This Standard defines the eligibility criteria and sets out the service specifications and minimum requirements for Healthcare Providers who are aspiring to be designated as a Burn Center of Excellence in the Emirate of Abu Dhabi. The standard is guided by and in line with the DOH Standard for Centers of Excellence - DOH/SD/COE/0.9. Standards are based on scientific evidence and international best practices.

2. Definitions and Abbreviations

No.	Term / Abbreviation	Definition
2.1	Centers of Excellence (COE)	In reference to the DOH Standard for Centers of Excellence - DOH/SD/COE/0.9 The COE is a specialized and distinguished program within DOH licensed Healthcare facilities, which can provide an exceptionally high level of expertise and multidisciplinary resources centered on particular service lines and/or services and delivered in a comprehensive, interdisciplinary fashion to achieve the best patient outcomes possible.
2.2	Burn Center	Facility that cares for the highest level of injury complexity and offers a separately staffed, geographically discrete ward. The facility is skilled to the ICU level of critical care and has immediate operating theatre access
2.3	PICU	Pediatric Intensive Care Unit
2.4	OR	Operating Room or theatre
2.5	ABLS	Advanced Burn Life Support
2.6	PQR	Professional Qualification Requirement
2.7	PALS	Pediatric Advanced Life Support

3. Standard Requirements and Specifications

3.1 Burn Facilities

All DOH licensed healthcare facilities aspiring to be designated as a Burn COE must:

- 3.1.1 Maintain a specialized unit dedicated to acute burn care in line with the DOH burn protocol¹ <https://www.doh.gov.ae/en/resources/policies>
- 3.1.2 Have in place designated ICU capable beds for adult and pediatric burn resuscitation and long-term management.

¹ DOH Burn Protocol: <https://www.doh.gov.ae/-/media/423DAE1F33B54A74B0B813E660F83DAF.ashx>

- 3.1.3 Have in place a DOH licensed Emergency department available 24/7 in line with the DOH Standard for Emergency Departments and Urgent Care Centers²:
<https://www.doh.gov.ae/-/media/671B3425F92246459530838413860C47.ashx>
- 3.1.4 Ensure renal dialysis, respiratory therapy services, radiological services, including computed tomography scanning, and clinical laboratory services are available 24 hours per day.
- 3.1.5 Have in place liaisons with a co-located trauma center to coordinate care of patients with poly-trauma.

3.2 Healthcare Professionals requirements

All DOH licensed healthcare facilities aspiring to be designated as a Burns COE must ensure:

- 3.2.1 The Burn Director/co-director has a consultant Tier one license per the unified PQR and has completed a burn fellowship.
- 3.2.2 Burn surgeons are a Tier one license per the unified PQR and have completed training in general surgery or plastic surgery with interest and training in burn surgery.
- 3.2.3 The Burn Center has physicians who have training on adult surgical critical care, pediatric critical care and/or pediatric surgery.
- 3.2.4 Burn surgeons have had Advanced Cardiac Life Support training (ACLS), Pediatric Advanced Life Support (PALS) and Advanced Burn Life Support (ABLS) training.
- 3.2.5 Burn surgeons must have burn fellowship training which included pediatric patients or mentored clinical experience in pediatric burn surgery.
- 3.2.6 Assigned Burn Center medical staff are available on call a 24/7.
- 3.2.7 All burn nurses who treat children should have a certification in pediatric nursing and shall have certification in PALS.
- 3.2.8 Burn nurses shall have initial and periodic wound care training (minimum annually).
- 3.2.9 Burn nurses should have annual specialized competencies and consistent, comprehensive education.
- 3.2.10 The Emergency team should have training on acute burn management and transfer protocols.
- 3.2.11 Interdisciplinary availability may include but not limited to:
 - 3.2.11.1 Physical and occupational therapists, 7 days a week
 - 3.2.11.2 An “adult and pediatric” dietitian with adequate critical care and burns experience, 7 days a week.
 - 3.2.11.3 A pharmacist who is available 24/7.
 - 3.2.11.4 Respiratory therapists are available for the assessment and management of patients on the burn service on a continuous basis.
 - 3.2.11.5 A clinical psychologist or psychiatrist is part of the burn service and evaluates all cases as appropriate.
 - 3.2.11.6 Social Services workers
 - 3.2.11.7 Case Manager
 - 3.2.11.8 Pain specialist
 - 3.2.11.9 Anesthetists experienced in Burn Care
 - 3.2.11.10 Infection prevention and control team (with specific training and experience in the care of people with burns)
 - 3.2.11.11 Antimicrobial stewardship team
 - 3.2.11.12 A child life/recreational therapist available for children cared for on an as needed basis.

² DOH Standard for Emergency Departments and Urgent Care Centers: <https://www.doh.gov.ae/-/media/671B3425F92246459530838413860C47.ashx>

3.3 Clinical Services

All DOH licensed healthcare facilities aspiring to be designated as a Burns COE must ensure:

- 3.3.1 The Burn Center has written guidelines for the triage and treatment of all burn patients.
- 3.3.2 Transfer of burn patients from other facilities shall have specific criteria and procedures.
- 3.3.3 Written protocols developed with input from the burn center guide for the care of burn patients in the emergency department within the COE and at other facilities.
- 3.3.4 The Burn center must have immediate consultation services from and coordinate on a regular (and as needed) basis with other services and departments, especially including Anesthesiology, Radiology, Microbiology, Clinical Biochemistry, Clinical Hematology, Immunology, Surgery, Neurosurgery, Internal Medicine, Neurology, ENT or OMFS, Ophthalmology, Gynecology, Urology, Nutrition Services, Psychiatry etc.
- 3.3.5 Burn Centers caring for critically ill patients must demonstrate facilities, protocols and personnel specific to the care of critically ill patients.
- 3.3.6 There are protocols for burn specific care for pediatric patients in collaboration with the PICU.
- 3.3.7 A dedicated OR team with burn experience is available for the burn operating theatre.
- 3.3.8 For centers admitting patients under 2 years of age and requiring surgery, an anesthesiologist with certification in pediatric anesthesiology is available 24/7.
- 3.3.9 The burn center has appropriate outpatient treatment and follow up facilities, including adequate facilities for wound care.
- 3.3.10 The Burn Center provides timely access to reconstructive surgery.
- 3.3.11 The Burn Center maintains a Burn Registry that aligns with and meets international standards and best practices. The burn center conducts regular data discovery and research on the data to inform injury prevention or mitigation actions.
- 3.3.12 The Burn Center provides consultation services available 24/7 for the Abu Dhabi referring hospitals.
- 3.3.13 The Burn Center coordinates regularly with Abu Dhabi Public Health center and participates regularly in community Burn Outreach Programs including prevention programs and training on immediate management of burns.
- 3.3.14 The Burn Center multi-disciplinary staff is involved in research and presents posters or oral presentations at hospital based, regional, national, and international meetings.
- 3.3.15 The Burn Center interfaces with regional trauma centers to coordinate care of patients with multiple injuries and to develop regional educational programs, disaster planning and advocacy efforts.
- 3.3.16 The Burn Center has a written Mass Casualty Disaster Plan for the triage and treatment of those patients burned in mass casualty incidents occurring within Abu Dhabi.
- 3.3.17 The Burn Center develops ongoing quality improvement projects to create a culture of safety and promote value-based programs.
- 3.3.18 The Burn Center should admit at least 75 major acute burn patients annually, averaged over a three-year period.

4. Key stakeholder Roles and Responsibilities

4 All DOH licensed healthcare providers aspiring to be designated as a Burns COE must:

- 4.1.1 Meet the detailed service line specific requirements as set out by DOH in this standard along with the general COE requirements to qualify as a “Center of Excellence in Burns”.
- 4.1.2 Treat adults and/or children with all kinds and extent of burns.
- 4.1.3 Maintain Accreditation by a recognized International Accreditation body for Burn and report the findings to DOH
- 4.1.4 Submit clinical outcomes and specified registry data elements to a national or international database in alignment with DOH standard.

- 4.1.5 Accept the burn patients transferred by healthcare providers to the Burn COE after initial resuscitation, stabilization and emergency escharotomy (if required). Refer to DoH burn Protocol <https://www.doh.gov.ae/en/resources/policies>

5. Monitoring and Evaluation

- 5 The Burn COE should report the data through JAWDA portal for the following measures
- 5.1.1 Incidence of patients who had VAE (Ventilator associated event) per 100 Ventilator days.
 - 5.1.2 Incidence of patients who had unplanned intubation per 100 BICU days.
 - 5.1.3 Incidence of patients who had venous thromboembolism (VTE) Per 100 BICU days.
 - 5.1.4 Incidence of patients who had acute kidney injury per 100 BICU days.
 - 5.1.5 Incidence of patients who had central line associated blood stream infection (CLABSI) per 100 Central line days.
 - 5.1.6 Incidence of patients who had catheter associated urinary tract infection (CAUTI) per 100 Catheter BICU days.
 - 5.1.7 Incidence of patients who had sepsis / severe sepsis per 100 BICU days.
 - 5.1.8 Incidence of patients who had pressure ulcer per 100 BICU days.
 - 5.1.9 Incidence of MDRO (multidrug resistance organisms)

6. Enforcement and Sanctions

- 6.1 DOH may impose sanctions in relation to any breach of requirements under this Standard in accordance with the disciplinary regulation of the healthcare sector.

7. Exempted from Scope

- 7.1 Healthcare providers in licensed hospitals with emergency departments and critical care units shall be capable of initial resuscitation, stabilization, and emergency escharotomy (if required) prior to the transfer the burn patients to a Burn COE. Non-burn COE providers are expected to coordinate cases with the burn center for issues of concern or questions of management.

8. Relevant Reference Documents

No.	Reference Date	Reference Name	Relation Explanation / Coding / Publication Links
1	7 December 2017	Triage Protocol for Burns Emergencies and their Referrals in Pre-Hospital and Emergency Department (ED) Setting	Specifications Requirements of burn unit To achieve an integrated patient-centric model of care across continuum of care https://www.doh.gov.ae/en/resources/policies
2	March 2019	DOH Standard for Centers of Excellence	It sets the baseline requirements and specifications that healthcare providers must comply with over and above the general DOH licensing requirements, in order to be eligible for COE designation in any healthcare service line. https://www.doh.gov.ae/en/resources/standards
3	29 th January 2023	AMERICAN BURN ASSOCIATION – BURN CENTER VERIFICATION REVIEW PROGRAM	Define the service specification requirements https://ameriburn.org/quality-care/verification/
4	29 th January 2023	European Burns Association guidelines	Define clinical service specifications https://www.euroburn.org/
5	15 th March 2023	National Burn Care Review, Committee Report. Standards and Strategy for Burn Care: A Review of Burn Care in The British Isles.	https://www.britishburnassociation.org/national-burn-care-review/

9. Revision List (Changes)

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Initials of Policies Division manager to be added to the archived version only and not to the published one