

Application to Participate in the ISBI Burn Center Assessment Program

Date of Application:	
Contact person for the Burn Center:	
Name:	
Current Address:	
Email address:	
Role in Burn Center: Rehabilitation / Nurse / Physician / Adminis	trator/ Other:
•	—
Name of Burn Center:	
Location of Burn Center:	
Burn Center Leadership	
Name of Burn Center Director (MD):	
Name of Lead/Head Nurse of the Burn Center:	
Name of Lead Rehabilitation Specialist in the Burn Center:	
Description of burn center:	
The center cares for: ADULTS ONLY PEDIATRIC ONLY	ADULTS AND PEDIATRICS
Number of patients admitted to the hospital inpatient service annually for	
Pediatric (<= 16 years old)	Adults (>16 years old)

	Pediatric (<= 16 years old)	Adults (>16 years old)
2022		
2023		
2024 (year to date)		

Number of burn cases performed in the operating room in last 3 years:

	Pediatric (<= 16 years old)	Adults (>16 years old)	
2022			
2023			
2024 (year to date)			

Average burn size of admitted patients for last 3 years:

	Pediatric (<= 16 years old)	Adults (>16 years old)
2022		
2023		
2024 (year to date)		

Number of patients seen in the outpatient clinics in last 3 years:

	Pediatric (<= 16 years old)	Adults (>16 years old)
2022		
2023		
2024 (year to date)		

Does your burn center have a database where you collect information on your burn patients (i.e. age, burn size, number of surgeries, number of deaths)? YES ____ NO ___

It is helpful to have the support from a local NGO (non-profit entity) to support the burn center. Does your burn center have a local NGO that supports your center? YES ____ NO ____

If yes what is name of NGO:

Please attach a letter of support from the NGO for the ISBI visit.

It is helpful to have the support from the hospital administration for this visit. Please attach to this application a letter of support for the ISBI visit from the Hospital Administrator.

It is helpful to have the support from the national Burn Society for this visit. Please attach to this application a letter of support for the ISBI visit from your National Burn Society (if applicable)

It is helpful to have the support from the country's Minister of Health for this visit. Please attach to this application a letter of support for the ISBI visit from the Minister of Health or a Health Agency.

Have other societies and/or NGO(s) visited your burn center in the last 5 years? YES _____ NO _____ If so, please list the organization (s): ______ Why does your burn center want to apply for the ISBI Burn Center Assessment Program (250 words or less):

If your burn center is selected for the ISBI Burn Center Assessment Program there will be a fee/charge for the ISBI visit and participation in the program (\$200 US Dollars for Upper Middle-Income Country, \$100 US Dollars for Lower-Middle Income Country, \$50 US Dollars for Low Income Country). Will your center be able to pay this fee? YES ____ NO ____

If your burn center is selected for the ISBI Burn Center Assessment Program, an ISBI Assessment Team will visit your center. The cost of travel and the hotel accommodations will be paid for by the ISBI, but the ISBI will need your help with the following things:

- 1. Is there a local hotel that can accommodate 3-4 ISBI personnel for 1–2-night stay? YES ____ NO ___
- 2. Local transportation during the visit will be arranged by the burn center (you), do you have the ability to arrange local transportation? YES ____ NO ____
- 3. Does your center have a local conference room where lectures can be given AV equipment? YES __ NO __

If your burn center is selected for the ISBI Burn Center Assessment Program, the ISBI Assessment Team will be in contact with your physician, nursing and rehabilitation leadership every 6 months for the following 2 years. Does your center have the ability to conduct ZOOM (or equivalent) calls? YES ____ NO ____

The Burn Center leadership team has read the materials regarding the ISBI Audit Program and feels that the center is welcoming the ISBI visit. YES ____ NO ____

Thank you for your interest in the ISBI Burn Center Assessment Program. Once you complete this application please cut and paste it into an email and sent it to: <u>Serghiou62@gmail.com</u> Attention: Michael Serghiou, ISBI Executive Director

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