



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 / Administrator/ 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 the last 3 years:

| | <u>Pediatric (<= 16 years old)</u> | <u>Adults (>16 years old)</u> |
|----------------------------|--|---|
| 2023 | | |
| 2024 | | |
| 2025 (year to date) | | |

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

| | <u>Pediatric (<= 16 years old)</u> | <u>Adults (>16 years old)</u> |
|----------------------------|--|---|
| 2023 | | |
| 2024 | | |
| 2025 (year to date) | | |

Average burn size of admitted patients for last 3 years:

| | <u>Pediatric (<= 16 years old)</u> | <u>Adults (>16 years old)</u> |
|----------------------------|--|---|
| 2023 | | |
| 2024 | | |
| 2025 (year to date) | | |

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

| | <u>Pediatric (<= 16 years old)</u> | <u>Adults (>16 years old)</u> |
|----------------------------|--|---|
| 2023 | | |
| 2024 | | |
| 2025 (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:

Serghiou62@gmail.com

Attention: Michael Serghiou, ISBI Executive Director