CORE SET OUTCOME ASSESSMENTS FOR BURNS OF THE HAND FOR CLINICAL PRACTICE (172)

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Background: Hand burns are common and occur in the majority of all burn injuries. The hand has many important functions e.g. touching, grasping, feeling, manipulating and a burn injury to the hand can thus cause severe limitations and affect activities and participation of a person. To be able to understand the impact and recovery of burns of the hand and to communicate about this across various disciplines and also internationally, a core set of outcome assessments for burns of the hand was developed, which also had to be practicable. The first proposal thus included assessments for different phases of rehabilitation per domain of functioning according to the framework of the International Classification of Functioning, disabilities and health (ICF) of the World Health Organization i.e. body function and structure, the performance of personal activities and participation in communal life. Furthermore, in the acute phase, 3 different patient states were distinguished; 1) sedated, 2) can execute simple tasks or 3) normal. Which assessments are to be done in the acute stage thus not only depends on the domain of functioning, but also on the patient’s state. This first concept proposal was presented and discussed during the Special Interest Meeting at the EBA congress in Vienna in 2013 and subsequently revised.

Method: After revision the proposal was sent to 65 colleagues at the European burn centres in the first few months of 2014, along with a survey. Through this 19 item survey (structured) comments on the proposed scheme and assessments were elicited.

Results: The survey was returned by colleagues from Sweden, Finland, Norway, Belgium and the Netherlands. Main bottlenecks were the fact that some assessments are not available and / or not translated and validated in all countries. Based on the feedback, final revisions were made to the core set.

Conclusion: With multidisciplinary and international input a core set of outcome assessments for burns of the hand was developed. The core set has a dimensional approach which emphasizes the multidimensionality of burns to the hand and their recovery, and contributes to more precise linking of treatment to the intended areas of outcome.

The goal of the outcome assessment scheme is to have a clear record of the recovery of hand function in patients with burns of the hand(s) in daily practice. The data can of course also be used as a basis for research. In case of research, other assessments can be added if and as required.