SHC Community Health Needs Assessment

Shriners Hospitals for Children® — Boston

Prepared by: John F. Sugden, Jr.
Mission and Vision

Our Mission:
Shriners Hospitals for Children has a mission to:

- Provide the highest quality care to children with neuromusculoskeletal conditions, burn injuries and other special healthcare needs within a compassionate, family-centered and collaborative care environment.

- Provide for the education of physicians and other health care professionals.

- Conduct research to discover new knowledge that improves the quality of care and quality of life of children and families

The mission is carried out without regard to race, color, creed, sex or sext, disability, national origin or ability of a patient or family to pay.

Our Vision:
Become the best at transforming children's lives by providing exceptional health care through innovative research, in a patient and family-centered environment.
Shriners Hospitals for Children – Boston
51 Blossom Street

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Our Commitment to the Community

Hospital Overview

Shriners Hospitals for Children – Boston (SHC-Boston) is a licensed 30 bed pediatric hospital specializing in the treatment of severe burns, wound management, reconstructive surgery, as well as orthopaedic care and cleft lip and palate. Opened in 1968, Shriners Hospital in Boston is committed to providing medical care for children with burn injuries, as well as educating the public regarding burn prevention, burn care and providing medical education to physicians interested in burn specific protocols.

The hospital is a leader in acute pediatric burn care and is one of only four verified burns centers in New England and one of 66 in the United States. The Boston Shriners Hospital is the only exclusively “all pediatric” burn center in the Northeastern United States. Verification of burns centers is a joint program of the American Burn Association (ABA) and the American College of Surgeons (ACS).
SHC- Boston has been instrumental in advancing pediatric burn care and survival rates, as well as helping to advance and measure the “quality of life” of the post-burn patient. With extensive follow-up “outcomes research,” and a comprehensive level of burn care that includes a multidisciplinary aftercare model designed for better recovery rates. Improved patient outcomes are measured in terms of patient physical, psychological, and social outcomes. Shriners Hospitals for Children, along with the American Burn Association, have participated in a long standing unique program in burn outcome research. The study utilizes a parent/patient centered outcome assessment model with the main focus on quality of life improvements of the burn patient. Today survival is expected in most children with a burn covering 90% of total body surface area or less.

*The Journal of Trauma and Acute Care Surgery, volume 73, number 3 September Supplement 2012*

As a leader and pioneer in clinical research, Shriners Hospitals for Children—Boston has a legacy of translating burn care research into successful clinical care. The first successful creation of artificial skin took place at the Shriners Hospital in Boston in 1969. Today, our science can predict sepsis in patients with major burns, two days in advance, by examining the behavior of the patient’s immune cells’ migration patterns through a point of care microfluidic device developed at Shriners Hospitals for Children — Boston. While this science is still at the development stage and in clinical trials, if successful it is likely to enable the early use of antibiotics to prevent organ damage and significantly reduce fatalities from sepsis related to burn trauma.

*Point-of-care microfluidic device to probe into blood to detect sepsis early.*

Shriners Hospitals for Children — Boston’s mission is to meet the health care needs of the communities it serves. Increasing burn awareness, improving burn injury outcomes, reconstructive surgical care,
complex wound management and education for both the general public and medical community are central to this mission.

**Pediatric Burn Care and Education**

For nearly 50 years Shriners Hospitals for Children — Boston has served the medical needs of the community by providing care to children with burn injuries. Shriners Hospitals for Children ranks as one of the nation’s largest charities with educational outreach and training as one of its core activities. At Shriners, a special team of educational coordinators provides training to nurses, nursing students, school nurses, emergency medical technicians and paramedics. Training averages over 75 classes per year serving Massachusetts, Vermont, and New Hampshire and beyond.

SHC-Boston regularly visits emergency department physicians and pediatricians throughout New England to provide pediatric burn education and spread the mission of Shriners to those in need. Many of the hospitals visited throughout the year have requested to have a Shrine physician or nurse present at their grand rounds and provide in-service training for their hospital’s medical staff.

Burn care education is an ongoing focus of Shriners Hospitals for Children — Boston. Burn care information falls into two categories: educational materials for parents and families and also medical professionals. Examples of educational material that are of value to the community include a laminated “Emergency Treatment of Pediatric Burns” card for physicians detailing emergency protocols for initial emergency care of the child; such as airway management, burn assessment criteria, fluid resuscitation, pain management, wound care and other interventions (exhibit 1). For the general public, the distribution of a “Scald-Injury Prevention and Burn First Aid” reference card (exhibit 2) outlines safety in the kitchen, dining areas and how to initially treat the injured site along with an emergency phone number to speak with a Shriners clinician.
Clinical Teaching

Over 600 fellows have been trained by Shriners surgeons, with over 90% now professors at prestigious academic institutions worldwide. Many serve on the boards of professional associations, including the American Burn Association and International Society of Burn Injury.

Assessment Process and Methods

In order to complete the 2016 Community Health Needs Assessment, data was collected from a variety of sources intended to establish unmet needs within the identified area, the state of New Hampshire. For the purpose of this assessment, we focused on burn injury data for New Hampshire and Massachusetts. The data sources include publicly available records on burn injuries relative to age, etiology, and ethnicity primarily. More specifically, the data contained in this assessment was taken from the National TRACS/American Burn Association - Burn Registry; US Fire Administration / National Fire Data Center (a part of the Federal Emergency Management Agency); National Burn Repository; Shriners Hospitals for Children; and the American Burn Association Burn Outcomes Program and Shriners Hospitals for Children — Boston’s Burn Registry. Other resources included the CDC, the US Census Bureau, and the New Hampshire Health Data Inventory as maintained by New Hampshire Institute for Health Policy and Practice. The qualitative data was compiled via direct feedback primarily from emergency department physicians and pediatric physicians throughout the State of New Hampshire. The quantitative data was derived from a questionnaire mailed to pediatric physicians throughout New Hampshire. Questionnaires were mailed to 156 pediatric practitioners in New Hampshire with a 15% response rate (Exhibit 3).
This Community Health Needs Assessment report focuses on the needs and care of children in the state of New Hampshire ages 18 and under. The U.S. Census Bureau reports New Hampshire as having 267,141 children ages 18 and under (US Census, 2014) representing 20.87% of New Hampshire’s population.

As a follow up to the 2012 Community Health Needs Assessment, the Boston Shriners Hospital has assessed the burn outcome data for the State of New Hampshire over the past year and found that a similar pattern of pediatric burn injuries exists in New Hampshire as in other communities that Shriners serves. A clear need for advanced burn management training and services throughout this medical community was determined to be an unmet need. In 2015 alone, SHC-Boston presented and exhibited at two major medical conferences held in New Hampshire. Additionally, 113 children from New Hampshire were treated at Shriners Hospitals for Children—Boston for advanced burn care and/or reconstructive surgical care as a direct result of our outreach efforts. These children came from 65 different cities and towns in New Hampshire representing 28% of all towns in New Hampshire (see picture below).

This map represents the cities and towns of children that received medical care at Shriners Hospitals for Children—Boston in the year 2015.
Shriners elected to embark upon this Community Health Needs Assessment on an individual basis and chose not to collaborate with other partners due to the uniqueness and highly specialized nature of its medical services.

**Key Findings**

Based on published data relative to pediatric burns in New Hampshire, along with interviews with emergency department physicians and pediatricians in New Hampshire and returned questionnaires, it was established that there is a need for burn awareness training, burn medical education and burn care within the New Hampshire community. Additionally, data from the survey revealed a need for burn specialists with expertise in acute burn trauma and reconstructive plastic surgery.

### New Hampshire Population Demographics:

#### Demographic Characteristics

<table>
<thead>
<tr>
<th>Selected Area</th>
<th>USA</th>
<th>2016</th>
<th>2021</th>
<th>% Change 2016 - 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010 Total Population</td>
<td>1,316,476</td>
<td>308,745,538</td>
<td>Total Male Population</td>
<td>657,537</td>
</tr>
<tr>
<td>2016 Total Population</td>
<td>1,331,488</td>
<td>322,431,073</td>
<td>Total Female Population</td>
<td>673,951</td>
</tr>
<tr>
<td>2021 Total Population</td>
<td>1,347,314</td>
<td>334,341,965</td>
<td>Females, Child Bearing Age (15-44)</td>
<td>241,910</td>
</tr>
<tr>
<td>% Change 2016 - 2021</td>
<td>1.2%</td>
<td>3.7%</td>
<td>Average Household Income</td>
<td>$85,912</td>
</tr>
</tbody>
</table>

#### Population Distribution

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2016 % of Total</th>
<th>2021 % of Total</th>
<th>USA 2016 % of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>15.9%</td>
<td>19.0%</td>
<td>14.9%</td>
</tr>
<tr>
<td>15-17</td>
<td>3.8%</td>
<td>4.0%</td>
<td>3.7%</td>
</tr>
<tr>
<td>18-24</td>
<td>9.9%</td>
<td>9.8%</td>
<td>9.8%</td>
</tr>
<tr>
<td>25-34</td>
<td>11.4%</td>
<td>13.3%</td>
<td>11.6%</td>
</tr>
<tr>
<td>35-54</td>
<td>26.9%</td>
<td>26.0%</td>
<td>24.2%</td>
</tr>
<tr>
<td>55-64</td>
<td>15.4%</td>
<td>12.8%</td>
<td>16.4%</td>
</tr>
<tr>
<td>65+</td>
<td>15.1%</td>
<td>12.8%</td>
<td>19.3%</td>
</tr>
<tr>
<td>Total</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

#### Household Income Distribution

<table>
<thead>
<tr>
<th>Income Distribution</th>
<th>HH Count</th>
<th>% of Total</th>
<th>USA % of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$15K</td>
<td>44,072</td>
<td>8.3%</td>
<td>12.3%</td>
</tr>
<tr>
<td>$15-25K</td>
<td>43,063</td>
<td>8.1%</td>
<td>10.4%</td>
</tr>
<tr>
<td>$25-50K</td>
<td>110,121</td>
<td>20.8%</td>
<td>23.4%</td>
</tr>
<tr>
<td>$50-75K</td>
<td>97,335</td>
<td>18.4%</td>
<td>17.6%</td>
</tr>
<tr>
<td>$75-100K</td>
<td>76,117</td>
<td>14.4%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Over $100K</td>
<td>159,719</td>
<td>30.1%</td>
<td>24.3%</td>
</tr>
<tr>
<td>Total</td>
<td>530,427</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

#### Education Level

<table>
<thead>
<tr>
<th>2016 Adult Education Level</th>
<th>Pop Age 25+ % of Total</th>
<th>USA % of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than High School</td>
<td>25,762 2.8%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Some High School</td>
<td>45,409 4.8%</td>
<td>7.8%</td>
</tr>
<tr>
<td>High School Degree</td>
<td>274,420 11.4%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Some College/Assoc. Degree</td>
<td>269,262 28.7%</td>
<td>29.2%</td>
</tr>
<tr>
<td>Bachelor’s Degree or Greater</td>
<td>322,080 34.4%</td>
<td>29.4%</td>
</tr>
<tr>
<td>Total</td>
<td>936,953 100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

#### Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2016 Pop</th>
<th>% of Total</th>
<th>USA % of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Non-Hispanic</td>
<td>1,206,413</td>
<td>90.6%</td>
<td>61.3%</td>
</tr>
<tr>
<td>Black Non-Hispanic</td>
<td>18,116</td>
<td>1.4%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Asian &amp; Pacific Is. Non-Hispanic</td>
<td>33,984</td>
<td>2.6%</td>
<td>5.4%</td>
</tr>
<tr>
<td>All Others</td>
<td>25,551</td>
<td>1.9%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Total</td>
<td>1,331,488</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

© 2016 The Nielsen Company, © 2016 Truven Health Analytics Inc.
The following health indicator data was collected via the New Hampshire State Health Report (2011). This data was collected by the NH Division of Public Health Services, Department of Health Information and Services:

**Poverty:**

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage of NH Residents Living in Poverty, by County, 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belknap</td>
<td></td>
</tr>
<tr>
<td>Carroll</td>
<td></td>
</tr>
<tr>
<td>Cheshire</td>
<td></td>
</tr>
<tr>
<td>Coos</td>
<td></td>
</tr>
<tr>
<td>Grafton</td>
<td></td>
</tr>
<tr>
<td>Hillsborough</td>
<td></td>
</tr>
<tr>
<td>Merrimack</td>
<td></td>
</tr>
<tr>
<td>Rockingham</td>
<td></td>
</tr>
<tr>
<td>Strafford</td>
<td></td>
</tr>
<tr>
<td>Sullivan</td>
<td></td>
</tr>
</tbody>
</table>

Source: US Census Bureau, Small area Income and Poverty Estimates

More specifically, between the years of 2000 and 2009, New Hampshire has seen an increase in the number of persons living in poverty, from 6.5% to 8.5% of all persons. Children in poverty have also increased from 9.4% to 10.8%.

**Obesity**

Obesity is a serious health concern that increases the risk for many chronic diseases including heart disease, stroke, type 2 diabetes, high blood pressure, liver disease, osteoarthritis, and depression during both childhood and adulthood. Childhood obesity also predicts obesity later in life.

In NH, 62% of adults and 28% of high school students are overweight or obese.
Childhood Obesity

The 2007–2008 National Health and Nutrition Examination Survey, a representative sample of the US population, estimated that 15% of children and adolescents (age 2–19) were overweight and 17% were obese, for a total of 32% above recommended weight for age (Ogden, C. L., et al., 2008). In the 2009 New Hampshire Healthy Smiles—Healthy Growth survey of third graders, 33% were overweight or obese. The survey also showed regional differences in childhood obesity: third grade students in the Belknap-Merrimack region (24%) and Coos County (22%) had the highest prevalence of obesity (Figure below), and nearly 46% of third grade boys in Coos County. Overall, the state of obesity in the state rose from 18.1% in 2000 to over 26% in 2009.

![Third Graders Overweight or Obese, 2009](image)

*Source: NH Third Grade Healthy Smiles-Healthy Growth Survey*

Other identified areas of concern as identified by the NH Division of Public Health Services, Department of Health Information and Services include:

- Emergency Department discharges for mental health
- Specialty hospital discharges for mental health
- Substance abuse related emergency department and inpatient discharges
- Unemployment
• No health insurance (% of adults) 11.3%
• Youth smoking, currently 20.8%

New Hampshire Burn Data

The following data was gathered from the state of New Hampshire and shows the volume of pediatric burn injuries by age group. The data is from 2011 and represents the most current reliable data. Please note the relatively small number of referrals to Shriners Hospitals for Children during 2011 period which predated Shriners Hospitals outreach in New Hampshire and the efforts of SHC-Boston’s 2012 Community Health Needs Assessment. The historic volume of pediatric patient referrals from New Hampshire to the Boston Shriners Hospital has been low as evidenced in the state’s data showing only six referrals in 2011. The hospitals proactive outreach to the medical community and the general public has produced a significant increase to the number of children receiving care and as a result has served this community well.

Emergency Department and Inpatient Discharges for Burn Injuries, NH Resident Children, Ages 0 to 18, Year 2011

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Inpatient</th>
<th>Emergency Dept.</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 04</td>
<td>10</td>
<td>233</td>
<td>243</td>
</tr>
<tr>
<td>5 to 09</td>
<td>1</td>
<td>101</td>
<td>101</td>
</tr>
<tr>
<td>10 to 14</td>
<td>1</td>
<td>91</td>
<td>92</td>
</tr>
<tr>
<td>15 to 18</td>
<td>0</td>
<td>145</td>
<td>146</td>
</tr>
<tr>
<td>Grand Total</td>
<td>12</td>
<td>570</td>
<td>582</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Inpatient</th>
<th>Emergency Dept.</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>5</td>
<td>250</td>
<td>255</td>
</tr>
<tr>
<td>Male</td>
<td>7</td>
<td>320</td>
<td>327</td>
</tr>
<tr>
<td>Grand Total</td>
<td>12</td>
<td>570</td>
<td>582</td>
</tr>
</tbody>
</table>
Qualitative Data - Direct feedback

Direct feedback from conferences and office, emergency department visits and parents show overwhelming praise for the work of Shriners Hospitals for Children — Boston and the medical expertise offered.

“The outreach and education that Shriners Hospital has provided to the Emergency Department staff and providers in the Upper Valley of New Hampshire and Vermont has been outstanding. At a recent educational conference for emergency nurses, the team from Shriners graciously traveled to the event and shared their experience and capabilities. Simply put, they were brilliant. In addition to updating our nurses on the caveats of acute pediatric burn care, the outreach team provided resources and tools for connecting patients in our region with the facility and experts in Boston. Although pediatric burns and soft tissue injuries comprise a small percentage of the emergency department census in most Northern New England EDs, it is vital that we have a pathway for connecting these patients to centers which manage these conditions on a regular basis. Each time that I have either transferred a patient to Shriners Hospital or requested a consult on the telephone, the staff and providers have been exceedingly helpful in coordinating each patient’s care. We are so very fortunate and appreciative to have the expertise and resources that Shriners Hospital is willing to provide to our patients and their families”.

Robert J. Hyde, M.D.
Medical Director
Emergency Department
New London Hospital
New London, NH.

Emergency Department
Dartmouth Hitchcock Hospital

Quote: “I knew that when my son was on his way into the operating room, that I did not have to worry. I knew he was getting the best care available.” — father of patient
**Quote:** “We had been at Shriners for about 2½ months for one of our visits and I was eager to get (my son) discharged. I was talking to my father who is a doctor and he said, ‘Do you know how unique that is in modern medical care that it wasn’t the hospital trying to discharge you? ‘The difference that makes in the quality of care is remarkable.” — Guardian of Patient

**Quantitative Data – Questionnaire Survey**

*Summary of survey questions:*

- 38% of respondents indicated that they refer patients to other providers for pediatric surgery.
- Of the physicians that refer to Shriners Hospitals for Children, 70% indicated that they refer because of the excellent reputation for burn care.
- 54% of physicians surveyed said their largest concern about pediatric health care in New Hampshire was the lack of specialists.
- 86% of physicians refer acute patients for acute burn injuries and 38% for inhalations injuries.
- Of the referrals for secondary reconstructive surgery, 31% did so for burn reconstruction, hypertrophic scars and facial burn deformities.
- When asked “how often do you see children who are uninsured?” 69% indicated that they sometimes see uninsured children, with over 20% indicating very often see uninsured children.
- 38% of physicians indicated that referrals for dermatology care was one of the most frequent specialty care referrals.
- Other identified unmet needs included, dermatology, endocrinology, orthopedic surgery, neurology, oral and maxillofacial deformities, urology. Access barriers to care include: ability to pay, transportation, and language barriers (prioritized in table below)
Conclusion:

Currently there are no hospitals in New Hampshire that specialize in pediatric burn care that offer a continuum of care that drives positive outcomes. Shriners Hospitals for Children provides care for all children regardless of the families’ ability to pay and serves many of the specialized pediatric medical needs of the New Hampshire community.

In 2015 SHC- Boston embarked on the expansion to its scope of care and research with a new “skin-centric” center of excellence. The Howard Green Center for Children’s Skin Health and Research at Shriners will serve as an umbrella over the pediatric skin research and care that have been a part of the Boston Shriners Hospital for nearly 50 years. In addition to the hospital’s long-standing work in burns, reconstructive and laser plastic surgery, and complex wounds and skin conditions, the Boston Shriners Hospital will expand its skin services later this year to include pediatric dermatology.
Based on New Hampshire’s unmet needs and due to Shriners Hospital Boston’s highly specialized nature, we are not able to meet all unmet needs. However, SHC- Boston is affiliated with Massachusetts General Hospital. Should patients require additional care beyond that which SHC can provide, they will be referred elsewhere for specific medical needs.

**Action Plan**

**Outreach Objectives in New Hampshire**

The lack of knowledge regarding available resources has been a barrier for many children in need of advanced burn care. Providing physicians and other medical providers with up-to-date knowledge regarding acute burn care protocols and educating the public as to Shriners Hospital’s status as a “verified burn center” will open a much needed dialog and, in turn, meet the needs of pediatric burn patients’ throughout New Hampshire. Other barriers may include poor insurance or no insurance for acute care and reconstructive surgery to rehabilitate scarring from previous burn injuries. Shriners Hospitals for Children has long maintained that care will be provided to all eligible children regardless of their family’s ability to pay.

Our objective is to educate health care professionals in the State of New Hampshire with regard to current burn treatment protocols, as well as services and surgical care available at Shriners Hospitals for Children — Boston. This will be accomplished by the continued effort by Shriners community outreach staff to New Hampshire hospitals, pediatric practices, community health centers and school nurses. The Shriners Hospital will continue its active participation in New Hampshire medical conferences, providing both informational exhibits and providing program speakers. Our education coordinator will continue burn care training to nurses, nursing students, emergency medical technicians and firefighters.

As survival rates from serious burn injuries have improved throughout the United States especially among children, the expectation for survival of a child or young adult with less than 90% total body surface area burn is nearly 100%. The quality of life of the child that survives an acute burn is a major
consideration when evaluating and referring the patient to a verified burn center such as Shriners Hospitals for Children — Boston. One of the American Burn Association’s verified burn center referral criteria cites: “Burn injury in patients who will require special social/emotional and/or long-term rehabilitative support, including cases involving suspected child abuse.”

Through education and collaboration with the medical providers in New Hampshire, the Boston Shriners Hospital provides a resource which will serve the needs of children who have the misfortune of sustaining acute burn injuries.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Objective</th>
<th>Strategy</th>
<th>Responsible Personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase community awareness in order to address unmet pediatric burn medical needs.</td>
<td>1. Partner with New Hampshire emergency department physicians, pediatricians, community health care centers and the general public to increase community awareness.</td>
<td>1. Meet with emergency department physicians, nurses and community healthcare centers.</td>
<td>Physicians, clinical staff and physician liaisons.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Exhibit at health conferences and community healthcare events.</td>
<td>Physicians, clinical staff and physician liaisons.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Provide Shriners physicians to present at medical conferences.</td>
<td>Physicians, clinical staff and physician liaisons.</td>
</tr>
<tr>
<td></td>
<td>2. Meeting the communities unmet medical needs.</td>
<td>1. Working closely with community health centers and attending community health fairs to generate patient awareness.</td>
<td>Physicians, clinical staff and physician liaisons.</td>
</tr>
<tr>
<td>1. Patients that are referred to Shriners Hospitals for Children – Boston with conditions not within the purview of Shriners services will be referred to Massachusetts General Hospital for definitive care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians, clinical staff and physician liaisons.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Meeting patient unmet needs while at Shriners Hospitals for Children Boston</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Educate emergency medical personnel by offering course materials, in-service training seminars.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians, clinical staff and physician liaisons.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Disseminate burn awareness and burn safety information at public fairs and other family events.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Materials are disseminated at conferences, community health centers and pediatric offices.

Four page Emergency Treatment of Pediatric Burns reference card for Emergency Department Physicians

American Burn Association
Burn Center Referral Criteria

1. Partial thickness burns >10%
2. Burns involving face, hands, feet, genitalia, perineum, and/or major joints
3. Any third degree burn
4. Electrical burns, including lightning injury
5. Chemical burns
6. Inhalation injury
7. Patients with pre-existing medical problems that could complicate management
8. Patients with associated trauma in which the burn injury poses the greatest risk of morbidity or mortality.
9. Burned children in hospitals without qualified personnel or equipment for the care of children.
10. Burn injury in patients who will require special social/emotional and/or long-term rehabilitative support, including cases involving suspected child abuse

Over 60% of the estimated U.S. acute hospitalizations related to burn injury were admitted to 127 “Burn Centers.” Burn centers average over 200 annual admissions for burn injury and skin disorders requiring similar treatment. The other 4,500 acute care hospitals average less than 3 burn admissions per year.

National Inpatient Sample (HCUP-NIS 2010 data)
National Hospital Discharge Survey (2010-data)
EXHIBIT 2

Scald-Injury Prevention and Burn First Aid handout for the General Public

(English and Spanish)
The Scald-Injury Prevention and Burn First Aid card is distributed to community health and civic centers, schools and fire departments for the distribution to the general public. The card is printed in both English and Spanish and provides information on the prevention of burns and the treatment of burns. For serious burns the card suggests calling 911 and also provides the Shriners Hospitals for Children — Boston direct emergency phone number.
EXHIBIT 3
Community Health Needs Assessment Survey

As one of our valued community health partners, we are asking you to complete this brief 12-question survey. We want to identify the concerns of pediatric health care providers. Your answers will help us better respond to identified needs in our community.

Please return this survey by email to jsugden@shrinenet.org by November 30, 2015

1. For which specialty care services do you most often refer your patients to other providers? (Check all that apply.)

( ) Dermatologist
( ) Gastroenterologist
( ) Pediatric surgeon
( ) Orthopaedic surgeon
( ) Otolaryngologist
( ) Neurologist

( ) Neurosurgeon
( ) Plastic surgeon
( ) Rheumatologist
( ) Thoracic surgeon
( ) Urologist

( ) Other: _______________________

2. During the past 12 months, did your patients have difficulties or delays getting the services listed above because there were waiting lists, backlogs, services unavailable, or other problems getting appointments?

( ) Yes ( ) No

If yes, with which specialists did your patients have difficulties or delays getting services? (Check all that apply.)

( ) Dermatologist
( ) Endocrinologist
( ) Gastroenterologist
( ) Pediatric surgeon

( ) Neurosurgeon
( ) Physiatrist
( ) Plastic surgeon
( ) Rheumatologist
( ) Orthopaedic surgeon  ( ) Thoracic surgeon
( ) Otolaryngologist  ( ) Urologist
( ) Neurologist  ( ) Other: ____________________

3. How often do you see children who are uninsured?
( ) Very often  ( ) Sometimes  ( ) Never

4. What is the most important reason you refer children to Shriners Hospitals for Children – Boston, Massachusetts?
( ) Charity care policy  ( ) Free-standing pediatric facility in network
( ) Only place service was available  ( ) Excellent reputation
( ) Convenience  ( ) Other: ____________________

5. Do you routinely refer your patients for the following acute conditions?
(Check all that apply.)
( ) Acute Burn Injuries  ( ) Reconstructive Surgery  ( ) Skin conditions
( ) Inhalation Injuries  ( ) Not Applicable
( ) Other ____________________

6. Do you routinely refer patients for any of the following Secondary Reconstructive Conditions?
(Check all that apply)
( ) Burn Contracture Release  ( ) Facial Burn Deformities
( ) Revision of Hypertrophic Scars  ( ) Hand and/or Foot Reconstruction
( ) Dermabrasion  ( ) Microdermabrasion
( ) Laser Surgery  ( ) Breast Reconstruction
Not Applicable
Other __________________________________________
7. Do you routinely refer patients for the Management of Complicated Wounds? (Check all that apply)

( ) Pressure Ulcers  ( ) Infected Wounds
( ) Delayed Wound Healing  ( ) Amputations
( ) Exposed Vessels, nerves, tendons  ( ) Not Applicable
( ) Other

8. Do you routinely refer patients for the treatment of Soft Tissue Conditions? (Check all that apply)

( ) Soft Tissue Infections  ( ) Toxic Epidermal Necrosis
( ) Stevens - Johnson syndrome  ( ) Epidermolysis Bullosa
( ) Necrotizing Fasciitis  ( ) Not Applicable
( ) Other

9. If your patients did not receive all the services they needed, what were the reasons? (Check all that apply)

( ) Cost was too much  ( ) Forgot appointment
( ) No insurance  ( ) Did not go to appointment
( ) Health Plan Problem  ( ) Child refused to go
( ) Did not accept child’s insurance  ( ) Did not know where to go
( ) Not available in area  ( ) No referral
( ) Transportation problems  ( ) Treatment is on going
( ) Could not get appointment  ( ) Lack of resources at school
( ) Dissatisfaction with hospital  ( ) Other: ____________________

10. What concerns you most about pediatric health care in New Hampshire?

( ) Cost  ( ) No insurance
( ) Lack of specialist  ( ) Unhealthy eating/lifestyle habits
( ) Other
11. Are there pediatric health care services you would like to see Shriners Hospitals for Children-Boston offer that we currently do not?

( ) General Pediatric Surgery  ( ) Pediatric Craniofacial Surgery
( ) Pediatric Diabetic Care  ( ) Pediatric Obesity Care
( ) Other____________________________________________________________

12. What counties does your practice include? __________________________

Please return the completed survey by email to jsugden@shrinenet.org by November 30, 2015.
Thank you for your time and cooperation.
References:


American Community Survey, American Fact Finder, Bureau of Census,
http://factfinder.census.gov/home/saff/main.html?_lang=en

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