

Comments on Proposed Burn Center Designation Policy
 2nd Public Comment Period
 October 7, 2016 through November 7, 2016
 Send comments to richardsonj@co.kern.ca.us

SECTION # PAGE #	AGENCY	COMMENT	EMS RESPONSE
C/4	Kern Medical Trauma Division	<p>Patients with isolated burns and no other traumatic injury or mechanism should be transferred to the Burn center based on the ABA criteria.</p> <p>If there are traumatic injuries or a mechanism such as a MVA etc, they should initially get evaluation and stabilization at the nearest trauma center (LEVEL I or II)</p>	Comment acknowledged. Change made.
B/2	Kern Medical Trauma Division	<p>The advanced training should be specified. There needs to be a board certified plastic or general surgeon/ with advanced training in burn care.</p>	Comment acknowledged. Change made.
	Kern Valley Hospital	<p>Response and comments r/t decision to bypass rural hospitals for <u>ALL</u> chemical burns.</p> <p>The concern as one person from the rural community that may be adversely affected by this mandate, should I ever need these services is:</p> <ol style="list-style-type: none"> 1. Increased cost of a long ambulance transport for unnecessary levels of care. 2. Delays in treatment based on the ability of the local rural hospital to begin treatment with irrigation and colloid based dressings, if necessary. 3. Increased cost of healthcare in general, again incurring unnecessary expense of transport and higher level of care without justification. 4. Transportation of the elderly and/or lower income persons who may not require a higher level of care immediately, then are forced to 	Comment acknowledged. Change made.

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		<p style="text-align: center;">arrange transportation home.</p> <p style="text-align: center;">5. Taking an ambulance out of our service area, placing undue stress on our local EMS service.</p> <p>Another concern I have as a representative of the local rural hospital in Lake Isabella, CA, is when our facility is not considered in this EMS directive, we lose revenue streams that effect our bottom line, thus, hindering our ability to stay viable and necessary in the community.</p> <p>If we cannot provide stabilizing treatment and transport, you take the risk of delaying other types of patient care that may indirectly jeopardize outcomes in the future.</p>	
P-4, C-5	RRH	Re-instate original language of 10% or more	Comment acknowledged. Language changed to five percent (5%)
VIII/4	Liberty	For chemical burns less than 10%, you make no exception to consider transport to a closer, local facility that could probably treat the injury. Mandating every chemical burn, no matter how small to be sent to a designated burn center in many cases will be unnecessary. This will cause an unnecessary depletion of resources and incur an unnecessary financial burden for the patient and/or patient's family. A catchment area carve out such as with the trauma protocols would be appropriate. Remember we aren't in Bakersfield.	Comment acknowledged. Language changed to five percent. (5%)
Section IV, C.	Bakersfield	Please reconsider the additional statement added as	Comment acknowledged. Change

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Page 1	Memorial Hospital	item C to state that the Burn Center receives verification by the American Burn Association (ABA) within two or three years of the policy effective date.	made.
Section IV, D. Page 2	Bakersfield Memorial Hospital	Add a statement that maintaining verification by the ABA is a requirement in order to maintain status as a designated Burn Center.	Comment acknowledged. Change made.
Section VIII, C, 5 Page 4	Bakersfield Memorial Hospital	Please revise this statement as follows: Move statement to item D and revise language to state "Pre-hospital personnel will make contact with a Burn Center to assess and assist in destination decisions of Chemical burns"	Comment acknowledged. Section amended.
Section VIII, D Page 4	Bakersfield Memorial Hospital	With the additional statement reflecting Chemical Burns, change this to item E.	Comment acknowledged. No change
IV. K. Burn Center General Requirements	SJCH – S. Kollman, Director of Critical Care	Recommend amending: "...one registered nurse in the Emergency Department shall be on duty with current certification of ABLIS....." to the following: "one RN with current certification of ABLIS..... shall be on duty at all times who can immediately respond" (rationale: requiring RN in a certain geographic location (ED) does not guarantee their ability to respond to the arriving patient – each hospital should designate a process to have this resource available - similar to a code or rapid response team)	Comment acknowledged. No changes made.