



**Shriners Hospitals
for Children®**
Love to the rescue.™

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 sex, 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**

Table of Contents

Our Commitment to the Community 4

Assessment Process and Methods 7

Key Findings..... 9

Action Plan.....16

Acknowledgements19

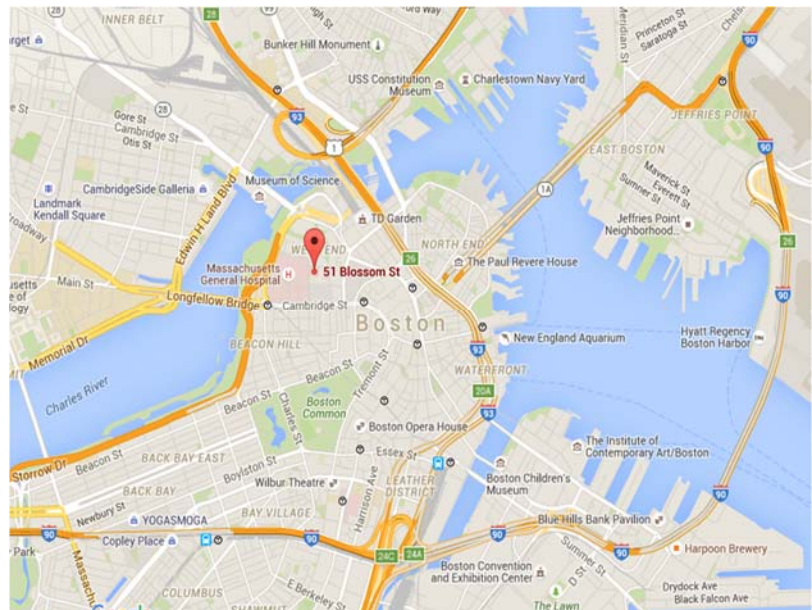
Our Commitment to the Community



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.

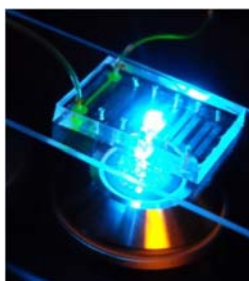
The hospital is a leader in acute pediatric burn care and is one of only four verified burns centers in New England and one of 66 in the United States. The Boston Shriners Hospital is the only exclusively “all pediatric” burn center in the Northeastern United States. Verification of burns centers is 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

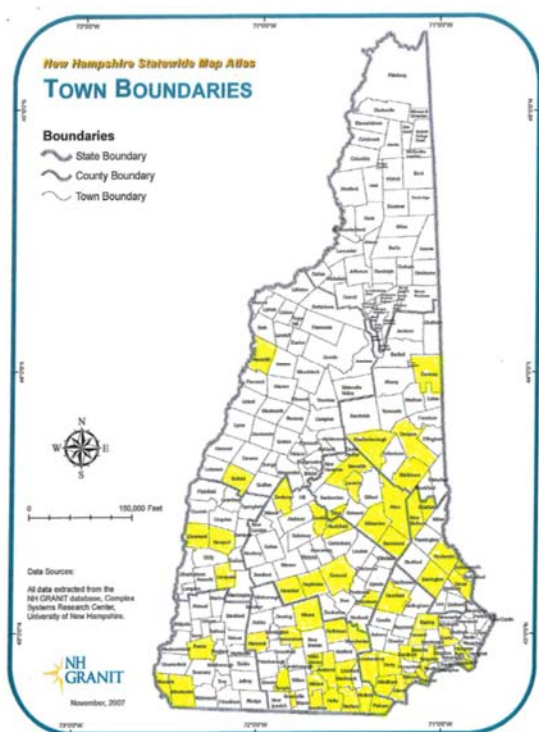
Over 600 fellows have been trained by Shriners surgeons, with over 90% now professors at prestigious academic institutions worldwide. Many serve on the boards of professional associations, including the American Burn Association and International Society of Burn Injury.

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.

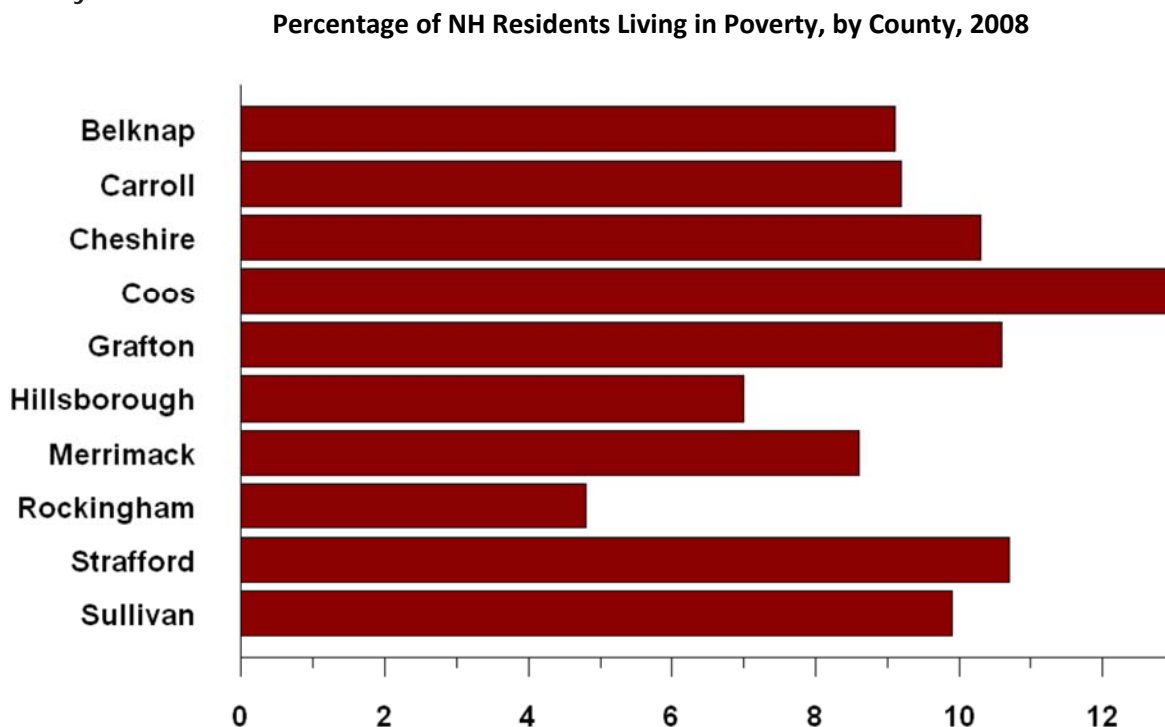
New Hampshire Population Demographics:

DEMOGRAPHIC CHARACTERISTICS											
			Selected Area	USA					2016	2021	% Change
2010 Total Population			1,316,476	308,745,538		Total Male Population			657,537	664,996	1.1%
2016 Total Population			1,331,488	322,431,073		Total Female Population			673,951	682,318	1.2%
2021 Total Population			1,347,314	334,341,965		Females, Child Bearing Age (15-44)			241,910	240,654	-0.5%
% Change 2016 - 2021			1.2%	3.7%							
Average Household Income			\$85,912	\$77,135							
POPULATION DISTRIBUTION						HOUSEHOLD INCOME DISTRIBUTION					
Age Distribution						Income Distribution					
Age Group	2016	% of Total	2021	% of Total	USA 2016 % of Total	2016 Household Income			HH Count	% of Total	USA % of Total
0-14	212,057	15.9%	200,648	14.9%	19.0%	<\$15K			44,072	8.3%	12.3%
15-17	50,887	3.8%	49,409	3.7%	4.0%	\$15-25K			43,063	8.1%	10.4%
18-24	131,591	9.9%	133,957	9.9%	9.8%	\$25-50K			110,121	20.8%	23.4%
25-34	152,139	11.4%	156,226	11.6%	13.3%	\$50-75K			97,335	18.4%	17.6%
35-54	358,744	26.9%	326,699	24.2%	26.0%	\$75-100K			76,117	14.4%	12.0%
55-64	204,769	15.4%	220,665	16.4%	12.8%	Over \$100K			159,719	30.1%	24.3%
65+	221,301	16.6%	259,710	19.3%	15.1%						
Total	1,331,488	100.0%	1,347,314	100.0%	100.0%	Total			530,427	100.0%	100.0%
EDUCATION LEVEL						RACE/ETHNICITY					
Education Level Distribution						Race/Ethnicity Distribution					
2016 Adult Education Level			Pop Age 25+	% of Total	USA % of Total	Race/Ethnicity			2016 Pop	% of Total	USA % of Total
Less than High School			25,782	2.8%	5.8%	White Non-Hispanic			1,206,413	90.6%	61.3%
Some High School			45,409	4.8%	7.8%	Black Non-Hispanic			18,116	1.4%	12.3%
High School Degree			274,420	29.3%	27.9%	Hispanic			47,424	3.6%	17.8%
Some College/Assoc. Degree			269,262	28.7%	29.2%	Asian & Pacific Is. Non-Hispanic			33,984	2.6%	5.4%
Bachelor's Degree or Greater			322,080	34.4%	29.4%	All Others			25,551	1.9%	3.1%
Total			936,953	100.0%	100.0%	Total			1,331,488	100.0%	100.0%

© 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:



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%.

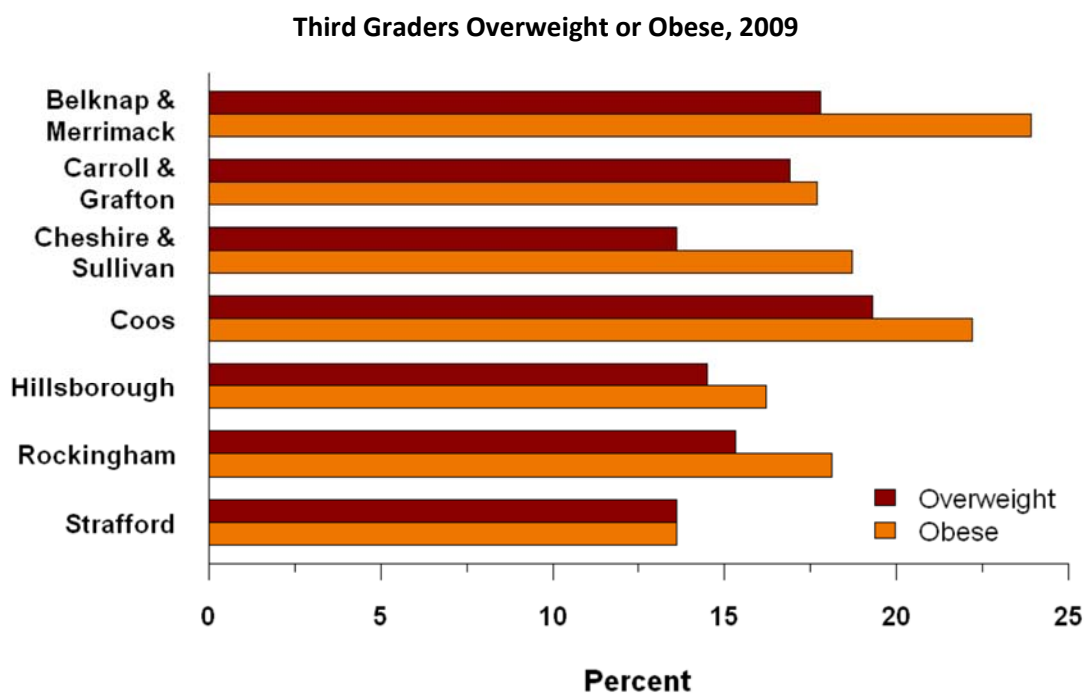
Obesity

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.



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

Age Group	Inpatient	Emergency Dept.	Grand Total
0 to 04	10	233	243
5 to 09	1	101	101
10 to 14	1	91	92
15 to 18	0	145	146
Grand Total	12	570	582

Gender	Inpatient	Emergency Dept.	Grand Total
Female	5	250	255
Male	7	320	327
Grand Total	12	570	582

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:

Identified Unmet Need Prioritization	New Hampshire Community Need	SHC Strategic Plan	SHC Resources Available	Shriners Hospital Impact Potential
<u>Health Status Variables</u> <ul style="list-style-type: none"> • Dermatology • Endocrinology • Orthopaedic Surgery • Neurology • Oral and Maxillofacial • Urology • Obesity • Poverty 	Yes	Yes	No	High
	Yes	No	No	High
	Yes	Yes	Yes	High
	Yes	No	No	High
	Yes	Yes	Yes	High
	Yes	No	No	High
	Yes	No	No	High
	Yes	No	No	High
	Yes	No	No	High
<u>Access Variables</u> <ul style="list-style-type: none"> • Ability to Pay • Transportation • Language Barriers 	Yes	Yes	Yes	High
	Yes	Yes	No	High
	Yes	Yes	Yes	High

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.

Goal	Objective	Strategy	Responsible Personnel
Increase community awareness in order to address unmet pediatric burn medical needs.	1. Partner with New Hampshire emergency department physicians, pediatricians, community health care centers and the general public to increase community awareness.	1. Meet with emergency department physicians, nurses and community healthcare centers.	Physicians, clinical staff and physician liaisons.
		2. Exhibit at health conferences and community healthcare events.	Physicians, clinical staff and physician liaisons.
		3. Provide Shriners physicians to present at medical conferences.	Physicians, clinical staff and physician liaisons
	2. Meeting the communities unmet medical needs.	1. Working closely with community health centers and attending community health fairs to generate patient awareness.	Physicians, clinical staff and physician liaisons.

		2. Educate emergency medical personnel by offering course materials, in-service training seminars.	Physicians, clinical staff and physician liaisons.
		3. Disseminate burn awareness and burn safety information at public fairs and other family events.	Physicians, clinical staff and physician liaisons.
	3. Meeting patient unmet needs while at Shriners Hospitals for Children Boston	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	

EXHIBIT 1

Materials are disseminated at conferences, community health centers and pediatric offices.



**Shriners Hospitals
for Children® – Boston**
Affiliated with Massachusetts General Hospital

**Contact Shriners Hospitals for Children–Boston
directly at
(617) 726-3575**
to refer an acute patient for admission
or urgent outpatient follow-up,
or to contact the attending surgeon on duty.

Emergency Treatment of Pediatric Burns

Initial Emergency Care of the Burned Child

- Use C spine precautions as indicated
- Stabilize Airway, Breathing and Circulation
- Determine burn size (see back of card)
- Flush chemical injuries for 30 minutes
- Monitor and maintain the child's temperature at all times
- Call for any questions, acute or late effects

Airway Management

- High flow 100% oxygen to all burn patients, be prepared to suction and support ventilation if necessary.
- Head of bed elevated if no contraindications
- Suspect inhalation injury if:
 - Burned in an enclosed space
 - Darkened or reddened oral/nasal mucosa
 - Burns to face, lips, nares, singed nasal hairs, soot on teeth, tongue or throat
 - Raspy, hoarse voice or cough
 - Stridor or inability to clear secretions may indicate impending airway occlusion
 - Mental status changes
- Children's airways are smaller and may obstruct faster than an adults

1

**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)



Shriners Hospitals
for Children® – Boston

Español al dorso

SCALD-INJURY PREVENTION and BURN FIRST AID

The leading cause of burn-related hospital visits for young children is scalds from hot food, liquids or tap water. Keep your children safe with these tips:

Scald-Injury Prevention Tips

Safety in Kitchen and Dining Area:

- Never leave the kitchen while cooking.
- Cook with pots on back burners and turn handles in.
- Test heated foods and liquids before serving to children.
- Make the stove and sink area a "no kids" zone.
- Do not cook or carry hot items while holding children.
- Keep hot items away from edges of counters or tables.
- Use placemats instead of tablecloths.
- Never microwave your baby's bottle.



Safety in the Bathroom:

- Set the water-heater temperature to 120°.
- When filling the bathtub, run cold water first.
- Test bathwater before placing child into tub.
- Face a child in the bathtub away from faucets.
- Never leave children alone in the bathtub.
- Use knob covers on faucets.



over, please

**IN ALL EMERGENCY SITUATIONS,
CALL 911**



Shriners Hospitals
for Children® – Boston

Inglés al dorso

PREVENCIÓN DE ESCALDADURAS y PRIMEROS AUXILIOS A QUEMADURAS

La causa principal de visitas al hospital relacionadas con quemaduras en niños pequeños son escaldaduras causadas por líquidos, comidas o agua caliente. Proteja la seguridad de sus niños con estas sugerencias:

Sugerencias para la prevención de escaldaduras

Seguridad en la Cocina y Comedor:

- Nunca deje la cocina mientras prepara las comidas.
- Cocine con las ollas en los quemadores de atrás con las manijas hacia adentro.
- Pruebe las comidas y líquidos calientes antes de servirlos a los niños.
- Haga que la cocina y zona del fregadero no sean para los niños.
- No cocine ni transporte artículos calientes mientras lleva a los niños.
- Ponga los artículos calientes lejos de los bordes de mesas o mesadas.
- Use manteles individuales en lugar de manteles para la mesa.
- Nunca ponga el biberón del bebé en el microondas.



Seguridad en el Baño:


- Programa la temperatura del agua caliente en 120° F (49° C).
- Cuando llena la bañera, use primero el agua fría.
- Pruebe el agua de la bañera antes de poner al niño en la bañera.
- Ponga al niño en la bañera mirando en la dirección opuesta a los grifos.
- Nunca deje al niño sin atender mientras está en la bañera.
- Use protectores para las perillas de los grifos.



al dorso, por favor

**EN TODAS LAS SITUACIONES DE
EMERGENCIA, LLAME AL 911**

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.




Topic of the Day:
Fire Safety

Fires and burns are the third leading cause of deaths that occur in the home. Hundreds of children die each year in house fires.


Pay attention to these SAFETY TIPS to prevent fires and work toward saving lives.

- Make sure there is a smoke alarm on every floor of your home and test it monthly
- Do not overload electrical circuits
- Never leave a stove unattended when cooking
- Have an escape plan in case of emergency
- Repeatedly teach children the dangers of fire



Shriners Hospitals for Children®
Boston, MA.
Love to the rescue!

Visit burnawareness.org or www.shrinerschildrens.org for more safety tips and information on Burn Awareness Week.




Topic of the Day:
Scald Prevention

Scald burns (caused by hot liquids, steam or foods) are the most common burn injury among children age 4 and younger and send hundreds of children to emergency rooms each day.

Pay attention to these SAFETY TIPS to prevent scald burns and work toward saving lives.


- Monitor the temperature of tap water
- Keep pot handles turned inward and use oven mitts/pot holders at all times
- Keep children away from anything that is hot
- Check the temperature of both water before bathing children —what is too hot for an adult is way too hot for a child



Shriners Hospitals for Children®
Boston, MA.
Love to the rescue!

Visit burnawareness.org or www.shrinerschildrens.org for more safety tips and information on Burn Awareness Week.

Prevent Scalds



Set your water heater at:
120° F
or
48° C
or just below the medium setting.

It Can Happen In A Flash With A Splash
Liquid And Steam Burn Like Fire
WWW.FLASHESPLASH.ORG

Shriners Hospitals for Children®
Love to the rescue!

Keep Your Family Warm and Safe this Holiday Season

With more cooking, decorations and open flames, the risk of house fires and burn injuries increases dramatically during the winter holiday months.

Keep kids safe and prevent accidents.
For tips and educational materials, visit BeBurnAware.org



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.)

- | | |
|--|---|
| <input type="checkbox"/> Dermatologist | <input type="checkbox"/> Neurosurgeon |
| <input type="checkbox"/> Gastroenterologist | <input type="checkbox"/> Plastic surgeon |
| <input type="checkbox"/> Pediatric surgeon | <input type="checkbox"/> Rheumatologist |
| <input type="checkbox"/> Orthopaedic surgeon | <input type="checkbox"/> Thoracic surgeon |
| <input type="checkbox"/> Otolaryngologist | <input type="checkbox"/> Urologist |
| <input type="checkbox"/> Neurologist | <input type="checkbox"/> 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.)

- | | |
|---|--|
| <input type="checkbox"/> Dermatologist | <input type="checkbox"/> Neurosurgeon |
| <input type="checkbox"/> Endocrinologist | <input type="checkbox"/> Physiatrist |
| <input type="checkbox"/> Gastroenterologist | <input type="checkbox"/> Plastic surgeon |
| <input type="checkbox"/> Pediatric surgeon | <input type="checkbox"/> Rheumatologist |

- | | |
|--|---|
| <input type="checkbox"/> Orthopaedic surgeon | <input type="checkbox"/> Thoracic surgeon |
| <input type="checkbox"/> Otolaryngologist | <input type="checkbox"/> Urologist |
| <input type="checkbox"/> Neurologist | <input type="checkbox"/> 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?

- | | |
|---|--|
| <input type="checkbox"/> Charity care policy | <input type="checkbox"/> Free-standing pediatric facility ☐ in network |
| <input type="checkbox"/> Only place service was available | <input type="checkbox"/> Excellent reputation |
| <input type="checkbox"/> Convenience | <input type="checkbox"/> Other: _____ |

5. Do you routinely refer your patients for the following acute conditions?

(Check all that apply.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute Burn Injuries | <input type="checkbox"/> Reconstructive Surgery | <input type="checkbox"/> Skin conditions |
| <input type="checkbox"/> Inhalation Injuries | <input type="checkbox"/> Not Applicable | |
| <input type="checkbox"/> Other _____ | | |

6. Do you routinely refer patients for any of the following Secondary Reconstructive Conditions?

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Burn Contracture Release | <input type="checkbox"/> Facial Burn Deformities |
| <input type="checkbox"/> Revision of Hypertrophic Scars | <input type="checkbox"/> Hand and/or Foot Reconstruction |
| <input type="checkbox"/> Dermabrasion | <input type="checkbox"/> Microdermabrasion |
| <input type="checkbox"/> Laser Surgery | <input type="checkbox"/> Breast Reconstruction |

☐ Not Applicable

☐ Other _____

7. Do you routinely refer patients for the Management of Complicated Wounds? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Pressure Ulcers | <input type="checkbox"/> Infected Wounds |
| <input type="checkbox"/> Delayed Wound Healing | <input type="checkbox"/> Amputations |
| <input type="checkbox"/> Exposed Vessels, nerves, tendons | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Other _____ | |

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

- | | |
|---|---|
| <input type="checkbox"/> Soft Tissue Infections | <input type="checkbox"/> Toxic Epidermal Necrosis |
| <input type="checkbox"/> Stevens - Johnson syndrome | <input type="checkbox"/> Epidermolysis Bullosa |
| <input type="checkbox"/> Necrotizing Fasciitis | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Other _____ | |

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

- | | |
|---|--|
| <input type="checkbox"/> Cost was too much | <input type="checkbox"/> Forgot appointment |
| <input type="checkbox"/> No insurance | <input type="checkbox"/> Did not go to appointment |
| <input type="checkbox"/> Health Plan Problem | <input type="checkbox"/> Child refused to go |
| <input type="checkbox"/> Did not accept child's insurance | <input type="checkbox"/> Did not know where to go |
| <input type="checkbox"/> Not available in area | <input type="checkbox"/> No referral |
| <input type="checkbox"/> Transportation problems | <input type="checkbox"/> Treatment is on going |
| <input type="checkbox"/> Could not get appointment | <input type="checkbox"/> Lack of resources at school |
| <input type="checkbox"/> Dissatisfaction with hospital | <input type="checkbox"/> Other: _____ |

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

- | | |
|---|--|
| <input type="checkbox"/> Cost | <input type="checkbox"/> No insurance |
| <input type="checkbox"/> Lack of specialist | <input type="checkbox"/> Unhealthy eating/lifestyle habits |
| <input type="checkbox"/> 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 Burns Association, National Burn Repository. (2002-2011).

American Community Survey, American Fact Finder, Bureau of Census,

<http://factfinder.census.gov/home/saff/main.html?lang=en>

America's Health Rankings, www.americashealthrankings.org/

Behavioral Risk Factor Surveillance System, www.cdc.gov/brfss or from NH Department of Health and Human Services, Bureau of Public Health Surveillance and Informatics,

www.dhhs.nh.gov/dphs/hsdm

CDC, National Center for Health Statistics, www.cdc.gov/nchs

CDC, National Program of Cancer Registries, <http://apps.nccd.cdc.gov/uscs/>

CDC, Healthy People 2010, (19) Nutrition and Overweight,

<http://www.healthypeople.gov/2010/Document/pdf/Volume2/19Nutrition.pdf>

CDC, Youth Risk Behavior Surveillance System, <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

Federal Emergency Management Agency. (2015)

New Hampshire Comprehensive Health Care Information System, Children's Health Insurance

Programs in New Hampshire National TRACS / ABA Burn Registry (Shriners Hospitals for Children – Boston). (2015).

New Hampshire Department of Health and Human Services Division of Public Health Services

Injury Surveillance Program. (2011)

New Hampshire 3rd Grade Oral Health Survey,

www.dhhs.nh.gov/dphs/bchs/rhpc/oral/publications.htm

NH Division of Public Health Services, Department of Health Information and Services, *New Hampshire State Health Report* (2011).

National Survey of Children's Health, www.nschdata.org/Content/Default.aspx

Ogden, C. L., et al. Prevalence of High Body Mass Index in US Children and Adolescents, 2007-2008. *JAMA* v. 303, n. 3, 2010.

Truven Health Analytics. (2016).

United States Fire Administration, National Data Center, "The Fire Risk to Children." (2015).

U.S. Department of Health and Human Services and U.S. Department of Agriculture. Dietary Guidelines for Americans 2005. Washington, DC: U.S. Government Printing Office; 2005.

US Bureau of Labor Statistics, www.bls.gov/

Youth Risk Behavior Survey Online, <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx>