



Burns Registry of Australia and New Zealand

Data User Guide

Revision History

Version	Date	Author(s)	Reason for Version Change	Sections Modified
1.0	TBC	Samara Rosenblum Lincoln Tracy	First Release	N/A

Introduction

The Burns Registry of Australia and New Zealand (BRANZ) is a clinical quality registry capturing epidemiological, quality of care, and in-hospital outcome data for adult and paediatric burn patients admitted to Australian and New Zealand specialist burn services.

The purpose of the BRANZ is to monitor burn injury incidence, burn injury causation, and to identify objective and verifiable data on treatment, outcomes, and quality of care with the principal objective to encourage higher standards of both burn injury prevention and patient care. The BRANZ project is collaboration between the Australian and New Zealand Burn Association (ANZBA) and Monash University, Department of Epidemiology and Preventive Medicine (DEPM).

The idea of a bi-national burn registry was first piloted in 2005 as a rudimentary web-based database that captured demographic data of patients from only a small number of burn services and was devoid of any governance or formal structure. In 2008, Monash University were called upon to develop a dedicated registry after funding was received from the Australian Commission for Safety and Quality in Healthcare. The registry as we now know it was officially launched in 2009 and was dubbed the Bi-National Burns Registry (BiNBR).

The first BiNBR Annual Report was produced in 2011, and in 2013 the registry was rebranded as the BRANZ. Additional services began contributing data to the BRANZ during this time, and by 2016 all 17 specialist burn services were contributing. 2016 also saw a major revision to the dataset, particularly focusing on revising and expanding the quality indicators collected by the registry.

In 2018 the BRANZ undertook a major research project (following a successful grant application from the HCF Research Foundation). This project aimed to quantify the variation in practice for the management of burn injuries across Australia and New Zealand burn services, and explore how variation in practice impacted hospital outcomes. Eleven quality indicators were examined as part of this project.

With strong support from the clinical community over the last decade, the BRANZ has continued to steadily develop and provide data to support research, prevention, and education activities, as well as quality improvement in burn services.

Data Insights

Item 1.3 – Date of Injury

The date of injury is mandatory and a key point, meaning that there will not be any missing data for this field. However, there are occasions where the date of injury is unknown. In this situation, 09/09/9999 is entered for the date of injury.

Item 1.9 – Residential Postcode

The BRANZ has the ability to map Australian residential postcodes to the [Index of Relative Socio-economic Advantage and Disadvantage](#) (IRSAD) Socio-economic Indexes for Areas (SEIFA) scores. The SEIFA scores rank areas in Australia according to relative socio-economic advantage and disadvantage. Note that a similar mapping process is currently not available for New Zealand postcodes.

Item 2.3 – Admission Date and Time

There is variation between contributing services regarding the exact date and time entered for this field. This may include the time patient is triaged (based on ambulance report), the time of emergency department admission, or admission to the ward as noted by ward clerk.

Item 2.5.2 – Other Hospital

A number of referring hospitals have been entered in a drop-down list for each contributing jurisdiction. However, it is possible that even though the hospital is included in the drop-down list it has been entered as a free text response for item 2.5.2.99 SourceOth (Referral Source Other). This may be due to hospitals changing name over time, or being known informally by a number of different names.

Item 2.6 – Initial Presentation at Referral Centre Date and Time

This data is usually obtained from referral notes. In the case of patients who have been referred to a specialist burn service by a GP, it is rare to have presentation time entered in which case the time will be 00:00.

Item 2.8 – Burns Consult

As these patients predominantly receive care under a different clinical unit, their length of stay may not necessarily be indicative of the severity of burn injury. In some cases you may choose to exclude these patients from your analyses. This data has been collected by the BRANZ from April 2010 onwards.

Item 2.10 – Insurance or Fund Source

Not all hospital records are updated after discharge to reclassify patients as a Workcover patient in the case of work-related injuries. The BRANZ team recommend also using Item 3.7 (Activity when Burn Injury Occurred, specifically codes 20 [working for income] and 34 [other types of unpaid work]) to identify work-related injuries.

Items 2.13 and 2.14 – Readmissions

The manner and nature of readmissions data collected by the BRANZ has changed over the life of the registry. The most recent changes to readmissions data were implemented in 2016.

Item 3.8 – Place where Burn Injury Occurred

Patients who usually/permanently reside in a nursing home or other aged care facility and sustain a burn in such a facility will be coded as 0 – Home (or usual place or residence).

Item 3.11 – Injury Event Postcode

The BRANZ has the ability to map Australian injury event postcodes to the [Accessibility and Remoteness Index of Australia](#), or ARIA remoteness areas. Remoteness Areas divide Australia into 5 classes of remoteness on the basis of a measure of relative access to services. Note that a similar mapping process is currently not available for New Zealand postcodes. It is also important to note that injury event postcode data is less complete than residential postcode data.

Item 4.0 – First Aid

Since July 2016, first aid data have been simplified to three fields (FirstAidYN, CoolWaterYN, and AddInfo). Prior to this there were separate data items for cooling at the scene, in the ambulance, at the referral centre, and in the BRANZ emergency department. Should you require this information please refer to BRANZ Data Dictionary V1.9.

Item 5.0 – Burn Wound Assessment

There are two data items for each burn depth (i.e., superficial, mid-dermal, deep dermal, and full thickness). The first item indicates if there were burns in that category while the second represents the %TBSA burned in that category.

Item 6.0 – Body Region of Burn

Additional detail was added to these items in July 2016. Specifically, this allows for the differentiation of whether the burn affected the palmar/dorsal surface of the hand or the dorsum/sole of the foot.

Item 8.7 – For Patients with a Length of Stay Exceeding 48 hours, did they have their psychosocial needs screened during their admission?

This has been a particularly challenging data item to collect at most member sites due to the need for both psycho- and social aspects to be covered in an assessment. The lack of a validated psychosocial screening or assessment tool also adds to the challenges surrounding this item. Caution is recommended when interpreting this data.

Item 15.0 ICD-10 Diagnosis and 16.0 ICD-10 Procedures

Sometimes these codes may not be available for all hospitals and recent information may be missing due to time delays in uploading this data.