



**Traumatic Brain Injury (TBI)
Program
Madigan Army Medical Center
Presented at PNNS, 10 Dec 2007**



THE CHALLENGE

Identify and treat Soldiers with mild TBI, provide hope around recovery, avoid the mental state of disability



TBI Center Principles



- **Educate and reassure Soldiers and their Families about the natural course of mTBI**
 - Increase understanding, increase satisfaction, optimize evaluation & treatment but avoid unnecessary therapeutic intervention
- **All Soldiers Screened for TBI**
 - Standardized TBI Assessment Processes
 - PDHA (SRP), PDHRA (SWAPP), PHA, In-processing, Referrals from Chain Teaching
- **Face-to-Face assessment by our most experienced professionals in mTBI**
 - Neuro Psychologist, Experienced Family Medicine or Internal Medicine Provider



Principles Con't



- **One-stop shopping**
 - **Screening, Diagnosis, Treatment, and Education**
 - **Selective specialty/subspecialty consultation**
- **Individual Soldiers at high-risk for mTBI Case Managed**
- **Follow-Up Appointments**
 - **Made on-site -- No “1-800” numbers**
 - **Monitored for compliance**
- **Partnership with Line**
 - **Commander/TBI Center communication**
 - **Joint “Care with Compassion”**



**Soldiers Readiness Program
TBI Screening
(Waller Hall)**

Check In

**Welcome Brief
TBI Education
Materials**

**SRP
Stations**

**Station # 12
Two + Ten
TBI Questions**

Providers

Neurologist

Neuropsychologist

Family Medicine

**MAMC 8th Floor
Nursing Tower**

**Score is
≥ 5 Points**

Disposition

Immediate Neurology
Referral

Follow Up 2 - 6 Weeks in
TBI Screening Center

Warrior Transition Unit

ENT

Speech Pathology

Behavioral Health

MRI

No further evaluation

**Soldier
Feedback
Questionnaire**

**SWAPP
AT
90-180 Days**



MAMC TBI Center Staff



- **Phase I**
 - Program Director/Neurologist
 - TBI Program Administrator
 - Psychiatrist
 - Neuropsychologist
 - Family Medicine
 - Neurologist
 - TBI Case Manager
 - Education Specialist
 - Occupational Therapist
 - Physical Therapist
 - Psychologist
- **Phase II**
 - Surge and Regional Rehabilitation



TBI Center – Space



- **Current Screening and Follow-Up**
 - MAMC Nursing Tower – 8th Floor
- **Temporary Building - February 08**
 - OMAMC Building 9923B
- **Permanent Center - April/May 08**
 - OMAMC Building 9921 A&B



FINDINGS TO DATE

(as of November 16, 2007)




SRP TBI Screening All Soldiers vs. 3/2 SBCT 10/5 – 11/16/2007



All Soldiers = 5365 3/2 SBCT = 3693

	<u>All Soldiers</u>	<u>3/2 SBCT</u>
Flagged for Secondary Screen	24.4% (1311)	27.67% (1022)
TBI Follow Up Required of All Soldiers Screened at SRP	4.08% (219)	5.06% (187)
Follow Up "Other" Required of All Soldiers Screened at SRP	4.86% (261)	5.76% (213)



Results of PTSD Screen in 3/2 Soldiers Flagged for Secondary Screen



- **N = 620**
- **VA developed 17 item PTSD Checklist (Military version)**
- **Approximately 55% scored in the probable range for the diagnosis of Post Traumatic Stress Disorder**



SRP TBI Screening

321 EN (Res) vs. 3/2 SBCT

321 EN = 312 3/2 SBCT = 3693

	<u>321</u> <u>EN</u>	<u>3/2</u> <u>SBCT</u>
Flagged for Secondary Screen	47% (147)	27.67% (1022)
TBI Follow Up Required of All Soldiers Screened at SRP	17.0% (55)	5.06% (187)



FINDINGS

**To date less than 0.3% of all Soldiers
going through SRP
require immediate care**



Soldier Evaluation of TBI Screen – 3/2 SBCT



95% of Soldiers at second level assessment answered anonymously

	<u>Yes</u>	<u>NO</u>
I responded honestly to provider's questions	97.2%*	0.2%
I am satisfied with the results of the study	95.5%	4.5%
Overall, this TBI Screening was helpful to me	96.1%	3.9%
This process demonstrated the Army is interested in my health and well being	91.6%	7.5%

*2.6% answered "Most of Time"



Lessons Learned



- **Soldiers’ perceptions of their illness early after head injury play a part in the persistence of Post Concussive Syndrome**
- **Value-added to having “most experienced providers” as screening professional**
- **Two levels of screening minimizes # of Soldiers who “slip through the cracks”**
- **SRP Screening – Soldiers are highly influenced by Command attitude about TBI**



Lessons Learned



- **Second Level Screening interviews reveal:**
 - **Soldiers’ professionalism and dedication to mission**
 - **Soldiers’ verbal reports highly reliable**
- **Value in giving Soldier “permission” to talk about events**
- **Soldiers want to be taken seriously and reassured**
- **Families want reassurance & info**
- **Soldiers appreciate Screening**



TBI Center

“Care With Compassion”



“When Soldiers and their Families are **Educated and Reassured about the natural course of mTBI, **Understand** the resources available to them, and have a **Personal Point-of-Contact** they are more satisfied, have decreased concerns and mistrust, and are less likely to request additional and often unnecessary therapeutic interventions.”**

Dr Frederick G Flynn, MAMC TBI Work Group Chairman



QUESTIONS?

