



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

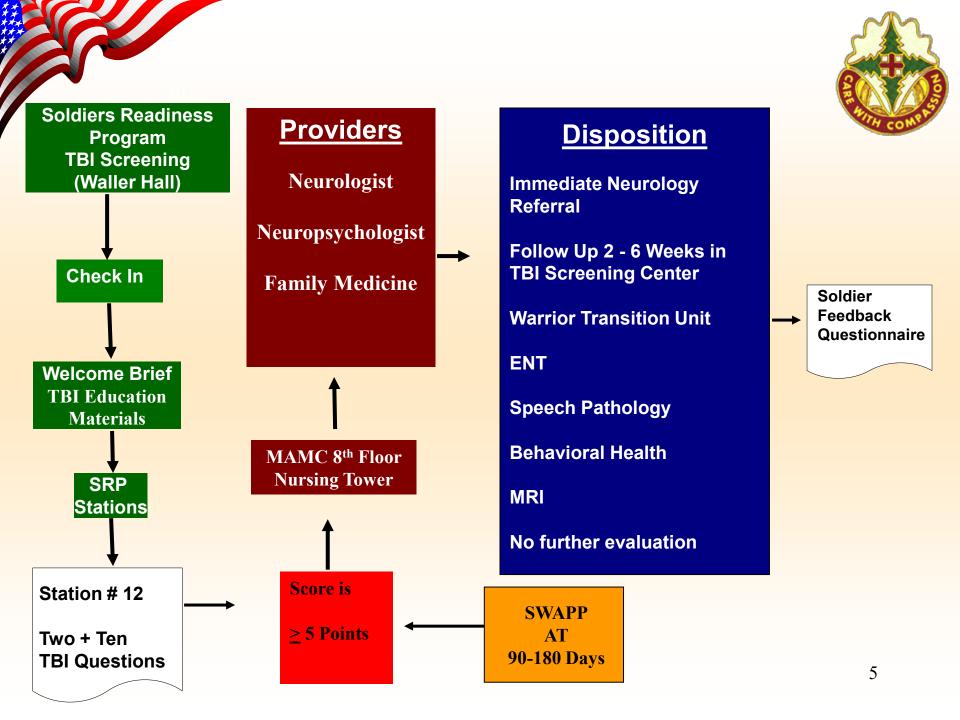
# TBI Center Principles

- 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"



#### **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 8<sup>th</sup> Floor

- Temporary Building February 08
  - OMAMC Building 9923B

- Permanent Center April/May 08
  - OMAMC Building 9921 A&B





### FINDINGS TO DATE

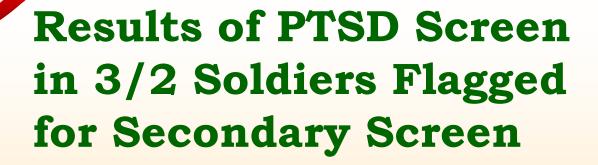
(as of November 16, 2007)





*All Soldiers* = 5365 3/2 SBCT = 3693

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





- 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

321

3/2

EN

**SBCT** 

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 <u>less than 0.3%</u> 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

I responded honestly to	Yes	<u>NO</u>
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	91.6%	7.5%
health and well being		13
	*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."





# **QUESTIONS?**

