



## Traumatic Brain Injury (TBI) Program Validation

The Rehabilitation and Reintegration Division (R2D), in collaboration with the Defense Veterans Brain Injury Center (DVBIC) established a validation program for all Army Medical Department (AMEDD) Military Treatment Facilities (MTFs) that provide care for Soldiers with mild, moderate, severe or penetrating Traumatic Brain Injuries (TBIs). This validation program was designed to establish standards of care for Soldiers with TBI and to ensure that services, physical facilities, and staffing levels are consistent across the Army MTFs based on the level of care provided at the facility.

Program categories are based on the scope and depth of care offered. The validation is divided into four categories:

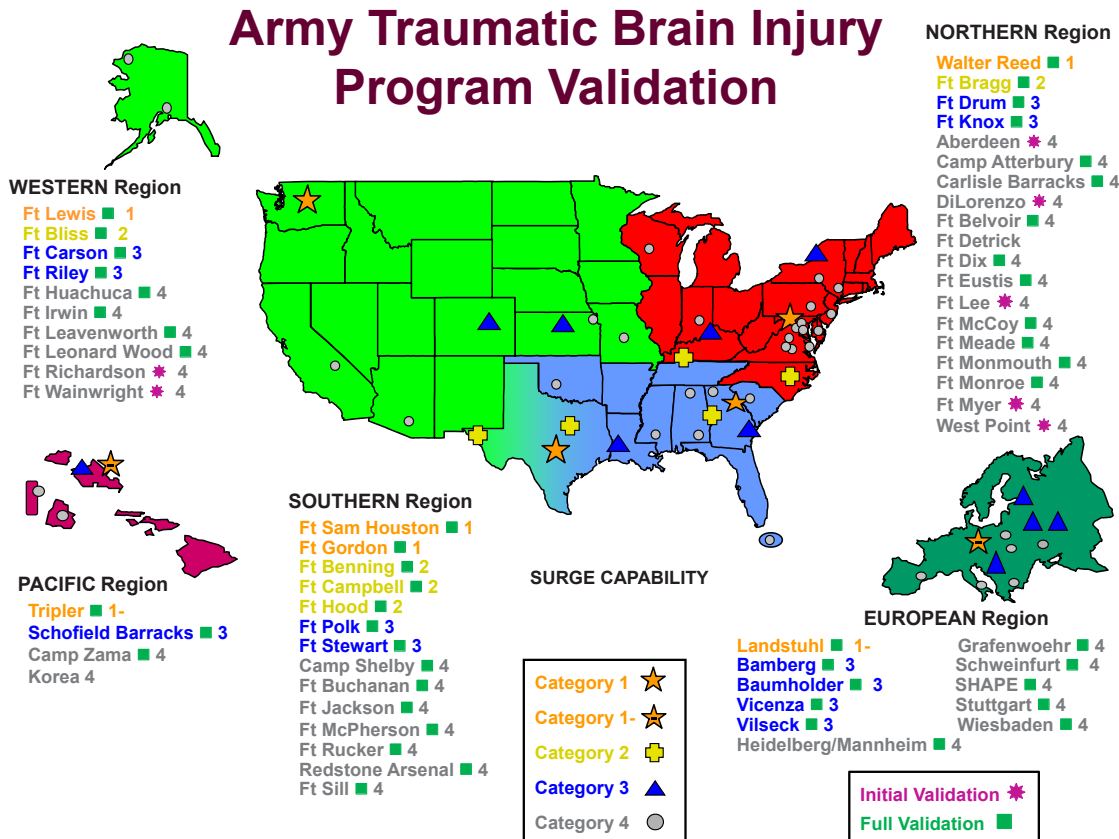
**Category 1:** Providing inpatient and outpatient care for the full spectrum of TBI severity (mild, moderate, and severe).

**Category 2:** Providing inpatient and outpatient care for mild and moderate TBI.

**Category 3:** Providing outpatient medical and rehabilitative care for Soldiers with mild and mild-moderate TBI.

**Category 4:** Providing outpatient medical care for Soldiers with mild TBI and refer for additional services as needed.

(The map below outlines the current TBI Program Validation sites as of January 2011.)



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### Army Medical Treatment Facility TBI Validation Program

In efforts to enhance the quality of care being provided to our Soldiers and to make sure the facilities are delivering care with all the necessary guidance and tools, the TBI validation program was established. This validation program came as a recommendation from the TBI Task Force Report, released 17 January 2008. The Director of the Health Policy and Services Directorate is the validating authority.

The program management requirements for validation are divided into two phases: the initial validation and the full validation. The initial validation is awarded upon submission and verification of completion of Phase 1 requirements, while the full validation is awarded upon submission and verification of the implementation for the full program.

The criteria for the MTFs are divided by functional program areas in management, education, assessment, treatment, metrics.

Staff is being added at most large MTFs to support TBI care. The funding for this staff resource is from the supplemental funds that were provided to the Army. Based on mission, current staff available, and projected TBI patient population the following teams were developed:

### Rehabilitation Teams

Augmented Teams at sites with high numbers of patients with TBI. Rehabilitation team typically consists of 5-8 personnel, such as a Physical Medicine Rehabilitation Physician, Neurologist, Psychiatrist, Speech Language Pathologist, Physical Therapist, Physical Therapist Assistant, Occupational Therapist, and Occupational Therapist Assistant.

### Regional Medical Center Team

Augmented Teams at 6 medical centers. RMC Team that consists of 8-17 personnel i.e., TBI Inpatient Program Director, Physical Medicine and Rehabilitation Physician, Neurologist, Nurse Practitioner or Physician Assistant, Neuropsychologist, Physical Therapist, Occupational Therapist, Speech Language Pathologist, Clinical Nurse Specialist, Social Worker, Rehabilitation Nurse, Pharmacist, Recreation Therapist, Counseling Psychologist, Psychiatrist, TBI Program Administrator, and TBI Program Liaison.



### Surge Teams

Goal-Ensure TBI care is available at sites with limited organic TBI assets.

- Detection and Initial Treatment Team members include Primary Care Provider, Behavioral Health Provider, Nurse Case Manager, Licensed Practical Nurse, and Administrative Staff.
- Rehabilitation Team members include Speech Language Pathologist, Physical Therapist, Physical Therapist Assistant, Occupational Therapist, and Occupational Therapist Assistant.

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