



Tampa

Center of Excellence

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Executive Summary for Fiscal Year 2011

This report reflects the second year of funding for the HSR&D/RR&D Tampa Center of Excellence in Maximizing Rehabilitation Outcomes. The theme of the Tampa Center is “maximizing rehabilitation outcomes” at the patient, facility, and systems levels, targeting veterans with disabilities, including Wounded Warriors from Operations Enduring Freedom and Iraqi Freedom (OEF/OIF), Veterans with amputations, traumatic brain injury, spinal cord injury and older adults. Advancement of rehabilitation goals can be impeded by: (1) complexity of polytrauma rehabilitation; (2) rehabilitation setbacks associated with adverse events; and (3) lack of rehabilitation outcome measurement tools. The Tampa Center of Excellence focuses on each of these three barriers to rehabilitation science. Over the past year we made significant progress in addressing each Center objective using HSR&D, RR&D, VACO and non-VA funding.

Objective 1 is to test rehabilitation interventions or programs designed to promote safety, function, activity, community participation, and QOL, while reducing healthcare utilization and cost. We have 10 active studies testing interventions and 3 in the pre-intervention phase, and another 9 in development. Examples include: Service Dogs for Veterans with PTSD [RR&D, D8094I], Safe Home: A Suite of Technologies to Support Extended Home Care of Veterans with Dementia [NIH, XVA 95-006], Enhancing Indoor, Community, and Advanced Wheelchair Skills in SCI [HSR&D, IIR 06-274], Evaluation of Transfer Technologies to Preserve Shoulder Function in SCI [RR&D, B6103R], SCI-VIP: Predictive Model Over Time for Employment [RR&D, O7841R], and Home Evaluation of Visual Exit Barriers in Dementia-related Wandering [RR&D, E6275R].

Objective 2 is to differentiate among PTSD, chronic pain, depression, anxiety, and mTBI for Wounded Warriors, given that symptoms may be subtle, delayed-onset, and overlapping. We have 9 active studies in this area and 5 in the planning phase. Examples include: Blast-Related Health Problem Identification and Polytrauma Taxonomy [HSR&D, CCN 06-164], Existing Practice Patterns for Screening Mild TBI in OEF/OIF Veterans [HSR&D, IAC 08-101], Psychological, Cognitive, Emotional, Functional, Radiological, Biological and Screening Differences in TBI, PTSD and TBI with Comorbid PTSH [Department of Defense (DoD)], and Exploring Deployment Stress and Reintegration in Army National Guard Chaplains [RR&D, D7800P].

Objective 3 is to predict the prevalence, severity, and cost of common rehabilitation adverse events across rehabilitation care settings. We have 7 active studies in this area and 7 in the planning phase. Examples include: Early Trajectory of Wandering in Veterans with Mild Dementia [NRI 04-184], and SCI Survey to Determine Pressure Ulcer Vulnerability in the Outpatient Population [DOD, SCI090613].

Objective 4 is to develop and validate risk assessment and rehabilitation outcome measures with optimal specificity and sensitivity for veterans with disabilities, including polytrauma. We have 11 active studies in this area and one in the planning phase. Examples include: Measuring Quality of Life in Veterans with Deployment-Related PTSD [HSR&D, IIR 10-169], Ontology-enhanced Information Retrieval to Improve Clinical Practice [HSR&D, PPO 10-266], Development of a Quality of Life Tool for Deployment Related TBI [RR&D, B6237R], TBI Screening Instruments and Processes for Clinical Follow-Up [HSR&D, SDR 08-411], Consortium for Healthcare Informatics Research: Clinical Inference and Modeling [HSR&D, HIR 09-002].

Objective 5 is to translate research findings into clinical practice through established partnerships with the National Center for Patient Safety (NCPS), Spinal Cord Injury (SCI) QUERI, PT QUERI, SCI Strategic Health Group (SHG), Rehabilitation SHG, and other key partners. We have 5 active studies in this area and 2 in the planning phase. Examples include: Process and Outcomes of the VA Safe Patient Handling Program [VACO, XVA 95-001], Tele-rehabilitation consults to primary providers at CBOCs [VACO, Specialty Care Access

Networks--SCAN], and Defense and Veterans Head Injury Program [VACO, XVA 95-005].