Improving Follow-Up Care for Patients with Mild TBI

The Problem

Mild traumatic brain injury (TBI), including concussions, is one of the more common diagnoses for admissions to the BIDMC Trauma Service. The admissions are often very brief – overnight observation – and discharge planning has not offered much guidance for follow-up: "See your personal physician". When the admission is for another injury, the mild TBI may not even be recognized during the brief stay.

Aim / Goals

- To develop a mechanism for screening for Mild TBI that can be implemented within the constraints of a short admission.
- To provide a clear mechanism for advice and referral for follow-up for patients who have had a mild TBI.
- To create an informational brochure to be reviewed at discharge that:
  - educates patients and families about what to expect in recovery
  - provides specific information about optimal follow-up at BIDMC
- To empower all members of the interdisciplinary team to identify patients with mild TBI and initiate referral and education.
- To establish an out-patient follow-up system that can address somatic, cognitive and psychological symptoms in one setting that is quickly accessible after discharge.

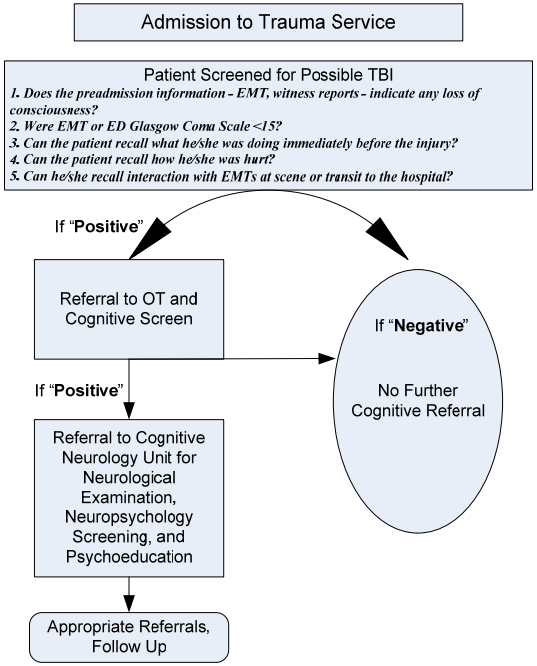
The Team

Michael P. Alexander, MD, Neurologist
Tonya F. Boyd, MS, APRN-BC
Katelyn Powers, OTR/L
Bonnie Wong, PhD, Neuropsychologist
Cynthia Wise Wagner, MS, CCC-SLP
Barbara F. Worth, MS, CCC-SLP

The Interventions

1. Revise the screening mechanism for mild TBI for nursing or medical inpatient staff
2. Develop a brief secondary screening to identify subtle cognitive impairments during admission
3. Establish a rapidly accessible outpatient referral mechanism with guidelines for patients who need specialized care for somatic, cognitive or psychological problems
4. Set up an educational model of Neuropsychological assessment that is time-linked to the initial outpatient referral
5. Create a detailed educational tool to assist patients in the management of persistent symptoms

The Results / Progress to Date



Lessons Learned

The challenges are:
1. Routinizing the initial screening by after admission
2. Performing secondary cognitive screenings on weekends
3. Establishing insurance status of patients with TBI
4. Obtaining insurance approvals for Neuropsychological assessment

Next Steps / What Should Happen Next

- Place the "5 questions" for patient identification into the admission examination template to ensure screening
- Collaborate with the inpatient medical team, including the trauma, nursing, case management and rehabilitation services to ensure that the secondary cognitive screening by OT is immediately & consistently requested
- Publish an informational brochure to be given to patients upon discharge
- Develop an outpatient rehabilitation program in the voice, speech and swallowing clinic for patients with persistent cognitive difficulties
- Establish a team follow-up structure and patient surveys to determine whether these referrals are used and if are they helpful

Beth Israel Deaconess Medical Center | A teaching hospital of Harvard Medical School | The Silverman Institute For Healthcare Quality and Safety

For More Information Contact
Michael P. Alexander, MD
Cognitive Neurology & Neurorehabilitation