

**Traumatic Brain Injury (TBI)
Instruments User Manual**



Release 2.0

**Department of Veterans Affairs
Office of Information and Technology (OIT)
Product Development**

**Department of Veterans Affairs
Office of Enterprise Development
Health Data Systems – Registries**

Revision History

Date	Revision	Description	Author
9/06/2011	1.2	Incorporated minor revisions, edited screenshots	D. Zaudtke
5/06/2011	1.1	Incorporated Comments from Business Owner	J. Sanders; T. Delgado
1/21/2011	1.0	Final Version	T. Delgado; L. Berry
1/20/2011	0.4	Incorporate Comments	V. Dunie
1/19/2011	0.3	Peer Review	L. Berry
1/15/2011	0.2	Editorial Review	V. Dunie
1/15/2011	0.1	Draft Version	V. Dunie

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1 Introduction

1.1 Instruments - Scope and Objectives

The Traumatic Brain Injury (TBI) Instruments are a set of comprehensive evaluation questionnaires (initial and follow up) designed to provide rehabilitation professionals with a vehicle by which they can assess patients and collect patient information. The information collected from these instruments is electronically transferred and stored in the form of a medical progress note in the patient's electronic record. This progress note can be retrieved through the Computerized Patient Record System (CPRS).

The set of TBI Instruments include the Comprehensive TBI Evaluation and the TBI Follow-Up Assessment.

1.2 Related Documents

These related documents are available at <http://www.va.gov/vdl/application.asp?appid=198>.

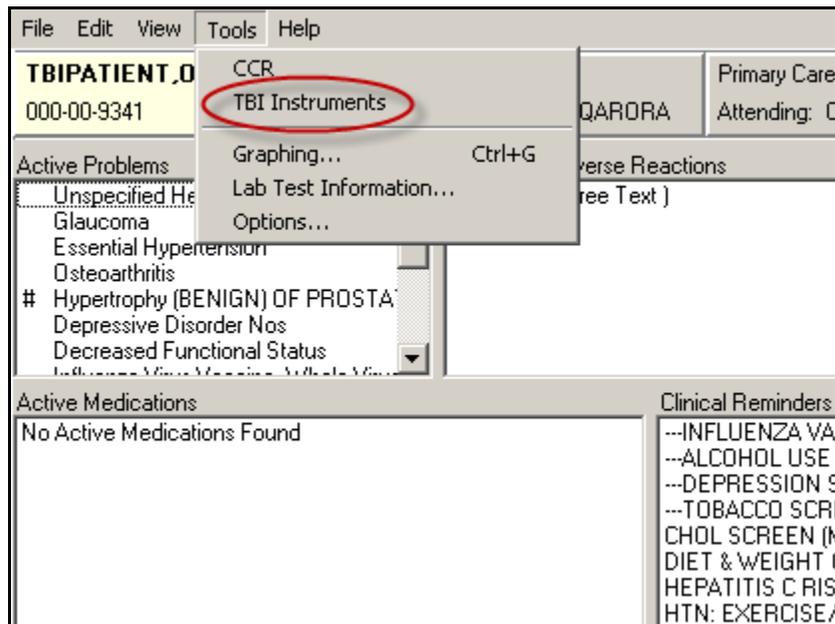
2 Software Overview

2.1 Select a Patient from CPRS



Note: This user guide assumes the user has access to CPRS.

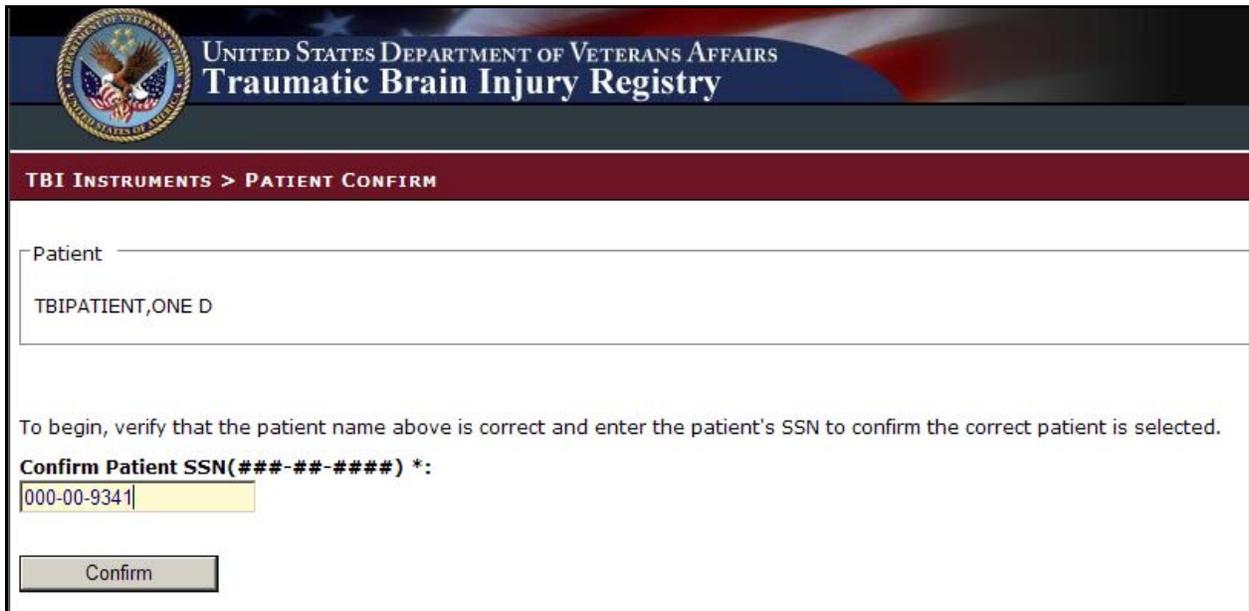
Once you have selected the appropriate patient in your local CPRS program, select **TBI or TBI Instruments (or whatever your site has decided to name the entry to TBI Instruments)** from the Tools menu in CPRS.



The TBI Instruments > **Patient Confirm** screen displays.

Enter the patient's Social Security Number (SSN) in the appropriate field to verify the correct record is selected. An error message is displayed if the SSN entered does not match the SSN associated with the patient's name that you selected.

Click [**Confirm**].



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TBI INSTRUMENTS > PATIENT CONFIRM

Patient
TBIPATIENT, ONE D

To begin, verify that the patient name above is correct and enter the patient's SSN to confirm the correct patient is selected.

Confirm Patient SSN(###-##-####) *:
000-00-9341

Confirm

2.2 Comprehensive TBI Evaluation Screen

The TBI Instruments > **Select Instrument** screen displays.

Select the appropriate instrument that you want to submit from the list by clicking the **[Select]** button.

Note that for this example, the Comprehensive TBI Evaluation is selected

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TBI INSTRUMENTS > SELECT INSTRUMENT

Patient _____
TBIPATIENT, ONE D

Select the Instrument that you want to submit:

Instrument Name	
COMPREHENSIVE TBI EVALUATION	Select
TBI FOLLOW-UP ASSESSMENT	Select

The TBI Instruments > **Instrument Associations** screen displays.

Note that the patient name and the Instrument Type previously selected are presented on the screen.



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TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS

Patient _____
TBIPATIENT,ONE D

Instrument Type:
COMPREHENSIVE TBI EVALUATION

Select Note Title *:
-- Select a Value --

Link to Consult (Optional):
-- Select a Value --

Link to Encounter Type _____

- Scheduled Clinic Appointment**
- Hospital Admission**
- Current Stay**
- Unscheduled or New Visit**

Select an appropriate Note Title from the “Select Note Title” drop-down list. Appropriate Note Titles for TBI patients begin with “TBI.” This selection is required.



If the note title selected is classified as a ‘Consult Report’, the user entry will complete a consult in CPRS. Use the “Link to Consult” drop-down list to select the appropriate consult to which the entry should be linked in CPRS. While this selection is optional, the user must make a selection from the list in order for the consult report to be linked to a consult in CPRS.

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TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS

Patient
TBIPATIENT, ONE D

Instrument Type:
COMPREHENSIVE TBI EVALUATION

Select Note Title *:
TBI <COMPREHENSIVE TBI EVALUATION>

Link to Consult (Optional):
-- Select a Value --
-- Select a Value --
Dec 15, 10 (pr) NEUROPSYCHOLOGY Cons Consult #: 639236

The “Link to Consult” drop-down list is populated with previously ordered consults for this patient. If the user selects a consult from the drop-down list, the data then entered via the selected TBI Instrument will be associated with the selected consult.

Use the radio button to select the appropriate “Link to Encounter Type” from the list.

If you select “Scheduled Clinic Appointment,” the application searches the period of time one month before today through one month after today. If any appointments are found, they are loaded into the “Select the Scheduled Clinic Appointment” drop down list. Select an appointment to proceed to the next step. If the user wishes to expand the date range for the search, the user can input new start and end dates and click “Get Appointments” and then proceed to the next step. This step associates the current instrument with the selected appointment.

Link to Encounter Type

Scheduled Clinic Appointment

Hospital Admission

Current Stay

Unscheduled or New Visit

Select the Scheduled Clinic Appointment:

-- Select a Value --

Modify Appointment Filter

Your site's VistA system was searched to find scheduled clinic appointments. The period of time one month before today and one month after today was used for this search. If any appointments were found, these are loaded in the dropdown above. Select an appointment to proceed to the next step. If you would like to expand the date range to search, change the start and/or end dates and click "Get Appointments", then select to proceed to next step.

Start (mm/dd/yyyy): End (mm/dd/yyyy):

If you select “Hospital Admission,” the application searches for previous hospital stays. If any are found, they are loaded into the “Select the Hospital Admission” drop down list, and the user can make the appropriate selection. If no previous stays are found for the patient, the user must select a different encounter type from the “Link to Encounter Type” list in order to proceed.

Link to Encounter Type

Scheduled Clinic Appointment

Hospital Admission

Current Stay

Unscheduled or New Visit

Select the Hospital Admission:

-- Select a Value --

Your site's VistA system was searched for previous stays. If any were found they are loaded in the drop down above. If no previous stays are found for this patient, you must select a different choice in the section "Link to Encounter Type" to proceed.

If you select “Current Stay,” the next action required is to click **[Continue]** to move to the next screen.

Link to Encounter Type

- Scheduled Clinic Appointment
- Hospital Admission
- Current Stay
- Unscheduled or New Visit

Continue

If you select “Unscheduled or New Visit”, the application searches to find all locations at your site which begin with “TBI.” If any locations are found, they are loaded into the “Location” drop down list. If the user wants to search using a different location, the user can change the default search string and click **[Get Locations]**. After selecting a location, the user can click **[Continue]** to move to the next screen.

Link to Encounter Type

- Scheduled Clinic Appointment
- Hospital Admission
- Current Stay
- Unscheduled or New Visit

Location:

Historical -- Select a Value --

Location

Your site's VistA system was searched to find all locations at your site which begin with the search string "TBI". If any locations were found, they are loaded in the dropdown above. If you would like to use a different location, change the default search string below and click "Get Locations". After selecting a location, you can proceed to the next step.

Location Search String:

Get Locations

Continue

The TBI Instruments > Instrument Associations > **Comprehensive TBI Evaluation Screen** displays.

The user can select on one radio button per question if it is a radio button based question.

The user can select multiple answers per question (E.g. 5-D-5) if it is a check box based question.

IV. Conclusion

20. Additional history of present illness, social history, functional history, patient goals, and other relevant information.

response to question 20

21. Current medications:

response to question 21

The user can enter free form text into the text box based questions.

30. Details of plan:

Save Draft Save and Prepare Note Cancel

Select [**Save Draft**] to save the information entered even if incomplete or in the event the user wishes to review the data again prior to completing the note.

Select [**Save and Prepare Note**] when the information entered is complete.

29-D Electro diagnostic study (nerve conduction / electromyogram):	No
29-D-1 Electroencephalogram (EEG):	No
29-E Lab:	0. None
29-F Head CT:	No
29-G Brain MRI:	No
29-H Other Consultation:	No
29-I New medication trial or change in dose of existing medication to address the following symptoms:	Incoordination or Dizziness (consider Medizine) Non-Headache Pain (consider Pain Medications) Nausea / Loss of Appetite (consider Compazine, Appetite stimulants)
29-I-1 Other symptom(s):	Not asked (due to responses to other questions)
30 Details of Plan:	

Please review the content. If you need to make changes, click the Cancel button and edit the answers. If the content is correct, click the Submit Note button.

Note: once the note is submitted, it will no longer be editable in this tool and updates will need to be done within CPRS

The application reformats the information entered into the questionnaire and displays the resulting report, along with a **[Submit Note]** button. The instructions on the screen suggest the user review the newly formatted content. If the user wants to make changes to the material, the user should click **[Cancel]** button and re-enter the answers. If the content is correct, the user clicks the **[Submit Note]** button.

Be aware that once the note is submitted, it is no longer editable within the TBI Instruments application and any updates will have to be made within CPRS.

The clinician must sign the note in CPRS.

2.3 Sample Report

The questionnaire answers are summarized and displayed on the screen as shown below.

The screenshot shows the 'TBI SURVEY SUMMARY' page for Patient HAIS, ONE A. The patient's SSN is 666777124 and the facility is TESTSITE. The survey results are as follows:

A Was this evaluation furnished by a non-VA provider, e.g., fee basis?	Yes
1 Current marital status:	Not asked (due to responses to other questions)
2 Pre-military level of educational achievement:	Not asked (due to responses to other questions)
3 Current employment status:	Not asked (due to responses to other questions)
4 How many serious OEF/OIF deployment related injuries have occurred?	Not asked (due to responses to other questions)
4-A-1 Month of most serious injury:	Not asked (due to responses to other questions)
4-A-2 Year of most serious injury:	Not asked (due to responses to other questions)
4-B-1 Month of second serious injury:	Not asked (due to responses to other questions)
4-B-2 Year of second serious injury:	Not asked (due to responses to other questions)
4-C-1 Month of least serious injury:	Not asked (due to responses to other questions)
4-C-2 Year of least serious injury:	Not asked (due to responses to other questions)
5-A Bullet:	Not asked (due to responses to other questions)
5-B Vehicular:	Not asked (due to responses to other questions)
5-C Fall:	Not asked (due to responses to other questions)
5-D Blast:	Not asked (due to responses to other questions)
5-D-1 When a high-explosive bomb or IED goes off there is a blast wave which is a wave of highly compressed gas that may feel almost like being smashed into a wall. Do you remember experiencing this or were told that you experienced it?	Not asked (due to responses to other questions)
5-D-1-a Estimated distance from closest blast:	Not asked (due to responses to other questions)
5-D-2 This blast wave is followed by a wind in which particles of sand, debris, shrapnel, and fragments are moving rapidly. Were you close enough to the blast to be peppered or hit by such debris, shrapnel, or other items?	Not asked (due to responses to other questions)
5-D-3 Were you thrown to the ground or against some stationary object like a wall, vehicle or inside a vehicle by the explosion? (This is not asking if you ducked to the ground to protect yourself).	Not asked (due to responses to other questions)
5-D-4 Did you experience any of the following injuries as a result of an explosive blast: burns, wounds, broken bones, amputations, breathing toxic fumes, or crush injuries from structures falling onto you?	Not asked (due to responses to other questions)
5-D-5 Type of blast exposures: (Check all that apply)	Not asked (due to responses to other questions)
5-E Blunt trauma other than from blast/vehicular injury, e.g., assault, blunt force, sports related or object hitting head.	Not asked (due to responses to other questions)
6 Did you lose consciousness immediately after any of these experiences?	Not asked (due to responses to other questions)

2.4 TBI Follow-Up Assessment Screen

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TBI INSTRUMENTS > INSTRUMENT ASSOCIATIONS > TBI FOLLOW-UP ASSESSMENT

Patient _____

Patient: TBIPATIENT,ONE D **SSN:** 000009341 **Facility:** TESTSITE

A. Chief Complaint:

This is a chief complaint field.

B. History of Present Illness, or Interval History since last visit:

This is the history of present illness field.

1. Change in Marital Status: _____

No Yes, Divorced or separated

Yes, Married or Partnered Yes, Widowed

2. Highest educational level achieved: _____

Less than high school

High school or equivalent

Some college, associates degree, or technical degree

College graduate (baccalaureate)

Post baccalaureate

2-A. Current school or training status: _____

Full time Student/Trainee

The TBI Follow-Up Assessment questionnaire is similar to the Comprehensive TBI Evaluation. The mechanisms are the same.