

VHA EXTERNAL PEER REVIEW PROGRAM  
TRAUMATIC BRAIN INJURY INSTRUMENT  
Third Quarter FY2014

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
		<b>Organizational Identifiers</b>		
	VAMC CONTROL QIC BEGDTE REVDTE	Facility ID Control Number Abstractor ID Abstraction Begin Date Abstraction End Date	Auto-fill Auto-fill Auto-fill Auto-fill Auto-fill	
		<b>Patient Identifiers</b>		
	SSN PTNAMEF PTNAMEL BIRTHDT SEX MARISTAT RACE	Patient SSN First Name Last Name Birth Date Sex Marital Status Race	Auto-fill: no change Auto-fill: no change Auto-fill: no change Auto-fill: no change Auto-fill: can change Auto-fill: no change Auto-fill: no change	
		<b>TBI Screening</b>		
1	tbisrctd	Enter the date of the most recent screening for Traumatic Brain Injury.	mm/dd/yyyy  Will auto-fill from pull list and can be modified  <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">           &gt;= stdybeg and &lt;= stdyend         </div>	<p><b>The TBI Screen date will auto-fill from pull list and may be modified if abstractor verifies from medical record documentation that the date is incorrect. If the date is incorrect, enter the date of the most recent screening for TBI during the study interval.</b></p> <p><b>If the patient has been deployed more the once, there may be more than one TBI screen documented in the record.</b></p> <p>Enter the exact date. The use of 01 to indicate missing month or day is not acceptable.</p>
2	actdxtbi	Prior to the most recent TBI screen, was there evidence in the record that the veteran had a pre-existing diagnosis of Traumatic Brain Injury prior to the TBI Screen? 1. Yes 2. No	*1, 2 <b>*If 1, the case is excluded.</b>	<p>Look in the progress notes or problem list tab to determine if there is documentation that the veteran had a pre-existing diagnosis of TBI prior to the TBI screen. A current or pre-existing diagnosis of TBI may be listed as a health factor in the TBI Clinical Reminder.</p> <p><b>Exclusion Statement:</b> A documented pre-existing diagnosis of Traumatic Brain Injury prior to the most recent TBI screen excludes the case from TBI review.</p>

VHA EXTERNAL PEER REVIEW PROGRAM  
TRAUMATIC BRAIN INJURY INSTRUMENT  
Third Quarter FY2014

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
		<b>Consult</b>		
3	folotbi	Following the positive TBI screen, was a consult placed for a Comprehensive TBI Evaluation appointment? 1. Yes 2. No 98. Patient refused consult	1, 2, *98 If 2, auto-fill tbirefdt as 99/99/9999, and go to com2eval <b>*If 98, go to end</b>	<b>A positive TBI screen requires further evaluation to determine if the patient has TBI. Consultation placement for Comprehensive TBI Evaluation (CTBIE) may be found under the consultation tab. The Comprehensive TBI Evaluation includes assessment for: TBI, conditions other than TBI that have similar symptoms, and the presence of any co-existing diagnoses.</b>
4	tbirefdt	Enter the date the consult was placed.	mm/dd/yyyy Will be auto-filled as 99/99/9999 if folotbi = 2 >= tbiscrdt and <= pulldt	The TBI Clinical Reminder generates a consult request for positive TBI screens. Verify the consult was placed by looking in the consult package for the date that the consult was placed. Enter the exact date. The use of 01 to indicate missing month or day is not acceptable.
		<b>Comprehensive TBI Evaluation</b>		
5	com2eval	During the timeframe following the positive TBI screen up to and including the pull list date, does the record document a Comprehensive TBI Evaluation was completed by a licensed independent medical provider? 1. Yes 2. No	1, 2 <b>If 2, go to prevctbie</b>	<b>Comprehensive TBI Evaluation following a positive TBI screen = the first specialized comprehensive evaluation completed most immediately following the positive TBI screen.</b> The Comprehensive TBI Evaluation should include the origin or etiology of the patient's injury, neurobehavioral symptom inventory (NSI), targeted physical exam, and a treatment plan. The <b>licensed independent medical provider (LIMP)</b> performing the Comprehensive TBI Evaluation could be a psychiatrist, neurologist, APN, or PA, or any other LIMP that has the competency and training to complete the evaluation. <b>A Comprehensive TBI Evaluation performed on the date of the positive TBI screen is acceptable.</b>

VHA EXTERNAL PEER REVIEW PROGRAM  
TRAUMATIC BRAIN INJURY INSTRUMENT  
Third Quarter FY2014

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES										
6	sec1eval sec2eval sec3eval sec4eval sec1eval sec2eval sec3eval sec4eval	<div>Is there documentation the Comprehensive TBI Evaluation included the following components?</div> <table><tr><th>Components</th><th>Field Format</th></tr><tr><td>1. Injury etiology (origin)</td><td>1,2</td></tr><tr><td>2. Neurobehavioral Symptom Inventory (NSI)</td><td>1,2</td></tr><tr><td>3. Targeted Physical Exam</td><td>1,2</td></tr><tr><td>4. Treatment Plan</td><td>1,2</td></tr></table>	Components	Field Format	1. Injury etiology (origin)	1,2	2. Neurobehavioral Symptom Inventory (NSI)	1,2	3. Targeted Physical Exam	1,2	4. Treatment Plan	1,2	1, 2	<div>Review the documentation in order to determine whether the Comprehensive TBI Evaluation included each of the following components:</div> <div>1. Injury etiology = documentation of the causes or origin of the patient's injury. Should include a description of the original injury (blast or explosion, vehicular accident/crash, fragment wound or bullet wound above the shoulders, fall).</div> <div>2. Neurobehavioral Symptom Inventory (NSI) is a twenty-two item checklist used to identify common symptoms associated with TBI and to assist with development of a treatment plan. <b>Note:</b> If the NSI is completed by a professional other than a LIMP (physiatrist, neurologist, NP, or PA, or any other LIMP that has the competency and training to complete the evaluation), the LIMP must review the information with the Veteran at the Comprehensive TBI Evaluation visit. The review and concurrence would be indicated by the signature of the LIMP on the note in CPRS.</div> <div>3. Targeted Physical Exam = a physical exam that is focused on the patient's problems and symptoms.</div> <div>4. Treatment Plan = documentation of a plan to treat the patient's problems or symptoms. The plan may include prescription of medications, referrals (e.g. PT, OT, speech, mental health), counseling and education, and when to return to clinician.</div>
Components	Field Format													
1. Injury etiology (origin)	1,2													
2. Neurobehavioral Symptom Inventory (NSI)	1,2													
3. Targeted Physical Exam	1,2													
4. Treatment Plan	1,2													
7	foevaldt	Enter the date the Comprehensive TBI Evaluation was completed following the positive TBI screen.	<div>mm/dd/yyyy</div> <div>If foevaldt - tbiscrdt is &lt;= 30 days, go to end; else go to appltatr</div> <div>&gt;= tbirefdt and &lt;= pulldt</div>	<div>Comprehensive TBI Evaluation following a positive TBI screen = the first specialized comprehensive evaluation completed most immediately following the positive TBI screen.</div> <div>If the components of the Comprehensive TBI Evaluation (injury etiology, neurobehavioral symptom inventory (NSI), targeted physical exam, treatment plan) are completed on different days, enter the date the last component was completed.</div> <div>For example, the physiatrist documents injury etiology and the NSI on 10/24/13 and the treatment plan on 10/25/13. Enter 10/25/13 as the date the Comprehensive TBI Evaluation was completed.</div> <div>Enter the exact date. The use of 01 to indicate missing month or day is not acceptable.</div>										

VHA EXTERNAL PEER REVIEW PROGRAM  
TRAUMATIC BRAIN INJURY INSTRUMENT  
Third Quarter FY2014

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
8	prevctbie	<p>Since the Veteran's most recent service separation date and prior to (computer to display tbiscrdt), does the record document a Comprehensive TBI Evaluation was completed by a licensed independent medical provider?</p> <p>1. Yes 2. No</p>	<p>1, 2 If 1, go to end</p>	<p>Service Separation Date may be found in several locations such as certain Clinical Reminders (e.g., OEF/OIF Service info, PTSD screen) and demographics. Please refer to the most recent Service Separation Date when answering this question. The Comprehensive TBI Evaluation (CTBIE) may be completed at any VAMC or fee basis. The CTBIE should include the origin or etiology of the patient's injury, neurobehavioral symptom inventory (NSI), targeted physical exam, and a treatment plan.</p> <p>The licensed independent medical provider (LIMP) performing the Comprehensive TBI Evaluation could be a psychiatrist, neurologist, APN, or PA, or any other LIMP that has the competency and training to complete the evaluation.</p>
		<b>CTBIE Delayed/Not Completed</b>		
9	success2	<p>During the timeframe from (computer to display tbiscrdt to tbiscrdt +14 days), was the patient successfully notified of the Comprehensive TBI Evaluation appointment date?</p> <p>1. Yes 2. No</p>	<p>1, 2 If 2, go to atempcon2</p>	<p>In order to answer "1," there must be medical record documentation that facility personnel successfully notified the patient during the specified timeframe regarding the CTBIE appointment.</p> <p><b>Notification can be either face-to-face, telephone, secure messaging, or letter. Secure messaging or notification via letter is acceptable only if return message confirming the appointment is documented in the record within the specified timeframe.</b></p> <p><b>Examples:</b> A clinic note or comment on consult documents, "Talked to patient via phone. Notified appointment for further evaluation of his positive TBI screen is scheduled for 10/18/13." Select "1." Comment on consult notes, "Patient called regarding letter he received to schedule TBI appointment. Appointment scheduled for 10/23/13." Select "1". If the patient was not successfully notified of the Comprehensive TBI Evaluation appointment date, select "2".</p>
10	successdt	<p>Enter the date the facility successfully notified the patient regarding the Comprehensive TBI Evaluation appointment.</p>	<p>mm/dd/yyyy  <div style="border: 1px solid black; padding: 2px; display: inline-block;"> &lt; = 14 days after or = tbiscrdt </div> </p>	<p><b>Notification can be either face-to-face, telephone, secure messaging, or letter. Secure messaging or notification via letter is acceptable only if return message confirming the appointment is documented in the record within the specified timeframe.</b></p> <p>Enter the exact date. The use of 01 to indicate missing month or day is not acceptable</p>

**VHA EXTERNAL PEER REVIEW PROGRAM**  
**TRAUMATIC BRAIN INJURY INSTRUMENT**  
Third Quarter FY2014

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
11	refusevl	Following the most recent TBI screen date on (computer to display tbiscrdt), was there evidence in the medical record that the patient refused the Comprehensive TBI Evaluation? 1. Yes 2. No	1, *2 *If 2, go to apptltr	In order to answer "1," there must be documentation in the medical record by a staff member that the patient refused the Comprehensive TBI Evaluation. For example, the patient initially agreed to consult placement for further evaluation of the positive TBI screen, but upon notification the patient informs the staff member, "I decided I don't want to go for that appointment." The staff member documents the patient's refusal in the record. Suggested data sources: TBI consultation note, progress note
12	refevldt	Enter the date of documentation indicating the patient refused the Comprehensive TBI Evaluation.	mm/dd/yyyy *If refusevl = 1, go to end ≤ 14 days after or = tbiscrdt and ≤ pulldt	Enter the exact date. The use of 01 to indicate missing month or day is not acceptable.
13	apptltr	During the timeframe from (computer to display tbiscrdt to tbiscrdt + 30 days), does the record document the patient requested an appointment greater than 30 days from the positive TBI screen date? 1. Yes 2. No	*1, 2 *If 1, go to end If 2 and com2eval = 1, go to schappt; else if 2, go to atempcom2	If the facility attempted to schedule the appointment for the Comprehensive TBI Evaluation within 30 days of the positive TBI screen date and the patient requested an appointment greater than 30 days after the positive TBI screen, answer "1."
14	atempcon2	During the timeframe from (computer to display tbiscrdt to tbiscrdt +14 days), does the record document the facility attempted to contact the patient regarding the Comprehensive TBI Evaluation appointment? 1. Yes 2. No	1, 2 If 2, go to schappt	In order to answer "1", a contact attempt by telephone, secure messaging, and/or certified letter must be made on the date of or within 14 days after the positive TBI screen. If a contact attempt by telephone, secure messaging, or certified letter was not made on the date of or within 14 days after the positive TBI screen, answer "2."
15	atemptet	During the timeframe from (computer to display tbiscrdt to tbiscrdt + 14 days), was one contact attempt made by certified letter? 1. Yes 2. No	1, 2 If 2, go to schappt	In order to answer "1", an attempt to contact the patient regarding the CTBIE by certified letter must be documented during the specified timeframe.

VHA EXTERNAL PEER REVIEW PROGRAM  
TRAUMATIC BRAIN INJURY INSTRUMENT  
Third Quarter FY2014

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
16	letterdt	Enter the date the certified letter was sent to the patient.	mm/dd/yyyy <div>&lt; = 14 days after or = tbiscrdt and &lt; = pulldt</div>	Enter the exact date. The use of 01 to indicate missing month or day is not acceptable
17	atempt3	During the timeframe from (computer to display tbiscrdt to tbiscrdt + 14 days), were at least three contact attempts made by telephone or secure messaging? 1. Yes 2. No	1, 2 If 2, go to schappt	In order to answer "1", at least three attempts to contact the patient regarding the CTBIE by telephone or secure messaging must be documented during the specified timeframe. Contact attempts must be completed on different days of the week. For example, contact attempts by phone were made on Monday, Tuesday, and Friday; count as 3 attempts. Select "1". Contact attempts made by phone and secure messaging on Monday and phone on Friday, count as 2 attempts; select "2".
18	cont1dt	During the timeframe from (computer to display tbiscrdt to tbiscrdt + 14 days), enter the date of the first telephone or secure messaging attempt to contact the patient regarding the Comprehensive TBI Evaluation appointment.	mm/dd/yyyy <div>&lt; = 14 days after or = tbiscrdt and &lt; = pulldt</div>	Enter the exact date. The use of 01 to indicate missing month or day is not acceptable.
19	cont2dt	Enter the date of the second telephone or secure messaging attempt to contact the patient regarding the Comprehensive TBI Evaluation appointment.	mm/dd/yyyy <div>&gt; cont1dt and &lt; = 14 days after tbiscrdt</div>	Second telephone or secure messaging attempt = a subsequent telephone or secure messaging attempt made after the date of the first telephone or secure messaging attempt, but within 14 days following the positive TBI screen. Enter the exact date. The use of 01 to indicate missing month or day is not acceptable.
20	cont3dt	Enter the date of the third telephone or secure messaging attempt to contact the patient regarding the Comprehensive TBI Evaluation appointment.	mm/dd/yyyy <div>&gt; cont2dt and &lt; = 14 days after tbiscrdt</div>	Third telephone or secure messaging attempt = a subsequent telephone or secure messaging attempt made after the date of the second telephone or secure messaging attempt, but within 14 days following the positive TBI screen. Enter the exact date. The use of 01 to indicate missing month or day is not acceptable.
21	schappt	Was an appointment for the Comprehensive TBI Evaluation scheduled during the 30 days after the positive TBI screen? 1. Yes 2. No	1, *2 *If 2, go to end	<b>The intent of the question is to determine if an initial appointment for the Comprehensive TBI Evaluation was scheduled during the 30 days after the positive TBI screen.</b> If the initial appointment was scheduled greater than 30 days following the positive TBI screen, answer "no."

VHA EXTERNAL PEER REVIEW PROGRAM  
TRAUMATIC BRAIN INJURY INSTRUMENT  
Third Quarter FY2014

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
22	noshow	Does the record document the patient was a no show for the Comprehensive TBI Evaluation appointment scheduled during the 30 days after the positive TBI screen? 1. Yes 2. No	1, 2 If 1, go to noapptdt	<b>The intent of the question applies to two possible scenarios:</b> <b>1) The Comprehensive TBI Evaluation <u>was completed greater than 30 days after the positive TBI screen and there is documentation that the patient did not show for the scheduled appointment during the 30 days after the positive TBI screen, or</u></b> <b>2) The Comprehensive TBI Evaluation was <u>NOT</u> completed at anytime after the positive TBI screen and there is documentation the patient did not show for a scheduled appointment <u>during the 30 days after the positive TBI screen.</u></b>
23	ptcancel	Does the record document the patient cancelled the Comprehensive TBI Evaluation appointment scheduled during the 30 days after the positive TBI screen? 1. Yes 2. No	1, *2 <b>*If 2, go to end</b>	<b>The intent of the question applies to two possible scenarios:</b> <b>1) The Comprehensive TBI Evaluation <u>was completed greater than 30 days after the positive TBI screen and there is documentation that the patient cancelled the scheduled appointment during the 30 days after the positive TBI screen, or</u></b> <b>2) The Comprehensive TBI Evaluation was <u>NOT</u> completed at anytime after the positive TBI screen and there is documentation the patient cancelled the scheduled appointment <u>during the 30 days after the positive TBI screen.</u></b>
24	noapptdt	Enter the date the patient was a no show or cancelled the initial Comprehensive TBI Evaluation appointment that was scheduled during the 30 days after the positive TBI screen?	mm/dd/yyyy ≤ 30 days after tbiscrdt and ≤ pulldt	Enter the exact date. The use of 01 to indicate missing month or day is not acceptable
25	reschevl2	On the date of or within 14 days after the patient was a no show or cancelled the initial Comprehensive TBI Evaluation appointment, does the record document that the facility <u>successfully contacted the patient to reschedule the Comprehensive TBI Evaluation?</u> 1. Yes 2. No 98. Patient refused to reschedule the CTBIE	1, 2, 98 <b>*If 2, go to trycont2</b>	The intent of this question is to determine if the facility contacted the patient to reschedule the Comprehensive TBI Evaluation appointment following the patient's no show OR following patient cancellation of the Comprehensive TBI Evaluation appointment. <b>In order to answer "1," there must be medical record documentation that a telephone or certified letter contact attempt was successful in contacting the patient to reschedule the Comprehensive TBI Evaluation appointment.</b> If there is documentation in the record that the staff called to reschedule the patient following a no show or cancellation and the patient refused the appointment, answer "98."



VHA EXTERNAL PEER REVIEW PROGRAM  
TRAUMATIC BRAIN INJURY INSTRUMENT  
Third Quarter FY2014

#	Name	QUESTION	Field Format	DEFINITION/DECISION RULES
26	reschedt	Enter the date the facility successfully contacted the patient to reschedule the Comprehensive TBI Evaluation.	mm/dd/yyyy <b>If reschev12 = 98, go to end</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">&lt; = 14 days after noapptdt and &lt;= pulldt</div>	Enter the exact date. The use of 01 to indicate missing month or day is not acceptable
27	noshow2	Does the record document that patient did not show for or cancelled the <u>rescheduled</u> Comprehensive TBI Evaluation appointment? 1. Yes 2. No	1, 2 <b>*If 1 or 2, go to end</b>	If there is documentation the patient did not show for or cancelled the <u>rescheduled</u> Comprehensive TBI Evaluation appointment, answer "1."
28	trycont2	On the date of or within 14 days after the patient was a no show or cancelled the <u>initial</u> Comprehensive TBI Evaluation appointment, does the record document at <u>least two attempts</u> to contact the patient to reschedule the Comprehensive TBI Evaluation appointment? 1. Yes 2. No	1, *2 <b>*If 2, go to end</b>	<b>Follow-up attempts to contact the patient can include phone call, secure messaging, or certified letter.</b>
29	try1dt	Enter the date of the first attempt.	mm/dd/yyyy <div style="border: 1px solid black; padding: 2px; display: inline-block;">&lt; = 14 days after or = noapptdt and &lt; = pulldt</div>	Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. <b>Follow up attempts to contact the patient can include phone call, secure messaging, or certified letter.</b>
30	try2dt	Enter the date of the second attempt.	mm/dd/yyyy <div style="border: 1px solid black; padding: 2px; display: inline-block;">&gt; try1dt and &lt; = 14 days after noapptdt</div>	Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. <b>Follow up attempts to contact the patient can include phone call, secure messaging, or certified letter.</b>