Department of Veterans Affairs **VHA DIRECTIVE 2009-028**
Veterans Health Administration
Washington, DC 20420 **June 9, 2009**

POLYTRAUMA-TRAUMATIC BRAIN INJURY (TBI) SYSTEM OF CARE

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Directive defines the policy for the Polytrauma-Traumatic Brain Injury (TBI) System of Care.

2. BACKGROUND

a. Blast injuries resulting in polytrauma and TBI are among the most frequent combat-related injuries from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). Polytrauma and TBI can also occur as a result of non-combat events, such as motor vehicle accidents. To ensure that the needs of injured servicemembers and Veterans are met, VHA developed a Polytrauma-TBI System of Care that provides specialized rehabilitation care for Veterans and servicemembers with polytrauma and TBI. The system is designed to balance the need for highly-specialized expertise with the need for accessibility.

b. **Definitions**

(1) **Polytrauma.** Polytrauma is defined as two or more injuries sustained in the same incident that affect multiple body parts or organ systems and result in physical, cognitive, psychological, or psychosocial impairments and functional disabilities. TBI frequently occurs as part of the polytrauma spectrum in combination with other disabling conditions, such as amputations, burns, pain, fractures, auditory and visual impairments, post traumatic stress disorder (PTSD), and other mental health conditions. When present, injury to the brain is often the impairment that dictates the course of rehabilitation due to the nature of the cognitive, emotional, and behavioral deficits related to TBI.

(2) **TBI.** TBI is defined as traumatically induced structural injury or physiological disruption of brain function as a result of an external force. Injuries can be penetrating or closed, and the latter can be mild, moderate, or severe. Severity level of the TBI is determined by using the following measurements at the time of the injury: Glasgow Coma Scale (GCS) score, length of loss of consciousness (LOC), and length of post-traumatic amnesia (PTA).

c. The spectrum of TBI injuries is highly variable. The majority of TBIs due to blast or other mechanisms are mild, and most patients recover within days or weeks. When rapidly and appropriately managed, mild TBI, often called concussion, tends to resolve with no or only minimal functional sequelae. A small percentage of persons with mild TBI have symptoms that require specialized rehabilitation services to manage acute problems and to prevent long-term sequelae. On the other hand, persons with moderate to severe TBI generally require intensive inpatient rehabilitation. Many of these individuals may have some permanent functional sequelae that can be significantly reduced with timely and appropriate services. Persons with

severe TBI will often have functionally devastating injuries that may cause impairments that require life long assistance with activities of daily living. Again, early and specialized care can reduce acute and long-term medical and functional impairments.

d. In 2004, Congress passed Public Law 108-422, The Veterans Health Programs Improvement Act of 2004, Section 302, which directed the Department of Veterans Affairs (VA) to designate an appropriate number of cooperative centers for clinical care, consultation, research and education activities on complex TBI and Polytrauma associated with combat injuries. Further, the Conference Report for Public Law 108-447 (Conference Report on H.R. 4818, Report 108-792) directs VA to implement a new initiative to ensure that returning war Veterans with loss of limb and other severe and lasting injuries have access to the best of both modern medicine and integrative holistic therapies. In 2008, to further meet the needs of servicemembers and Veterans in combat operations, Title 38 United States Code sections 1710D, 1710D, and 1710E were enacted.

e. In response VA developed the Polytrauma- TBI System of Care (PSC), that integrates specialized rehabilitation services available at regional centers, Veterans Integrated Service (VISN) sites, and at local VA medical centers. Polytrauma and TBI rehabilitation care is provided at the facility closest to the Veteran's home that has the expertise necessary to manage the Veteran's rehabilitation, physical, and mental health needs. The tiered PSC includes four components or levels of care:

(1) **Polytrauma Rehabilitation Centers (PRC).** PRCs are located at the VA medical centers in Minneapolis, MN; Palo Alto, CA; Richmond, VA; and Tampa, FL. ***NOTE:*** *A fifth PRC has been designated at the San Antonio, TX VA Medical Center and is in the design phase.* The PRCs serve as regional referral centers for acute medical and rehabilitation care, and as hubs for research and education related to Polytrauma and TBI. They provide a continuum of rehabilitation services that include: specialized "emerging consciousness" programs, comprehensive acute rehabilitation care for complex and severe polytraumatic injuries, outpatient programs, and residential transitional rehabilitation programs (PTRP).

(a) PRCs have a minimum of twelve dedicated comprehensive rehabilitation beds located contiguously on a specialized unit designed for rehabilitation, with a dedicated staff of highly-trained rehabilitation specialists (see Att. A). Four of the beds on the inpatient PRC units are used for the Emerging Consciousness Program that was developed for minimally-responsive patients. In addition, the PRCs have a minimum of ten dedicated Transitional Rehabilitation beds located in a specially-designed unit within, or in close proximity to, the medical center, i.e., on the medical center campus (see Att. B).

(b) PRCs maintain accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF) for comprehensive inpatient medical rehabilitation, brain injury rehabilitation, and residential rehabilitation. The needed Prosthetic and Orthotic Laboratories are accredited by the American Board for Certification in Orthotics and Prosthetics, Inc. (ABC), or the Board for Orthotist or Prosthetist Certification (BOC).

(c) Dedicated consultative services in medical and surgical specialties are available to provide care for patients with a high degree of medical complexity and acuity (see Att. C).

(d) Nursing and social work care managers coordinate clinical and support services for patients and their families.

(e) PRCs are responsible for:

1. Providing a comfortable age appropriate environment of care, and maintaining state-of-the-art equipment and technology for advanced rehabilitation practice.

2. Playing a leadership role in the development of best practice models for polytrauma and TBI and rehabilitation.

3. Collaborating in research that addresses the sequelae of polytrauma and TBI, and the means of improving the diagnosis, treatment, and prevention of such sequelae.

4. Collaboratively developing and conducting national level educational programs for providers, as well as patients and families in the areas of polytrauma and TBI.

5. Maintaining affiliations with local academic medical programs in the areas of medical rehabilitation and allied health.

(2) **Polytrauma Network Sites (PNS).** PNSs provide key components of post-acute rehabilitation care for individuals with polytrauma and TBI including, but not limited to inpatient and outpatient rehabilitation, and day programs. PNSs are located in each of VA's 21 VISNs (see Att. F).

(a) PNSs have an interdisciplinary outpatient program that serves Veterans with polytrauma and TBI. A dedicated interdisciplinary team (see Att. D) provides services that include: evaluation, development and management of the rehabilitation and community re-integration plan; interdisciplinary rehabilitation treatment; and coordination of services between VA, the Department of Defense (DOD) and other governmental and private providers.

(b) PNSs maintain CARF accreditation of their inpatient bed unit for comprehensive inpatient medical rehabilitation. When polytrauma and TBI patients are admitted for inpatient care, the PNS team will have the lead in the development and management of the plan of care.

(c) Prosthetic and Orthotic Laboratories are accredited by the ABC or the BOC.

(d) PNS interdisciplinary teams conduct comprehensive evaluations of patients with positive TBI screens, and develop rehabilitation and community re-integration plans as indicated.

(e) Nursing and social work care managers coordinate clinical and support services for patients and their families.

(f) PNSs provide a comfortable age appropriate environment of care, and maintain state-of-the-art equipment and technology for advanced rehabilitation practice.

(g) PNSs serve as coordinating centers for polytrauma and TBI care within their respective VISN. This includes tracking high risk patients, standardization of care via site visits and teleconferences, and acting as a referral source for complex patients from across the VISN.

(h) PNSs collaboratively develop and conduct VISN-level educational programs for providers as well as patients and families in the areas of polytrauma and TBI.

(i) PNSs collaborate in tracking VISN-level outcome data and performance monitors for polytrauma and TBI.

(3) **Polytrauma Support Clinic Team (PSCT).** PSCTs provide interdisciplinary outpatient rehabilitation services for Veterans and active duty servicemembers with mild and or stable functional deficits from TBI and polytrauma (see Att. F).

(a) A dedicated interdisciplinary outpatient team (see Att. E) provides specialty rehabilitation care including evaluation, development of a treatment plan, interdisciplinary rehabilitation treatment, and long-term management of patients with ongoing rehabilitation needs.

(b) Nursing and social work case managers coordinate clinical and support services for patients and their families.

(c) PSCTs conduct comprehensive evaluations of patients with positive TBI screens, and develop rehabilitation and community re-integration plans, as indicated.

(4) **Polytrauma Points of Contact (PPOC).** A PPOC is identified in every VA facility that is not otherwise designated as one of the PSC components described. The PPOC ensures that patients with polytrauma and TBI are referred to a facility or program capable of providing the level of rehabilitation services required. PPOCs commonly refer to the PNS and PSCTs within their VISN (see Att. F).

f. **Rehabilitation Care in the PSC.** The PSC is dedicated to providing rehabilitation services that restore physical, intellectual, communicative, psychosocial and vocational skills, and to facilitating the transfer of those skills from the hospital setting to daily life. Such services include, but are not limited to, inpatient rehabilitation, outpatient rehabilitation, emerging consciousness programs, transitional rehabilitation, day programs, and community re-entry programs. The PSC also manages ongoing and emerging rehabilitation and psychosocial needs of Veterans with polytrauma and TBI. This includes ongoing follow up and treatment, case management, coordination of services, monitoring implementation of the treatment plan, overseeing the quality and intensity of VA and non-VA services, and providing education and support for patients and caregivers.

3. POLICY: It is VHA's policy that the PSC provide and manage the full-range of rehabilitation care for all eligible Veterans and active duty servicemembers who sustained polytrauma and TBI.

4. ACTION

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for approving any proposed changes to the PSC including, but not limited to, changes in mission, staffing, bed level, reduction of clinical services, reorganization, and changes in clinical staff.

b. **Principal Under Secretary for Health.** The Principal Under Secretary for Health is responsible for providing guidance and ensuring compliance for any program office changes, to include changes in mission, staffing, bed levels, and clinical services.

c. **Physical Medicine and Rehabilitation Services (PM&RS) National Program Director.** The PM&RS National Program Director is responsible for:

(1) Providing national program leadership for the PSC;

(2) Identifying the scope of rehabilitation services provided by the PSC;

(3) Establishing an effective service delivery model;

(4) Providing referral and clinical care guidance;

(5) Representing VHA on matters concerning polytrauma and TBI rehabilitation;

(6) Monitoring the PSC with regard to capacity, clinical care outcomes, and costs;

(7) Providing involvement with VISN leadership in designating the facilities participating in the PSC;

(8) Reviewing and recommending approval of new programs; and

(9) Reviewing proposed program changes with the Chief Officer for Patient Care Services, Principal Deputy Under Secretary for Health, Deputy Under Secretary for Health for Operations and Management, and other relevant program offices and staff before forwarding recommendations to the Under Secretary for Health.

d. **VISN Director.** The VISN provides a critical juncture in implementation and support for the PSC, balancing needs for local responsiveness with national consistency and coordination; therefore, the VISN Director, or designee, is responsible for:

(1) Facilitating smooth and efficient access and transfers of care between DOD, VA, and non-VA facilities as Veterans transition to VHA care closer to their home;

(2) Ensuring that appropriate rehabilitation services across the continuum of care, from either VA or non-VA sources, are made available for Veterans with polytrauma and TBI;

(3) Ensuring there is a VISN-wide integrated referral process for polytrauma and TBI care including all medical centers and clinics;

(4) Providing and facilitating necessary communication, resources, and quality improvement efforts to maintain expertise and quality services in the PSC;

(5) Facilitating the education of VHA health care providers regarding the PSC, polytrauma and TBI related health care issues; and

(6) Ensuring proposed changes to PSC programs under their purview are reviewed and approved by the Deputy Under Secretary for Health for Operations and Management, Chief Patient Care Services Officer, Chief Consultant, Rehabilitation Services, National Program Director, PM&RS, and Principal Deputy Under Secretary for Health before forwarding to the Under Secretary for Health for approval.

e. **Facility Director.** Each facility Director, or designee, is responsible for ensuring that:

(1) The VA medical center first contacted for care will facilitate and assist with referral to the nearest appropriate PSC site with the capability of meeting the clinical and rehabilitation care needs;

(2) VA and non-VA inter-facility transfers are timely and follow policy outlined in current VHA policy;

(3) Appropriate specialty care is accessible within a reasonable geographic distance, and making arrangements for non-VA care when such care is not available within VA;

(4) The medical center proactively identifies non-VA community based programs whenever necessary to meet the care needs for Veterans with polytrauma and TBI that cannot be met otherwise. These may include, but are not limited to, outpatient rehabilitation therapies, neurobehavioral programs, residential transitional rehabilitation, and age appropriate long term care facilities; and

(5) Provisions are made for polytrauma and TBI patients to have basic medical and primary care and emergent medical care. ***NOTE:*** *Admission to the local VA facility may take place, but should not be a prerequisite for coordinating arrangements for admission to a PRC or PNS.*

f. **Chief of Staff and Chief Nurse Executive.** The Chief of Staff and Chief Nurse Executive at each VA medical center are responsible for:

(1) Appointing a PM&R physician as Polytrauma-TBI Medical Director at facilities designated as PRC, PNS, or PSCT;

(2) Ensuring that staff is assigned based on the staffing model for each component in the PSC (see Atts. A, B, C, and D);

(3) Monitoring staffing for each component of the PSC and increasing staff to meet local needs and workload demands.

(4) Ensuring that family needs are assessed, and that required resources and support services are made available to meet those needs, as permitted by law and policy;

(5) Ensuring that there is a smooth hand-off of care between facilities and the components of the PSC; and

(6) Developing training initiatives to ensure that staff has the necessary skills to manage this patient population.

g. **Chief, Physical Medicine and Rehabilitation Services.** The Chief, Physical Medicine and Rehabilitation Services, or designee, is responsible for:

(1) Providing clinical care and services to polytrauma and TBI patients consistent with the scope of care of the respective PSC component;

(2) Providing leadership to the interdisciplinary team for patient care and program development;

(3) Assessing family needs and providing support services and education;

(4) Ensuring adequate communication between facilities whenever a transfer of care occurs, including physician-to-physician calls when necessary;

(5) Ensuring that a comprehensive, patient-centered interdisciplinary treatment is developed that sets goals for recovery and facilitates transitions across settings and programs;

(6) Ensuring that the discharge plan is communicated to all stakeholders involved in patient care and support, e.g., DoD, Care Management and Social Work Service, receiving Military Treatment Facility (MTF), or VHA facility, patient, and family;

(7) Ensuring that written policies and procedures are developed in compliance with all applicable accrediting organizations and VHA program offices, standards and requirements, and that they are reviewed and updated as necessary; and

(8) Managing service-level quality improvement activities that monitor critical aspects of care. An ongoing and continuous evaluation of the program must be conducted to ensure the quality and appropriateness of care provided to patients;

(9) Ensuring that the medical inpatient rehabilitation programs and polytrauma residential rehabilitation programs maintain accreditation by CARF in accordance with VHA Handbook

1170.01. ***NOTE:*** *According to the 2008 CARF Medical Rehabilitation Standards Manual*: *"A program seeking accreditation as a Brain Injury Program must include in the Intent to Survey and the site survey all portions of the program (comprehensive integrated inpatient rehabilitation program, outpatient medical rehabilitation program, home- and community-based rehabilitation program, residential rehabilitation program, and vocational services) that the organization provides and that meet the program description."*

(10) Submitting required data elements to the Rehabilitation Program Office.

h. **Facility OEF-OIF Program Manager.** The facility OEF-OIF Program Manager is responsible for:

(1) Facilitating referrals of Veterans with polytrauma and TBI to the PSC facility that can meet their specialized rehabilitation needs; and

(2) Ensuring that all Veterans with polytrauma and TBI who are treated in one of the PSC components have been assigned a case manager.

5. REFERENCES

a. Public Law 108-422 (Section 302), Centers for Research, Education, and Clinical Activities on Complex Multi-trauma Associated with Combat Injuries.

b. Public Law 108-447, Prosthetics and Integrative Health Care Initiative.

c. Memorandum of Understanding, the Department of Veterans Affairs and the Rehabilitation Accreditation Commission (CARF), February 1, 2002.

d. Title 38 U.S.C. 1710C. Traumatic Brain Injury: Plans for Rehabilitation and Reintegration into the Community.

e. Title 38 U.S.C. 1710D. Traumatic Brain Injury: Comprehensive Program for Long-Term Rehabilitation.

f. Title 38 U.S.C. 1710E. Traumatic Brain Injury: Use of Non-Department Facilities for Rehabilitation.

g. VHA Handbook 1170.01.

h. VHA Handbook 1010.01.

i. VHA Handbook 1601B.05.

j. Memorandum of Agreement (MOA) between VA and DOD on Referral of Active Duty Military Personnel Who Sustain Spinal Cord Injury, Traumatic Brain Injury, or Blindness to Veterans Affairs Facilities for Health Care and Rehabilitative Services, December 13, 2006.

k. Veterans Health Initiative, Traumatic Brain Injury; January 2004.

6. FOLLOW-UP RESPONSIBILITIES: The Chief Consultant, Rehabilitation Services, within the office of Patient Care Services, has overall responsibility for the contents of this Directive. Questions may be referred to the PM&RS National Director at (612) 725-2044. Facsimile transmission may be sent to (612) 727-5642.

7. RESCISSIONS: VHA Directive 2005-024, dated June 8, 2005, is rescinded. This VHA Directive expires June 30, 2014.

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Acting Under Secretary for Health

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ATTACHMENT A

REQUIRED* CORE DEDICATED STAFFING PER TWELVE BEDS FOR EACH POLYTRAUMA-TRAUMATIC BRAIN INJURY (TBI) REHABILITATION CENTER

DISCIPLINE	Full-time Equivalent (FTE)
Rehabilitation Physician	1
Nurse Manager	1
Registered Nurse (2.0 must be Certified Rehabilitation Registered Nurse (CRRN)	11
Licensed Practical Nurse and/or Certified Nursing Assistant	8
Nurse Educator	1
Clinical Nurse Leader (CNL)**	1
Admission and Follow-up Nurse Case Manager	1
Social Worker	3
Speech-Language Pathologist	3
Physical Therapist	3.5
Occupational Therapist	3.5
Recreation Therapist	2
Neuropsychologist	1
Counseling Psychologist	1
Family Therapist	1
Blind Rehabilitation Outpatient Specialist	1
Certified Prosthetist	1
Certified Driver Trainer	1
Program Administrator	1
Program Assistant	1

* V*ariances from the staffing model must be approved by the Physical Medicine and Rehabilitation Service Program Office.*

*** The CNL is a mandated position for all patient care settings in all VA medical centers by 2016 and the rapid implementation of this role in the polytrauma-TBI network is a high priority. The Office of Nursing Service will assist sites, as needed, with the implementation.*

ATTACHMENT B

POLYTRAUMA-TRAUMATIC BRAIN INJURY (TBI) TRANSITIONAL REHABILITATION PROGRAM (PTRP) REQUIRED CORE STAFFING

DISCIPLINES	Full-time Equivalent (FTE)
Program Director	1
Program Assistant	1
Physiatrist	.5
Psychiatrist	.5
Registered Nurse	1
Licensed Practical Nurse	5
Speech Language Pathologist	1
Occupational Therapist	2
Physical Therapist	.5
Recreation Therapist	2
Recreation Therapist Assistant	1
Neuropsychologist	1
Counseling Psychologist	1
Social Worker	1
Blind Rehabilitation Outpatient Specialist	.5

ATTACHMENT C

DEDICATED CONSULTATIVE SERVICES RECOMMENDED AT EACH MEDICAL CENTER WITH A POLYTRAUMA-TRAUMATIC BRAIN INJURY (TBI) REHABILITATION CENTER

Audiology
Cardiology
Clinical Nutrition
Clinical Chaplain
Clinical Pharmacy
Dentistry and/or Oral and Maxillofacial Surgery
Driver Training
Ear, Nose, and Throat (ENT)
Endocrinology
Gastroenterology
General Internal Medicine
General Surgery
Infectious Disease
Neurology
Neuroophthalmology
Neurosurgery
Optometry
Orthopedic Surgery
Plastic Surgery
Psychiatry
Post-traumatic Stress Disorder (PTSD) Clinic Team
Pulmonary
Radiology
Urology
Vocational Rehabilitation

ATTACHMENT D

POLYTRAUMA NETWORK SITE REQUIRED CORE STAFFING

DISCIPLINES	Full-time Equivalent (FTE)
Rehabilitation Physician	.5*
Rehabilitation Nurse	.5*
Social Worker	.5*
Speech-Language Pathologist	.5*
Physical Therapist	.5*
Occupational Therapist	.5*
Psychologist	.5*
Blind Rehabilitation Outpatient Specialist	.5
Certified Prosthetist	.5

* *A minimum of .5 FTE is required, however, increases need to be made based on workload demands.*

POLYTRAUMA NETWORK SITE ADDITIONAL STAFF RECOMMENDED

DISCIPLINE	Full-time Equivalent (FTE)
Program Manager	*
Program Assistant	*
Patient Family Clinical Educator	*
Therapeutic Recreation Specialist	*
Vocational Specialist	*
Other Disciplines based on local needs	*

* *FTE is determined by workload demand.*

ATTACHMENT E

POLYTRAUMA SUPPORT CLINIC TEAM
REQUIRED CORE STAFFING

DISCIPLINE	Full-time Equivalent (FTE)
Rehabilitation Physician	.5*
Rehabilitation Nurse	.5*
Social Worker	.5*
Speech-Language Pathologist	.5*
Physical Therapist	.5*
Occupational Therapist	.5*
Psychologist	.5*
Other Disciplines based on local needs	

* *A minimum of .5 FTE is required, however, increases need to be made based on workload demands.*

ATTACHMENT F

Regional Polytrauma-Traumatic Brain Injury (TBI) Rehabilitation Center	Veterans Integrated Service Network (VISN)	Polytrauma-TBI Network Site	Polytrauma-TBI Support Clinic Teams	Polytrauma-TBI Point of Contact
Richmond	VISN 1	Boston	West Haven Togus White River Northampton	Bedford Manchester Providence
	VISN 2	Syracuse	Albany Buffalo Bath Canandaigua	
	VISN 3	Bronx	Hudson Valley Health Care System (HCS) at Montrose Hudson Valley HCS at Castle Point NJ (New Jersey) HCS at East Orange NJHCS at Lyons NY (New York) Harbor HCS at New York NY Harbor HCS at Brooklyn NY Harbor HCS at St Albans Northport VA Medical Center	
	VISN 4	Philadelphia	Pittsburgh Wilmington Erie Lebanon Coatesville Altoona Butler Wilkes-Barre	Clarksburg
	VISN 5	Washington DC	Baltimore Martinsburg	
	VISN 6	Richmond	Hampton Salisbury Durham	Asheville Beckley Fayetteville Salem

Regional Polytrauma-TBII Rehabilitation Center	VISN	Polytrauma-TBI Network Site	Polytrauma-TBI Support Clinic Teams	Polytrauma-TBI Point of Contact
Tampa	VISN 7	Augusta	Tuscaloosa Columbia Charleston Atlanta Birmingham	Dublin Tuskegee
	VISN 8	Tampa San Juan	Bay Pines Gainesville Miami West Palm	Orlando
	VISN 9	Lexington	Huntington Louisville Memphis Tennessee Valley (TV) Health Care (HC) at Nashville TVHC at Murfreesboro Mountain Home	
	VISN 16	Houston	Alexandria Jackson Central Arkansas-Little Rock Gulf Coast (Biloxi) Fayetteville, AR Oklahoma City Muskogee Shreveport	New Orleans
	VISN 17	Dallas	Temple San Antonio	Waco Kerrville

Regional Polytrauma-TBI Rehabilitation Center	VISN	Polytrauma-TBI Network Site	Polytrauma-TBI Support Clinic Teams	Polytrauma-TBI Point of Contact
Palo Alto	VISN 18	Southern Arizona HCS (Tucson)	New Mexico HCS at Albuquerque	Amarillo West Texas HCS (Big Spring) El Paso Northern Arizona HCS (Prescott) Phoenix
	VISN 19	Denver	Salt Lake Grand Junction	Cheyenne Montana HCS at Ft. Harrison Sheridan
	VISN 20	Seattle	Portland Boise	Alaska American Lake Roseburg Spokane Walla Walla White City
	VISN 21	Palo Alto	Sacramento San Francisco	Sierra Nevada HCS Honolulu Manila Central California HCS (Fresno)
	VISN 22	West LA	Long Beach San Diego Loma Linda	Southern Nevada HCS Sepulveda

Regional Polytrauma-TBI Rehabilitation Center	VISN	Polytrauma-TBI Network Site	Polytrauma-TBI Support Clinic Teams	Polytrauma-TBI Point of Contact
Minneapolis	VISN 10	Cleveland	Cincinnati Dayton	Columbus Chillicothe
	VISN 11	Indianapolis	Detroit Danville (Indiana) Ann Arbor	Battle Creek Northern Indiana Health Care System (NIHCS) at Marion Saginaw
	VISN 12	Hines	Milwaukee North Chicago Tomah Madison Chicago HCS (Jesse Brown)	Iron Mountain
	VISN 15	St. Louis	Kansas City	Wichita Poplar Bluff Columbia MO Eastern Kansas at Topeka Marion
	VISN 23	Minneapolis	Sioux Falls Black Hills Iowa City Central Iowa at Knoxville St Cloud	Fargo Central Iowa at Des Moines Greater Nebraska at Grand Island Greater Nebraska at Lincoln Omaha