Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTIVE 1172.01
Transmittal Sheet
April 18, 2024

POLYTRAUMA SYSTEM OF CARE

1. SUMMARY OF MAJOR CHANGES: This directive:

a. Paragraph 2: Updates responsibilities for the National Director, Physical Medicine and Rehabilitation Service; Veterans Integrated Services Network Director; Department of Veterans Affairs (VA) medical facility Director; VA medical facility Polytrauma Program Medical Director; VA medical facility Polytrauma Program Manager; VA medical facility Polytrauma Program Case Manager.

b. Paragraph 2: Includes new role and responsibilities for the National Program Manager, Polytrauma System of Care.

c. Paragraph 2: Updates title for the Deputy Chief, Patient Care Services Officer for Rehabilitation and Prosthetics Services to Executive Director, Rehabilitation and Prosthetics Services.

d. Paragraph 4: Adds paragraph d. Intensive Evaluation and Treatment Program.

e. Adds Appendix D – Required Staffing for the Intensive Evaluation and Treatment Program Per Six-Bed Inpatient Unit.

2. RELATED ISSUES: VHA Directive 1170.03(1), Physical Medicine and Rehabilitation Service, dated November 5, 2019; VHA Directive 1172.03, Amputation System of Care, dated December 19, 2023, 2018; VHA Directive 1173.3, VHA Outpatient Amputation Specialty Clinics, dated March 8, 2021; VHA Directive 1184, Screening and Evaluation of Post-9/11 Veterans for Deployment-Related Traumatic Brain Injury, dated January 3, 2022.

3. POLICY OWNER: The Executive Director, Rehabilitation and Prosthetic Services (12RPS) is responsible for the contents of this directive. Questions may be addressed to VHAPMRSProgramOfficeHelp@va.gov.

4. LOCAL DOCUMENT REQUIREMENT: There are no local document requirements in this directive.

5. RESCISSION: VHA Directive 1172.01, Polytrauma System of Care, dated January 24, 2019, is rescinded.

6. RECERTIFICATION: This Veterans Health Administration (VHA) directive is scheduled for recertification on or before the last working day of April 2029. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

7. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

BY DIRECTION OF THE OFFICE OFTHE UNDER SECRETARY FOR HEALTH:

/s/ M. Christopher Saslo
DNS, ARNP-BC, FAANP
Assistant Under Secretary for Health for Patient Care Services/CNO

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

DISTRIBUTION: Emailed to the VHA Publications Distribution List on April 19, 2024.

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POLYTRAUMA SYSTEM OF CARE

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1. POLICY

It is Veterans Health Administration (VHA) policy that eligible Veterans and Service members with Traumatic Brain Injury (TBI) and polytrauma have access to all medical and rehabilitation services provided through the Polytrauma System of Care (PSC) as clinically indicated. **AUTHORITY:** 38 U.S.C. §§ 1710C, 1710D, 1710E, 7327, 8111, and 8153.

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer.** The Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer (CNO) is responsible for supporting the Office for Rehabilitation and Prosthetics Services with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all Department of Veterans Affairs (VA) medical facilities with PSC Programs within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Executive Director, Rehabilitation and Prosthetic Services.** Executive Director, Rehabilitation and Prosthetic Services (RPS) is responsible for:

(1) Providing oversight for the VISN and VA medical facility compliance with this directive and ensuring corrective action is taken when non-compliance is identified.

(2) Reviewing proposed changes to PSC Programs submitted by VISN Directors with the National Director, Physical Medicine & Rehabilitation Service (PM&RS) and approving proposed changes as appropriate.

e. **National Director, Physical Medicine and Rehabilitation Service.** The National Director, PM&RS is responsible for:

(1) Ensuring development and maintenance of policy and rehabilitation standards of care for PSC (see paragraph 4 and Appendix A).

(2) Providing operational consultation and policy guidance to VISNs and VA medical facilities for the development and operation of PSC Programs including the Assistive Technology (AT) Labs. See paragraph 4.f.

(3) In collaboration with the National Program Manager, PSC; VISN Directors; and VA medical facility Directors, developing program evaluation procedures, monitoring PSC Program performance on a quarterly basis, and reviewing corrective action plans as necessary.

(4) Reviewing proposed changes to PSC Programs designations submitted by VISN Directors and making recommendations for course of action to the Executive Director, RPS.

(5) Reviewing and, as appropriate, approving variances to required staffing for PSC Programs in collaboration with the VA medical facility Director and the VISN Director. For more information on required staffing levels, see Appendices B-F.

(6) Responding to inquiries from internal and external stakeholders about PSC operations and services.

f. **National Program Manager, Polytrauma System of Care.** The National Program Manager, PSC is responsible for:

(1) Planning and supporting implementation of PSC procedures to ensure consistency of operations at a national level. See https://dvagov.sharepoint.com/sites/vhasitespmrs/SitePages/Clinical-Standards.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(2) Preparing a fiscal plan for the annual PSC Specialty Purpose Funding budget and providing oversight and adjustments to the spend plan during each fiscal year.

(3) Tracking national PSC performance measures to report national, VISN, and VA medical facility-level trends to the National Director, PM&RS. This includes collaborating with the National Director, PM&RS; VISN Directors; and VA medical facility Directors on a quarterly basis to monitor PSC Program performance and develop corrective action plans, as necessary.

(4) Establishing and disseminating an annual national PSC communication plan, including conference calls, live meetings, teleconferences, and face-to-face meetings to all members of PSC.

(5) Preparing PSC strategic plans, reports, guidelines, and policy and notifying the National Director, PM&RS if barriers to this arise.

(6) Facilitating collaboration with external and internal stakeholders, the Defense

Health Agency, and the VA-Department of Defense (DoD) Liaison Office to ensure seamless delivery of PSC services for Veterans and Service members.

g. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Ensuring that PSC Programs are accessible to eligible Veterans and Service members covered by Defense Health Agency-Great Lakes (DHA-GL), and TRICARE authorization. ***NOTE:*** *The entire continuum of care and clinical services may not be present in a single VA medical facility but must be available to all Veterans and Service members treated within a VISN. Some components of the continuum may be provided in coordination with neighboring VISNs and community partners.*

(3) Ensuring appropriate PSC Program staffing levels within the VISN according to Appendices B-F and notifying the National Director, PM&RS when variances to required staffing are necessary.

(4) Collaborating with the National Director, PM&RS; National Program Manager, PSC and VA medical facility Directors on a quarterly basis to monitor PSC Program performance and develop corrective action plans, as necessary.

(5) Submitting proposed changes to the PSC Program designation, staffing, and access to polytrauma/TBI rehabilitation services to the National Director, PM&RS.

h. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and that appropriate corrective action is taken if non-compliance is identified.

(2) Ensuring that the PSC Program(s) at the VA medical facility has the necessary staff and resources to support program operations (see Appendices B-F for the required staffing for PSC Programs) and notifying the VISN Director when variances from the required staffing are needed.

(3) Maintaining oversight of PSC Program(s) within their VA medical facility to ensure access and quality services.

(4) Ensuring that PSC Program(s) at their VA medical facility meet accreditation requirements (see Appendix A) including achieving and maintaining Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation under standards appropriate for the level and types of care provided. For more information on CARF, see https://vaww.qps.med.va.gov/divisions/qm/ea/CARF.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(5) Providing safe and accessible facilities that support and enhance the recovery efforts of Veterans and Service members being treated for polytrauma and TBI.

(6) Collaborating with the National Director, PM&RS; National Program Manager, PSC; and VISN Director on a quarterly basis to monitor PSC Program performance and develop corrective action plans, as necessary.

(7) Collaborating with the VA medical facility Polytrauma Program Manager and VA medical facility Polytrauma Program Medical Director to oversee data management and tracking of VA medical facility-level polytrauma performance measures (see PM&RS SharePoint for Polytrauma Dashboard information, https://dvagov.sharepoint.com/sites/vhasitespmrs/SiteAssets/Forms/AllItems.aspx?id=%2Fsites%2Fvhasitespmrs%2FSiteAssets%2FSitePages%2FPolytrauma%20System%20of%20Care%20Dashboards&viewid=3c4ca7fd%2D5813%2D4317%2D8ccf%2D33948a06b7bd. ***NOTE:*** *This is an internal VA website that is not available to the public.)*

(8) Sending proposed changes to the PSC Program(s) designation and access to polytrauma/TBI rehabilitation services to the VISN Director for submission to the National Director, PM&RS.

(9) Collaborating with the VA medical facility Polytrauma Program Case Manager and the Veteran's or Service member's Interdisciplinary Team (IDT) to implement the plan of care and coordinate follow up care (see Appendix A, paragraph 4.b.).

i. **VA Medical Facility Polytrauma Program Medical Director.** The VA medical facility Polytrauma Program Medical Director for Polytrauma Rehabilitation Centers (PRC), Polytrauma Transitional Rehabilitation Program (PTRP), Intensive Evaluation and Treatment Programs (IETP), Polytrauma Network Sites (PNS), Polytrauma Support Clinic Teams (PSCT), and Polytrauma Point of Contacts (PPOC) is responsible for:

(1) Serving as the clinical leader for TBI and polytrauma rehabilitation at the VA medical facility.

(2) Providing clinical support, programmatic guidance, and coordination of resources to PSC Programs within their region (for PRC, PTRP, and IETP Medical Directors) and within their VISN (for PNS, PSCT, and PPOC Medical Directors).

(3) Participating in the development of best practices and integration of research findings into PSC Program services through education and training of PSC staff on national and VISN-wide conference calls.

(4) Coordinating the assessment, planning, and implementation of the plan of care for every Veteran and Service member served in the PSC Program with the VA medical facility Polytrauma Program Case Manager and the IDT. For more information on the IDT, see Appendix A paragraph 2.

(5) Coordinating follow up care with the VA medical facility Polytrauma Program Case Manager and the IDT to meet the needs of the Veteran, Service member,

caregiver, and their family. For more information on follow up care, see Appendix A, paragraph 4.e.

(6) Monitoring and evaluating the effectiveness of their program's rehabilitation services, consistent with national guidance on program evaluation. For more information on the Polytrauma Dashboard, see https://dvagov.sharepoint.com/sites/vhasitespmrs/SiteAssets/Forms/AllItems.aspx?id=%2Fsites%2Fvhasitespmrs%2FSiteAssets%2FSitePages%2FPolytrauma%20System%20of%20Care%20Dashboards&viewid=3c4ca7fd%2D5813%2D4317%2D8ccf%2D33948a06b7bd. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(7) Collaborating with the VA medical facility Polytrauma Program Manager to complete all mandated reporting, monitoring, evaluation, and accreditation requirements relevant to the VA medical facility PSC Program(s). For more information on PSC Program requirements, see Appendix A.

(8) Notifying the VA medical facility Director when resources are needed to accomplish PCS Program's mission, using policies and evidence-based data to justify requests.

(9) Collaborating with the VA medical facility Polytrauma Program Manager and VA medical facility Director to oversee data management and tracking of VA medical facility-level polytrauma performance measures (see PM&RS SharePoint for Polytrauma Dashboard information, https://dvagov.sharepoint.com/sites/vhasitespmrs/SiteAssets/Forms/AllItems.aspx?id=%2Fsites%2Fvhasitespmrs%2FSiteAssets%2FSitePages%2FPolytrauma%20System%20of%20Care%20Dashboards&viewid=3c4ca7fd%2D5813%2D4317%2D8ccf%2D33948a06b7bd. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(10) Promoting collaboration with VA medical facility service Chiefs from across the disciplines involved in the interdisciplinary polytrauma team activities.

j. **VA Medical Facility Polytrauma Program Manager.** The VA medical facility Polytrauma Program Manager for all PSC Programs is responsible for:

(1) Acting as the point of contact for information about PSC Program(s) within their VA medical facility.

(2) Providing information to Veterans, Service members, caregivers, family members, referral sources, and external payers about PSC services available at their VA medical facility and the broader PSC.

(3) Collaborating with the VA medical facility Polytrauma Program Medical Director and VA medical facility Director to oversee data management including data input and tracking of VA medical facility-level polytrauma performance measures (see PM&RS SharePoint for Polytrauma Dashboard information, https://dvagov.sharepoint.com/sites/vhasitespmrs/SiteAssets/Forms/AllItems.aspx?id=%2Fsites%2Fvhasitespmrs%2FSiteAssets%2FSitePages%2FPolytrauma%20System%2

0of%20Care%20Dashboards&viewid=3c4ca7fd%2D5813%2D4317%2D8ccf%2D33948a06b7bd. ***NOTE:*** *This is an internal VA website that is not available to the public.)*

(4) Collaborating with the VA medical facility Polytrauma Program Medical Director to complete all mandated reporting, monitoring, evaluation, and accreditation requirements relevant to the VA medical facility PCS Program(s). For more information on PSC Program requirements, see Appendix A.

(5) Maintaining a list of PPOC for PSC Programs in their VISN and providing updates, as necessary, to the Polytrauma SharePoint https://dvagov.sharepoint.com/sites/vhasitespmrs/SitePages/Polytrauma-System-of-Care.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(6) Reviewing polytrauma rehabilitation related practices and requirements at least annually with other VA medical facility Polytrauma Program Managers in the VISN.

k. **VA Medical Facility Polytrauma Program Case Manager.** The VA medical facility Polytrauma Program Case Manager for all PSC Programs can be a social worker, registered nurse, or physician assistant and is responsible for:

(1) Serving as a Lead Case Manager for Veterans receiving rehabilitation services in the PSC Program(s) (see VHA Directive 1010(1), Case Management of Transitioning Service Members and Post-9/11 Era Veterans, dated February 23, 2022). For more information on PSC Program eligibility, see paragraph 3.

(2) Acting as the liaison between the Veteran, Service member, caregivers, and their family, and the IDT for communication and care coordination.

(3) Collaborating with the VA medical facility Polytrauma Program Medical Director and the Veteran's or Service member's IDT to implement the plan of care (see Appendix A, paragraph 4.b.).

(4) Ensuring that the goals and preferences of Veterans, Service members, caregivers, and their families are included in the plan of care and that the plan is communicated to the Veteran or Service member.

(5) Securing smooth transition between components of the PSC Program(s), between VA and DoD, and between hospital and home environment.

(6) Coordinating follow up care with the VA medical facility Polytrauma Program Medical Director and IDT to meet the needs of the Veteran, Service member, caregivers, and their family. See Appendix A, paragraph 4.e.

3. POPULATION SERVED

VHA's PSC provides a full range of rehabilitation services for eligible Veterans and Service members covered by DHA-GL or TRICARE authorization, who sustained

deployment and non-deployment related injuries. This includes Veterans and Service members with any of the following:

a. TBI.

b. Polytrauma.

c. Acquired brain injury including, but not limited to, stroke, brain tumors, infection, poisoning, hypoxia, ischemia, encephalopathy, and toxic exposure, and who have:

(1) Physical, cognitive, emotional, and behavioral impairments related to brain dysfunction.

(2) Impairments that are clinically and functionally significant and lead to activity and participation restrictions; and

(3) Potential to benefit from specialized rehabilitation services provided by the PSC Program.

4. POLYTRAUMA SYSTEM OF CARE

a. VHA's PSC delivers world-class medical and rehabilitation services for Veterans and Service members with TBI and associated polytrauma. Through this program, VHA continues to advance the diagnosis, evaluation, treatment, and understanding of TBI in a variety of ways, including but not limited to:

(1) Establishing standardized diagnostic and assessment protocols;

(2) Developing and implementing best clinical care practices;

(3) Educating and training clinicians in TBI-related care and rehabilitation;

(4) Collaborating with strategic partners; and

(5) Conducting, interpreting, and translating research findings into improved patient care and caregiver support.

b. PSC balances access and expertise to provide specialized polytrauma and TBI care at locations across VA medical facilities. Services are organized into four levels of care described below. For additional information on PSC Program descriptions, locations and designations, see: https://www.polytrauma.va.gov/system-of-care/care-facilities/index.asp.

(1) **Polytrauma Rehabilitation Centers.** PSC has five PRCs that serve as regional referral centers for comprehensive acute inpatient rehabilitation and were selected by the VA Secretary in accordance with 38 U.S.C. § 7327. A dedicated staff of specialized rehabilitation professionals and consultants is available to address complex and severe TBI and associated polytrauma. PRCs function as regional resources for consultations

and care coordination. Their staff participates in the development of clinical practice guidelines and best practices, and integration of research activity and findings into clinical practice through education and training. PRCs are accredited by CARF under Brain Injury Specialty standards. For more information on CARF, see https://vaww.qps.med.va.gov/divisions/qm/ea/CARF.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(2) **Polytrauma Network Site.** One or two PNSs are distributed in each VISN. Rehabilitation care at PNSs focuses on outpatient services, but inpatient bed units are also available to address post-acute and chronic complications. Rehabilitation care at PNSs is provided by an IDT of rehabilitation professionals who address complex TBI and polytrauma-related symptoms and functional deficits. PNS staff also support PSC Programs within their VISN for care coordination, referral management, consultations, and advising on best clinical practice and performance measure reporting. Inpatient rehabilitation bed units at PNSs maintain CARF accreditation for Comprehensive Integrated Inpatient Rehabilitation. For more information on CARF, see https://vaww.qps.med.va.gov/divisions/qm/ea/CARF.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(3) **Polytrauma Support Clinic Team.** Several PSCTs are in operation in each VISN. Their services focus on outpatient interdisciplinary rehabilitation care including comprehensive evaluations, development of individualized rehabilitation plans of care, and specialized rehabilitation interventions.

(4) **Polytrauma Point of Contact.** Most VISNs have one or more PPOCs that provide specialty-based outpatient rehabilitation services for TBI and polytrauma-related problems. For clinical care that exceed local expertise, PPOCs work with the PNS in their VISN for consultations and service delivery, as appropriate, using virtual solutions.

c. **Polytrauma Transitional Rehabilitation Program.** Five residential PTRPs are currently in operation at PRCs. PTRPs provide inpatient rehabilitation services in a residential-type environment for Veterans and Service members who benefit from physical, cognitive, communication, behavioral, and psychosocial therapies to facilitate return to home, school, work, or military service after significant injury or illness. Therapy services are provided by IDTs of rehabilitation specialists using a combination of group and individual formats. Treatments address a broad range of vocational, leisure, and spiritual needs with focus on community reintegration goals. Families and caregivers are encouraged to participate in all phases of the rehabilitation process whenever appropriate and practicable. PTRPs are CARF accredited for residential rehabilitation under the Brain Injury Specialty standards. For more information on CARF, see https://vaww.qps.med.va.gov/divisions/qm/ea/CARF.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

d. **Intensive Evaluation and Treatment Program.** PSC has five IETPs operating at PRCs. IETPs provide specialized integrated rehabilitation care for Veterans and Service members with a complex history of multiple TBIs, numerous body injuries, and mental health concerns including but not limited to posttraumatic stress disorder, and emotional

dysregulation. Care is provided in an inpatient bed unit environment that facilitates integration of medical, rehabilitation, mental health, and whole health resources to develop an intensive and comprehensive recovery plan tailored to the needs of the individuals served. Development of IETPs addresses the goals of advancing support for military readiness of Service members and improving treatments for Veterans with chronic TBI-related difficulties. IETPs are CARF accredited for residential rehabilitation under the Brain Injury Specialty standards. For more information on CARF, see https://vaww.qps.med.va.gov/divisions/qm/ea/CARF.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

e. **Emerging Consciousness Program.** The Emerging Consciousness Program (ECP) is part of the continuum of rehabilitation services offered at PRCs. ECP is a highly specialized protocol for the rehabilitation of the Veterans and Service members who are slow to recover consciousness after severe injuries. The goal of ECP is to deliver the right balance of medical and therapeutic interventions to improve responsiveness and return to consciousness, to minimize complications, and to facilitate progress towards the next level of rehabilitation care (see https://www.polytrauma.va.gov/about/Emerging_Consciousness.asp). ECPs are CARF accredited under the with Brain Injury Specialty standards. For more information on CARF, see https://vaww.qps.med.va.gov/divisions/qm/ea/CARF.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

f. **Assistive Technology Lab.** AT Labs located at PRCs serve as expert resources for the application of AT for Veterans and Service members receiving care in the PSC Programs. AT Labs evaluate, develop, and implement AT devices and practices to improve the functional challenges faced by Veterans and Service members in their daily life roles. Types of devices prescribed may include adapted automotive equipment, adapted sports and recreation equipment, aids for daily living, wheelchairs, and communication aids. AT Labs are CARF accredited under the Employment and Community Manual standards. See https://dvagov.sharepoint.com/sites/VAAssistiveTechnology. ***NOTE:*** *This is an internal VA website that is not available to the public*.

5. TRAINING

The following training is ***required*** for all VA health care providers performing TBI screening, evaluation and treatment within 90 calendar days of employment or assignment to TBI services: Veterans Health Initiative: Traumatic Brain Injury (TBI) Talent Management System Item # VA 5377. ***NOTE:*** *This training requirement does not apply to health professions trainees (HPTs).*

6. RECORDS MANAGEMENT

All records regardless of format (for example, paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records

Control Schedule 10-1. Questions regarding any aspect of records management can be addressed to the appropriate Records Officer.

7. DEFINITIONS

a. **Polytrauma.** Polytrauma is two or more injuries sustained in the same incident, one of which may be life threatening, which affect multiple body parts and organ systems and result in physical, cognitive, emotional, and behavioral impairments and functional disabilities. TBI frequently occurs in polytrauma in combination with other disabling conditions, such as traumatic amputations, open wounds, musculoskeletal injuries, burns, pain, auditory and visual impairments, posttraumatic stress disorder, and other mental health problems. When present, injury to the brain often leads the course of rehabilitation due to the complexity of the related cognitive, emotional, and behavioral deficits.

b. **Traumatic Brain Injury.** TBI is a traumatically induced structural injury or physiological disruption of brain function as a result of an external force and is indicated by new onset or worsening of at least one of the following clinical signs immediately following the event:

(1) Any period of loss of or a decreased level of consciousness;

(2) Any loss of memory for events immediately before or after the injury (posttraumatic amnesia);

(3) Any alteration of mental state at the time of the injury (e.g., confusion, disorientation, slowed thinking, alteration of consciousness/mental state);

(4) Neurological deficits (e.g., weakness, loss of balance, change in vision, paresis/plegia, sensory loss, aphasia) that may or may not be transient; and

(5) Intracranial lesion. ***NOTE:*** *The above criteria define the event of TBI. Not all individuals exposed to an external force to the head will sustain a TBI, but any person who has a history of such an event with immediate manifestations of any of the above signs and symptoms can be said to have had a TBI. TBI severity can be mild, moderate, or severe, based on the length of loss of consciousness or alteration of consciousness, duration of posttraumatic amnesia, and Glasgow Coma Scale results. The majority of TBIs are mild, also known as concussion. All penetrating brain injuries are considered severe.*

8. REFERENCES

a. 38 U.S.C. §§ 1710C, 1710D, 1710E, 7327, 8111, and 8153.

b. VHA Directive 1010(1), Case Management of Transitioning Service Members and Post-9/11 Era Veterans, dated February 23, 2022.

c. VHA Directive 1160.01, Uniform Mental Health Services in VHA Medical Points of Service, dated April 27, 2023.

d. VHA Directive 1160.03, Treatments for Veterans with Posttraumatic Stress Disorder, dated October 16, 2023.

e. VHA Directive 1184, Screening and Evaluation of Post-9/11 Veterans for Deployment-Related Traumatic Brain Injury, dated January 3, 2022.

f. VHA Directive 1351, Staffing Methodology for VHA Nursing Personnel, dated January 18, 2023.

g. VA Assistive Technology website. https://dvagov.sharepoint.com/sites/VAAssistiveTechnology. ***NOTE:*** *This is an internal VA website that is not available to the public.*

h. VA/DoD Clinical Practice Guideline: Management and Rehabilitation of Post-Acute Mild TBI, (2021). https://www.healthquality.va.gov/guidelines/Rehab/mtbi/.

i. VA Polytrauma Dashboard, https://dvagov.sharepoint.com/sites/vhasitespmrs/SiteAssets/Forms/AllItems.aspx?id=%2Fsites%2Fvhasitespmrs%2FSiteAssets%2FSitePages%2FPolytrauma%20System%20of%20Care%20Dashboards&viewid=3c4ca7fd%2D5813%2D4317%2D8ccf%2D33948a06b7bd. ***NOTE:*** *This is an internal VA website that is not available to the public.*

j. VA Polytrauma/TBI System of Care. https://www.polytrauma.va.gov/system-of-care/care-facilities/index.asp.

k. VA Polytrauma/TBI System of Care SharePoint. https://dvagov.sharepoint.com/sites/vhasitespmrs/SitePages/Polytrauma-System-of-Care.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

l. VA Polytrauma ECP. https://www.polytrauma.va.gov/about/Emerging_Consciousness.asp.

m. VA PM&RS SharePoint. https://dvagov.sharepoint.com/sites/vhasitespmrs/SitePages/Clinical-Standards.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

n. CARF Manuals. https://vaww.qps.med.va.gov/divisions/qm/ea/CARF.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

REHABILITATION STANDARDS IN THE POLYTRAUMA SYSTEM OF CARE

1. Rehabilitation for Veterans and Service members with polytrauma and Traumatic Brain Injury (TBI) is individualized, comprehensive, and interdisciplinary, and is directed towards optimizing activity participation, functional independence, and community reintegration.

2. The Interdisciplinary Team (IDT) is the hallmark of rehabilitation care in the Polytrauma System of Care (PSC). Due to the frequency of physical, behavioral, and psychosocial problems associated with TBI and polytrauma, rehabilitation care is optimally delivered by dedicated IDTs. Rehabilitation specialists and medical consultants collaborate in the assessment, planning, and implementation of the individualized plan of care for each Veteran and Service member served in the PSC. Regular communication among team members ensures integration of treatments to achieve patient goals. The IDT for each Veteran or Service member is determined by their rehabilitation and medical needs.

3. The Veteran, Service member, caregiver, and their family are integral members of the rehabilitation team. They participate in all aspects of the rehabilitation process to the maximum extent practicable including evaluation, development, and implementation of the plan of care and transition to another level of care and to community.

4. REHABILITATION PROCESS COMPONENTS

a. **Comprehensive Assessment.** Assessment is a dynamic process that is conducted at intake to rehabilitation and repeated, as necessary, throughout treatment. The initial assessment leading to a diagnostic decision is conducted by a health care provider with specialized TBI training and skills such as a physiatrist, neurologist, or neuropsychiatrist. Other members of the IDT participate in the comprehensive assessment to address physical, cognitive, emotional, environmental, and psychosocial factors relevant for rehabilitation. The comprehensive assessment forms the foundation for the individualized plan of care and treatment approach for each Veteran and Service member. ***NOTE:*** *VHA Directive 1184, Screening and Evaluation of Post-9/11 Veterans for Deployment-Related Traumatic Brain Injury, dated January 3, 2022, mandates procedures for the comprehensive TBI evaluation of deployment-related injuries.*

b. **Individualized Rehabilitation and Community Reintegration Plan of Care.** PSC Programs develop Individualized Rehabilitation and Community Reintegration (IRCR) plans of care for Veterans and Service members who receive inpatient or outpatient rehabilitation services for TBI and benefit from coordinated interdisciplinary services in accordance with the requirements of 38 U.S.C. § 1710C. The Veteran, Service member, and their family or caregiver collaborate in the development of the plan of care. The IRCR plan of care follows from the comprehensive assessment and addresses the following elements: rehabilitation goals, access to care, treatments, timing of the periodic reviews, and supports necessary to achieve rehabilitation goals.

c. **Treatment.** A spectrum of treatment options based on the Department of Veterans Affairs (VA)/Department of Defense (DoD) Clinical Practice Guidelines is available for Veterans and Service members with TBI in all PSC Programs. These include but are not limited to: health care services, individual and group therapy, education and counseling, vocational and employment services, social and independent living skills, healthy living recommendations, and telerehabilitation. Services are provided based on the individual Veteran's and Service member's preferences and needs. ***NOTE:*** *See VA/DoD Clinical Practice Guidelines: Management and Rehabilitation of Post-Acute Mild TBI, 2021, available at https://www.healthquality.va.gov/guidelines/Rehab/mtbi/.*

d. **Standardized Monitoring of Progress**. Rehabilitation progress and outcomes are tracked using psychometrically sound, standardized measures. These measures provide a solid basis for evaluation of Veterans' and Service members' progress towards meeting individualized rehabilitation goals (see PM&RS SharePoint for List of Standardized Polytrauma Outcome Measures, https://dvagov.sharepoint.com/sites/vhasitespmrs/SitePages/Clinical-Standards.aspx ***NOTE:*** *This is an internal VA website that is not available to the public*).

e. **Long Term Management of Traumatic Brain Injury/Polytrauma-Related Disabilities.** For Veterans and Service members with disabilities related to TBI and those who experience functional decline, PSC provides long-term rehabilitation services to sustain and prevent loss of functional gains, and to maximize independence and quality of life. Long term rehabilitation care for Veterans and Service members with TBI and polytrauma is coordinated through their primary care clinicians and supported by teams of rehabilitation specialists with TBI training and experience. The longitudinal examination of plans of care and outcome measures ensures that chronic problems related to TBI are addressed proactively.

f. **Co-occurring Traumatic Brain Injury and Mental Health Conditions.** Mental health conditions including Post Traumatic Stress Disorder, Substance Use Disorder, and depression are examples of co-morbidities that may be anticipated in the TBI population, along with sub-diagnostic behavioral problems, such as impulsivity, agitation, or cognitive impairment. Concurrent treatment of TBI-related symptoms and mental health conditions is achieved whenever applicable and appropriate, through IDT collaborations or through coordination between rehabilitation and specialized mental health clinics. Rehabilitation and mental health specialists collaboratively determine the optimal environment of care that facilitates patient recovery while maintaining safety. ***NOTE:*** *See VHA Directive 1160.01, Uniform Mental Health Services in VHA Medical Points of Service, dated April 27, 2023 and VHA Directive 1160.03, Treatment for Veterans with Posttraumatic Stress Disorder, dated October 16, 2023.*

g. Provider, patient, and caregiver educational resources are included on the VA Polytrauma SharePoint. See: https://dvagov.sharepoint.com/sites/vhasitespmrs/SitePages/Educational-Materials-for-Clinicians-and-Patients.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public*.

REQUIRED STAFFING FOR THE POLYTRAUMA REHABILITATION CENTER PER 12-BED INPATIENT UNIT

Nursing staffing methodology at the Polytrauma Rehabilitation Center (PRC) follows the guidance in VHA Directive 1351, Staffing Methodology for VHA Nursing Personnel, dated January 18, 2023.

DISCIPLINE	FTE
PRC Medical Director	1.0
PRC Program Manager	1.0
Traumatic Brain Injury Model Systems Project/Data Manager	1.0
PRC Research Coordinator	0.5
PRC Education Coordinator	0.5
Assistive Technology Lab Director	1.0
Admissions/Discharge Nurse Case Manager	1.0
Social Work, Registered Nurse, or Physician Assistant Case Manager	2.5
Speech-Language Pathologist	2.5
Clinical Pharmacist Practitioner	0.5
Physical Therapist	3.0
Occupational Therapist	3.0
Recreation Therapist/Creative Arts Therapist	2.0
Neuropsychologist	1.0
Psychologist	1.0
Rehabilitation Engineer	1.0
Optometrist or Blind Rehabilitation Outpatient Specialist	0.5

* Variances from the staffing model must be reported annually to the National Director, Physical Medicine and Rehabilitation Service by the Veterans Integrated Service Network Director. Variances include changes in workload assignment, vacancies, and

requests to add, remove, or replace positions in the staffing model. Variances must be justified by Veteran and Service member needs for care.

REQUIRED STAFFING FOR POLYTRAUMA TRANSITIONAL REHABILITATION PROGRAM PER 10-BED INPATIENT UNIT

Nursing staffing methodology at the Polytrauma Transitional Rehabilitation Programs (PTRP) follows the guidance in VHA Directive 1351, Staffing Methodology for VHA Nursing Personnel, dated January 18, 2023.

DISCIPLINES	FTE
PTRP Medical Director	1.0
PTRP Program Manager	0.5
Admission/Follow up Nurse Manager	0.5
Social Work, Registered Nurse, or Physician Assistant Case Manager	1.0
Psychiatrist	0.5
Speech Language Pathologist	1.5
Occupational Therapist	2.0
Physical Therapist	1.0
Recreation Therapist/Creative Arts Therapist	2.0
Neuropsychologist	0.5
Psychologist	1.0
Vocational Rehabilitation Specialist/Counselor	1.0
Optometrist or Blind Rehabilitation Outpatient Specialist	0.5
Clinical Pharmacist Practitioner	0.25

* Variances from the staffing model must be reported annually to the National Director, Physical Medicine and Rehabilitation Service by the Veterans Integrated Service Network Director. Variances include changes in workload assignment, vacancies, and requests to add, remove, or replace positions in the staffing model. Variances must be justified by Veteran and Service member needs for care.

REQUIRED STAFFING FOR INTENSIVE EVALUATION AND TREATMENT PROGRAM PER SIX-BED INPATIENT UNIT

Nursing staffing methodology at the Intensive Evaluation and Treatment Programs (IETP) follows the guidance in VHA Directive 1351, Staffing Methodology for VHA Nursing Personnel, dated January 18, 2023.

DISCIPLINES	FTE
IETP Medical Director	1.0
IETP Program Manager	0.5
Admission/Follow up Nurse Manager	1.0
Social Work, Registered Nurse, or Physician Assistant Case Manager	1.0
Sleep specialist (e.g., pulmonology, neurology, psychiatry)	0.5
Speech Language Pathologist	1.0
Occupational Therapist	1.0
Physical Therapist	2.0
Recreation Therapist/Creative Arts Therapist	1.0
Neuropsychologist	0.5
Psychologist	1.0
Vocational Rehabilitation Specialist/Counselor	1.0
Optometrist or Blind Rehabilitation Outpatient Specialist	0.5
Knowledge Translation Specialist	1.0
Registered Dietitian Nutritionist	0.5
Clinical Pharmacist Practitioner	0.25

* Variances from the staffing model must be reported annually to the National Director, Physical Medicine and Rehabilitation Service by the Veterans Integrated Service Network Director. Variances include changes in workload assignment, vacancies, and requests to add, remove, or replace positions in the staffing model. Variances must be justified by Veteran and Service member needs for care.

REQUIRED STAFFING FOR POLYTRAUMA NETWORK SITES

DISCIPLINES	FTE
Polytrauma Network Site (PNS) Medical Director	1.0
PNS Program Manager	0.5
Nurse Case Manager	1.0
Social Work, Registered Nurse, or Physician Assistant Case Manager	1.5
Speech-Language Pathologist	1.0
Physical Therapist	1.0
Occupational Therapist	1.0
Recreation Therapist/Creative Arts Therapist	1.0
Neuropsychologist	0.5
Psychologist	1.0
Optometrist or Blind Rehabilitation Outpatient Specialist	0.5
Vocational Rehabilitation Specialist/Counselor	1.0

***** Variances from the staffing model must be reported annually to the National Director, Physical Medicine and Rehabilitation Service by the Veterans Integrated Service Network Director. Variances include changes in workload assignment, vacancies, and requests to add, remove, or replace positions in the staffing model. Variances must be justified by Veteran and Service member needs for care.

REQUIRED STAFFING FOR THE POLYTRAUMA SUPPORT CLINIC TEAM

DISCIPLINE	FTE
Department of Veterans Affairs medical facility Medical Director	0.5
Nurse Case Manager	0.5
Social Work, Registered Nurse, or Physician Assistant Case Manager	0.5
Speech-Language Pathologist	0.5
Physical Therapist	0.5
Occupational Therapist	0.5
Psychologist	0.5

* Variances from the staffing model must be reported annually to the National Director, Physical Medicine and Rehabilitation Service by the Veterans Integrated Service Network Director. Variances include changes in workload assignment, vacancies, and requests to add, remove, or replace positions in the staffing model. Variances must be justified by Veteran and Service member needs for care.