2011 Military Health Systems Conference

Wounded Warriors: Challenges and Care Coordination

Warrior Transition Brigade

LTC Jean Jones
Senior Nurse Case Manager
Wounded Warriors: Challenges and Care Coordination

Presented at the 2011 Military Health System Conference, January 24-27, National Harbor, Maryland
Warrior Transition Units

• Mission
  – To facilitate the healing and rehabilitation of Soldiers, return them to duty when possible, or to prepare them for a successful life as a veteran in their communities.
  – 36 WTUs
  – 9 Community Based Warrior Transition Units
Triad of Care

Holistic Care Foundation
Social Work Services, Occupational Therapy, Physical Therapy, AW2, Federal Recovery Coordinators, Soldier and Family Assistance Center (SFAC), and Chaplains
Nurse Case Manager

• Provide Care Coordination for Warrior and Family.
  – Assistance with navigating the Military Health Care System
  – Appointment management
  – Referral Coordination
  – Risk Assessments
  – Evaluation of Care
  – Advocacy
  – Education
  – Family Integration
  – Communication
  – Expectation Management
Primary Care Manager

• Provide overall management of medical care activities.
  – Overall medical management of Warrior
  – Coordination with medical specialists
  – Referral Management
  – Referral Coordination
  – Risk Assessments
  – Evaluation of Care
  – Advocacy
  – Education
  – Medical Board Referral
  – Expectation Management
Squad Leader

• Interfaces daily with Warrior and the Warrior’s Nurse Case Manager
• First line supervisor
• Assists Warrior with moving through the Military Health Care System
• Facilitates all administrative issues for the Warrior and Family
• Assists Warrior’s Family with integrating into the Warrior Transition Brigade and the Military Health Care System
• Expectation Management

2/3/2012
Full Spectrum Training

- Leadership Training Suited for WTB
- Full Spectrum Cadre
- Resiliency Training
- Behavioral Health Training
- Occupational Health Training
Soldier and Family Assistance Center

• Provide and coordinate various resources and services for Wounded Warriors receiving medical care and their Families.
  – Finance
  – Emergency Financial Assistance
  – ID Cards – DEERS
  – Travel Services
  – Military Personnel
  – Lodging
  – TSGLI Assistance
  – Social Service Administration
  – Veterans Briefings and VA Assistance
  – Legal Assistance
  – Sister Service Liaison
Army Wounded Warrior Program

- Provides a wide range of services in order to help Warriors and their Families recover physically, financially, and build their skills for a rewarding life and career either in the military or in the civilian community - “For as long as it takes”.
  - Career and Education
  - Finance
  - Healthcare
  - Human Resources
  - Insurance
  - Retirement and Transition
  - Services for Families
WTB Warrior Lifecycle
“Full Spectrum Discharge Process”

**Admission:** WTs arrive via Air Evac system or Unit request related to medical condition. Up to 3 family members given TTO orders (government limo pick up)

**Housing:** WT identified for discharge at D-7 (for BH within 48 hours of admission) to generate “tailored” housing requirements; Inpatient OT completes detailed lodging assessment when needed

**CTP:** Intake; Goal Setting; Self Assessment

**Life Skills Intervention:**
- Time Management
- Sleep
- Hygiene
- Nutrition

**Assistive Technology:** Independent access to computer and communication systems

**Work and Education:** Mapping out tentative career path and engaging in tasks that support it

**CTP:** Azimuth Check

**Life Skills Intervention:**
- Home Management
- Budgeting
- Transportation

**Assistive Technology:** Enabling independence in work & education settings

**Work and Education:** Increase in time spent participating in education and internship opportunities

**CTP:** Continued progress on personal goals and handoff to Federal Recovery Coordinator as needed

**Life Skills:** Independent with personal and family management using learned skills

**Work and Education:** Transition to RTD, gainful employment, and/or successful student
**Proposed Warrior Discharge Timeline**

**Admission:** Discharge Planning Begins upon Admission with input from inpatient and outpatient resources.

- **D-7** MD identifies discharge date; PCM and NCM identify NMA; OT arranges lodging visit; Inpatient assets order Durable Medical Equipment (DME).
- **D-5** SL receives coordinating instructions for projected lodging; NMA training begins.
- **D-3** NMA/family moves into room to prepare for WT.
- **D-2** “Discharge Huddle” occurs on ward; Discharge planning staff sets up home health care as needed based upon WT needs.
- **D-1** DME delivery complete; inpatient to outpatient NCM handoff.
- **Discharge Day** WTB assumes C2; SL p/u WT & transports to lodging; Feedback on room adequacy.
- **D+1** WTB NCM/SW performs intake assessment; Consolidated in-processing begins; Inpatient ward nurse performs post-discharge follow-up.
- **D+3** Commander’s assessment complete; WTB outpatient NCM performs in-lodging visit.

**Potential Inpatient to Inpatient Transfer**

**Backstops**

1. HHC/Delta Co. Inpatient NCM responsible for:
   - Working with Inpatient OT/PT for screening; Coordinating with Social Workers to get Movement Notice; Attending Collaborative Discharge Rounds
2. WTB attends Multi-disciplinary (Multi-D) Meetings
3. Triad assessment occurs in WT lodging facility (allows NCM to verify tailored lodging is fit for WT, NMA & Family members)
4. Feedback loops are created for DSW and HHC/Delta Co. Inpatient NCM
Phase II & IV: Intermediate/Advanced Outpatient Comprehensive Transition Process

- Nutritional Counseling
- Medical Assessment
- Medical Treatment
- Surgery
- Occupational Therapy
- Physical Therapy
- Pain Management

Azimuth Checks

Illness Or Injury

Goal Setting

Comprehensive Transition Process
(Holistic / Multi-Disciplinary Approach)

- Educational Assessment
- Risk Management
- Leadership & Mentorship
- Life Skills Development
- RTD Soldier Skills

Competence and Confidence in Activities of Daily Living; Mental Resiliency; Independence

- Relationship Coaching
- Vocational Development
- Pastoral Care
- Psychosocial Assessment
- Addiction Therapy
- Behavioral Health Treatment

PHYSICAL

MENTAL

EMOTIONAL
Automated Comprehensive Transition Plan

Holistic Approach to Warrior Care
Occupational Therapy

Service Dogs

Warrior Games

Assistive Technologies

2/3/2012
Warrior Knowledge Center

This webpage is currently under development and your feedback is important to create a webpage that is useful to all Warriors in Transition, Family and Friends. Thank You

Phonebook  S.O.S.  Welcome Center  Comprehensive Transition Plan (CTP)
Social Networking  Family Support  Getting Around Locally  Travel and Transportation
MEB / PEB  Appointment Scheduling  Health  Benefits
Families and the Reintegration Process

• Inpatient Family Assessments
• New Warrior and Family Orientation
• Outpatient Care
  – Support Groups
  – WTB Social Work Services
  – Computer Assisted Therapies
Lessons Learned

• Warriors and their Family are a System
  • Expectation Management

• Warriors
  – Reintegration begins upon entry
  – It takes a Team
  – Multiple options
  – Embrace new normal early
  – Empowerment is key

• Families
  – Provide support early and often
  – Create trust environment with Families
  – Children deserve special care
  – Listen
I am a Warrior in Transition
My job is to heal as I transition back to duty or continue serving the nation as a veteran in my community.

This is not a status, but a mission.
I will succeed in this mission because
I AM A WARRIOR AND I AM ARMY STRONG
Effective Handoffs and Individualized Care Plans

- Warrior Transition Units
- Triad of Care
- Non-Clinical Case Management
  - Squad Leader
  - Company Commander
  - Soldier and Family Assistance Center
  - Army Wounded Warrior Prorgram
  - Federal Recovery Coordinator
- Interface with Clinical Case Management and Primary Care Managers
- Effective Handoffs
Company Commander

- Provides Command and Control of Warriors

- Responsibilities include:
  - Unit readiness including Warrior safety and Family Re-integration
    - Risk Mitigation
    - Warrior Transition
  - Morale
  - Discipline
  - Physical Fitness
Key Handoffs

• Discharge from Inpatient
  – Lodging
  – Inprocessing – finance, order issue, training
  – Family integration, TSGLI

• Outpatient Management
  – MEB / DES process
  – Benefit and Legal Assistance
  – Veteran Administration Benefits
  – Community Resources
  – Work and Education Planning

• Transition to Independence
  – Community Resources
  – Internships
  – Education Programs
  – Housing
  – VA Claims
  – VA Vocational programs
2011 Military Health Systems Conference

Effective Handoffs and Individualized Care Plans

Warrior Transition Brigade

LTC Jean Jones
Senior Nurse Case Manager
Triad of Care

Holistic Care Foundation
Social Work Services, Occupational Therapy, Physical Therapy, AW2, Federal Recovery Coordinators, Soldier and Family Assistance Center (SFAC), and Chaplains
### Phase I: Behavioral Health Discharge Process (Inpatient)

<table>
<thead>
<tr>
<th>Admission (+48 hrs)</th>
<th>D-4 to D-2</th>
<th>D-3</th>
<th>D-2</th>
<th>D-1</th>
<th>D+1</th>
<th>D+2</th>
<th>D+3</th>
<th>D+14</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D-4 to D-2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WT B Triad meets with inpatient team to discuss discharge requirements (as needed); BH training requirements identified for WTB Cadre and NMA; Occupational therapy training requirements identified for WTB Cadre and NMA if WT has other injuries or illness limitations; Equipment ordered, if needed (i.e. EMMA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D-3 to D-1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In collaboration with WRAMC Psychiatry, OT, and WTB, WTB Cadre and NMA training conducted. Lodging secured. Discharge safety plan reviewed by BDE CDR (if needed); Recommendations implemented/additional assets requested based on WT needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D-1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All WTB assets in place; WTB NCM handoff to Triad; Equipment p/u and set up in room</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Discharge Day</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WT picked up by SL, escorted to Abrams Hall and CO; Meet C2/M2 team.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D+1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Triad follows up with WTB BH assets, if needed. If WT admitted to Intensive Day Program, WT goes to Ward 53 for Intake Assessment and Evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D+2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C2/M2 identified other training needs to SNCM and Chief, WTB SW; Additional training planned and implemented; As needed, can request POD meet with Warrior during on the weekend following discharge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D+3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow up with WT SWS; WT Assurance Visit by NCM/SL (OT if needed) to review lodging &amp; safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D+14</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If WT admitted to Intensive Day Program, Ward 53 staff makes lodging assessment and NMA requirement re-evaluation. Adjust lodging and outpatient C2 safety plan based upon input. High Risk status updated based upon Ward 53 Staff and WTB Cadre assessments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BACKSTOPS**

- WT assigns 1 x NCM & SW and C2 element to attend Monday and Thursday Inpatient BH Discharge Meetings; SL makes notes on WT on transferrable database; NMA Skills building program via Psychiatric Consult Liaison Service (PCLS)

**Admission (+48 hrs):**

- WT B NCM/SW attends Inpatient Discharge Team Meetings on Mon/Thurs; Tentative D-day Identified by Inpatient Treatment Team (and need for NMA). Request for lodging sent to WTB S4 or MH DSW (OT for other injuries/illnesses); WT B NCM forwards potential D-day to Triad
Expectation Management
It takes a Team...

Provides
Facilities Management
Companies
Soldier and Family Assistance Center
Job Fairs
Case Review – S/P IED Blast

- 22 y/o E4 S/P IED blast with the resulting injuries below the knee amputation, pelvic fracture, multiple soft tissue injuries, mild TBI
- Diagnosed with PTSD 6 months after arrival
- Warrior desired to remain on Active Duty
- Supportive family
- Key handoffs
  - Inpatient to outpatient
  - Family
  - Medical Board and the DES
  - Army level - Human Resources
  - New Command
  - MTF at new unit
Case Review – Behavioral Health

• 24 y/o E4 diagnosed with Mood Disorder while attending Advanced Individual Training (AIT). No deployment experience
  – After 2 unsuccessful suicide attempts was admitted to WRAMC’s behavioral health inpatient ward.
  – Soon after discharge and return to unit, SM had 2 additional suicide attempts. Readmitted to WRAMC and admitted to WTB.
  – No supportive family located
• Key Handoffs
  • Inpatient to Outpatient
  • Outpatient Providers
  • Medical Board
  • Community resources in new home location
  • VA
Case Review – S/P RPG Blast

- 35 y/o CPT S/P RPG Blast with the receiving injuries: Moderate to Severe TBI with cranioplasty, right arm amputation below the elbow (right hand dominate), and multiple soft tissue injuries.
- Dysfunctional family system
- Warrior wants to remain on Active Duty however unknown response to therapy at this time
- Key Handoffs
  - Inpatient to Outpatient
  - Outpatient providers
  - Medical Board
  - VA
  - Legal Assistance
  - Home Community
Phase II: Intermediate Outpatient

(Maximum-Moderate Support)

Warrior Timeline

Discharge Day

- Warriors and Family Members settled in to “tailored” lodging

- WTB and TRIAD of care assume full C2; HHC Intake element conducts reception, consolidated In-processing, and training within first 30 days, then WTs are moved to “Line” Companies

- Comprehensive Transition Plan (CTP) is initiated to focus on Holistic Care; initial Goal Setting looks at weekly goals. A tentative career path is discussed (and mapped out depending upon Warrior’s physical and emotional readiness).

- Warriors and Family Members meet with AW2

Warrior Tasks

- Twice Daily Huddles
- NCM appts weekly
- NCMs make all appts
- Warriors wear uniform and required to be on post during duty day
- Warriors are subject to taskings and duty rosters (toward end of Phase II)
Phase III: Advanced Outpatient

(Lodging Assessment)
Warriors are assessed to determine need for greater independence
Warriors are moved to alternate lodging facilities to adapt and overcome their disability limitations in “real world” living conditions while still under WTB C2

Warrior Tasks
• Attend morning huddles and Brigade formations
• NCM appts every 1-2 weeks
• NCMs enable Warrior to make appts; by end Phase III make own appts
• Warrior must wear uniform during day while on post for duty day
• Warrior involved in Work or Education programs

• WTB Triad Boards and Transition Review Boards assess physical/emotional condition and lodging needs for each Warrior. Review readiness of Warrior and family to navigate/plan own care. Reduce mandatory SL and NCM engagement.

• Goal setting focuses on short term and long term goals. Warrior begins to visualize life after WTB

• Occupational Therapists (OTs) focus on Home Management, Budgeting and Transportation skills; OT facilitates assistive technology to enable independence in work & education settings
Phase IV: Independence

Transition Day

**TRANSITION**
Warriors have achieved “Optimal” level of health that WTB and WRAMC can provide
Warrior has undergone Holistic Healing and is independent - using learned skills in personal and family management

**Warrior Tasks**
- Warriors attend Brigade formations and call in for accountability
- NCM appts every 2-3 weeks
- Warriors make all appts (except referrals)

**RTD or Civilian Life**

- RTD personnel leave WTB prepared for reintegration in the force
- For non-RTD Warriors, WTB SW/NCM conduct "Warm hand-off" with VA Health Care Liaison to ensure the first VA/VHA appointments are made and pay issues are addressed
- Warriors acquire gainful employment and/or are successful students; E-mail addresses are added to WTB database for follow-on information on career & education fairs