

Rhode Island Traumatic Brain Injury State Action Plan
Traumatic Brain Injury State Partnership Program
2019 – 2021



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The Rhode Island Traumatic Brain Injury Partnership State Plan for 2019-2021 was developed by the Rhode Island Traumatic Brain Injury Partnership Project Advisory Board in conjunction with its lead agency, The Rhode Island Department of Health (RIDOH) and in partnership with the Rhode Island Governors Permanent Advisory Commission on Traumatic Brain Injury.

Introduction

Since 2002, RIDOH's Violence and Injury Prevention Program (VIPP) has worked on Traumatic Brain Injury (TBI) prevention efforts. In 2018, the VIPP applied for and received a three-year TBI State Partnership Program grant from the Administration of Community Living, allowing the program to make an impact in the lives of TBI survivors. The focus of the TBI Program is to collaborate with TBI survivors, their families, and stakeholders to improve services in Rhode Island.

The Rhode Island TBI Partnership Project Advisory Board is comprised of several stakeholders including survivors, their families, advocates, medical professionals, and representatives from State agencies. Strategic planning meetings provided a space for collaboration and allowed different perspectives to be heard. The recommendations subsequently developed highlight the Board's goal to expand the scope of TBI work to include acquired brain injury, including those caused by stroke and anoxia. Being inclusive of all types of brain injury means services can be aligned with new stakeholders including those addressing chronic disease, opioid overdose, and developmental disabilities.

Traumatic Brain Injury (TBI): Overview

A TBI is caused by an external force to the head. It can happen anywhere, anytime, and to anyone, in situations like falls, sports injuries, or motor vehicle crashes. A TBI can range in severity from mild concussion with temporary or permanent impairments in cognitive and emotional function to severe head trauma resulting in coma or death.² Early and adequate intervention is important because if a second TBI occurs while the brain is not fully healed, health risks exponentially increase.³ All population groups can be affected by TBI, including infants, young athletes, military personnel, and older adults.⁴

Burden of Traumatic Brain Injury

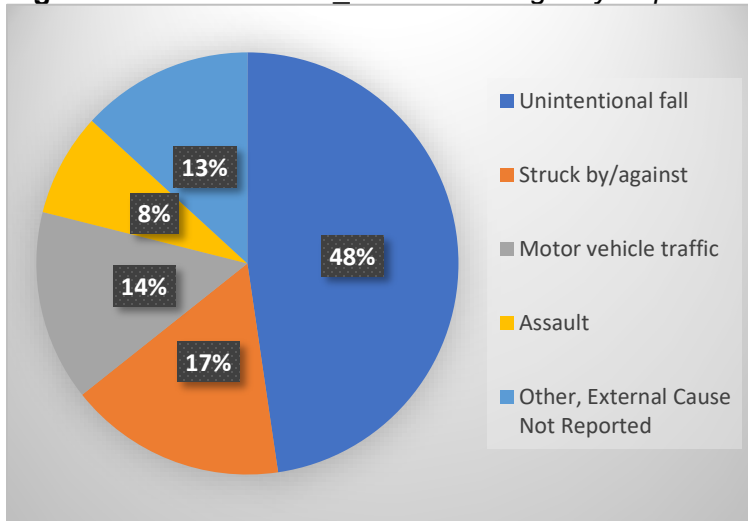
National

In 2013, 2.8 million emergency department visits, hospitalizations, or deaths in the United States were related to TBIs either as an isolated injury or with other injuries. Additionally, 5.3 million Americans are living with a TBI-related disability. According to the Centers for Disease Control (CDC), the leading causes of TBIs in the United States are falls (47%), being struck by or against an object (15%), and motor vehicle crashes (14%).¹

State

The Rhode Island Emergency Department Discharge data (Figure 1) shows that in 2015, 48% of TBI-related Emergency Department visits were due to unintentional falls, 17% were due to being struck by or against an object, 14% were due to motor vehicle traffic, 8% were due to assault, and 13% were due to other or unreported reasons. Men were more likely to be hospitalized for a TBI. Of those who died from TBI, more were men than women. From 2011-2015, there were 48,392 emergency department visits and 3,607 hospitalizations in Rhode Island for unintentional fall-related injuries.

Figure 1: Reason for TBI_Related Emergency Department Visits in Rhode Island, 2015



Source: Rhode Island Emergency Department Discharge Data

Rhode Island Recommendations

Recommendation 1: Increase TBI education and training opportunities in Rhode Island.

Phase 1

Target Population 1: Emergency Medical Services (EMS) professionals, first responders, emergency department personnel, nurses, Healthcare providers, law enforcement officers, interpreters, and translators (medical, court).



Objective: Perform outreach to target population 1 by July 2019.

Potential Contacts: Rhode Island State Police, Providence Police Academy (Police Training Academies), International Medical Interpreters Association (Rhode Island Chapter), Rhode Island Judiciary's Office of Court Interpreters (OCI) training/certification program, RIDOH's Violence and Injury Prevention Program (connection to EMS for another grant), Rhode Island College School of Nursing (pre-existing relationship with RIDOH), Rhode Island Attorney

Activities:

1. **Identify trainings** that the Brain Injury Association of Rhode Island (BIARI) already offers that would be appropriate for each target population identified in the next section.
2. **Determine gaps in trainings** offered by BIARI.
 - a. Determine if BIARI has access to subject matter experts or evidence-based trainings which could be used to adapt their existing trainings for specific target populations.
 - b. If BIARI cannot fulfill all training needs for target populations:
 - i. **Conduct extensive research** on evidence-informed TBI/ABI trainings, e.g. online courses located on other states' Brain Injury Association websites, TBIStafftraining.info website trainings, etc.
 - ii. **Select evidence-informed trainings** that are appropriate for each target population.
3. **Identify key stakeholders** in community health centers, hospitals, private doctors' offices, vocational schools, and college and universities, to deliver trainings to each target population.
 - a. **Work with stakeholders to integrate TBI information** into existing trainings and curricula.
 - b. **Offer trainings** from BIARI and other reputable sources to target populations.
4. **Distribute Current Resource Guide** (detailed in Phase 2) to Target Population 1.
5. **Work with stakeholders to identify training platforms** that are efficient and sustainable (e.g. online webinars that relevant stakeholders may access).
6. **Determine terminology** derived from evidence-informed TBI trainings that would be important for interpreters (e.g. medical, court, general) to know.
7. Ensure all trainings include cultural and linguistically appropriate components for TBI survivors.
8. **Identify key stakeholders** (e.g. medical/court interpreter professional associations and certification programs, hospitals) that will integrate TBI/ABI terminology into their vocational materials.
9. **Devise a sustainable strategy** to ensure that updated terminology is continuously provided to these key stakeholders.
10. Join efforts to **provide police training** on TBI.

Phase 2

Target Population 2: Emergency medicine residents (Alpert Medical School); Rhode Island State Nursing Association; other higher education institutions that offer programs/degrees in nursing, social work, and physical therapy; long-term care providers, and community organizations that work with people with disabilities and TBIs.



Objective: Reach target population 2 by October 2019.

Activities:

1. **Compile list of available resources** for TBI/ABI survivors in Rhode Island from key stakeholders, including BIARI.
2. **Determine any new or missing resources** and incorporate them into a comprehensive guide.
3. **Provide updated TBI/ABI resource guide** to target population 2

Phase 3

Target Population 3: Temporary employment agencies, vocational and technical high schools and colleges



Objective: Perform outreach to target population 3 by January 2020.

Activities:

1. **Repeat Phase 1, Steps 1-7**, with focus on including information pertaining to reasonable accommodations or appropriate placements for people with TBI/ABI in the workforce within program curriculum, for target population 3.
2. **Review course catalogs** at technical/vocational schools in Rhode Island.
3. **Identify programs or courses** that could include information on TBIs/ABIs.
4. Reach out to program directors or professors to **propose inclusion of TBI/ABI information** in their programs or course curricula.
5. Work with stakeholders, including BIARI, to **determine evidence-informed information** that should be included in college-level program curriculum.
6. Work with target population 3 to **develop presentations or reading recommendations** that include TBI/ABI information.
7. **Identify and promote internship opportunities** for students within BIARI and neurologists specializing in TBIs/ABIs.

Phase 4

Target Population 4: Hospital Systems



Objective: Reach target population 4 by August 2019.

Activities:

1. **Identify information** to include in hospital discharge resource information sheet.
2. **Develop discharge resource information sheet** to include information such as a TBI-focused glossary of diagnosis and treatment terms and definitions.
3. **Collaborate with hospitals systems** to incorporate resource information **sheet** to discharge protocol.
4. **Ensure resource informational sheet is translated** into Spanish and Portuguese to accommodate more Rhode Islanders.

Recommendation 2: Expand Stakeholders

Target Population 5: Ocean State Center for Independence Living, Rhode Island Independent Living Council, Developmental Disabilities Council, Aging and Disability Resource Center Representative/Ombudsmen, Paul V. Sherlock Center on Disabilities at Rhode Island College, The Rhode Island Coalition Against Domestic Violence, Rhode Island Office of Veterans Affairs, Rhode Island Parent Information Network, Parent Support Network, Providence VA Medical Center, TechACCESS, Rhode Island Commission for Human Rights, Rhode Island Governor's Commission on Disabilities, Disability Law Center, Department of Elderly Affairs , PACE Organization of Rhode Island



Objective: Throughout the duration of the grant, perform outreach to target population 5.

Activities:

1. Conduct outreach to target population 5 to **increase state TBI advisory board participation**.
2. Work with target population 5 to **provide TBI-specific knowledge**.
3. Collaborate with target population 5 to **increase TBI awareness** within each agency.

Recommendation 3: Legislation

Target Population 6: Governor's Permanent Advisory Commission on TBI, Committee of the Governor's Commission on Disabilities, and Brain Injury Association of Rhode Island.

Objective: Throughout the duration of the grant, work with TBI stakeholders to improve existing legislation and policies affecting TBI survivors.

Activities:

1. Each year, **identify TBI-related legislation** important to TBI survivors and stakeholders.
2. Each year, **attend public forums** held by the Legislation Committee of the Governor's Commission on Disabilities.
3. By July 2019, **draft legislation** to increase TBI survivor membership on the Governors Permanent Advisory Commission on TBI.
4. By July 2020 **draft or revise regulations** for transitional and/or step-down (less than 24-hour home and community-based care) services after inpatient treatment.

Recommendation 4: Transportation

Target Population 7: State Division of Planning's Transportation Advisory Committee, Coalition for Transportation Choices, and Rhode Island Department of Transportation.

Objective: Throughout this grant period, participate in existing transportation groups.

Activities:

1. **Provide information** to transportation working groups and stakeholders regarding transportation issues impacting TBI survivors.
2. **Appoint a TBI advocate** to participate in the State Division of Planning's Transportation Advisory Committee (representative from RIDOH recently retired).
3. **Appoint a TBI advocate** to participate in the statewide Coalition for Transportation Choices (CTC)
4. **Support existing transportation efforts** that align with TBI survivor transportation accessibility/access.

Recommendation 5: Engage Healthcare Providers

Target Population 8: Community Health Centers, Hospitals, and Physician Groups



Objective: Perform outreach to target population 8 by June 2020.

Activities:

1. **Develop a TBI Peer Support Network** of “Navigators” or reimbursable Community Health Workers.
2. **Create a focus group** to identify emerging technologies that may prove helpful for diagnosis and/or treatment for people with TBI (such as diffusion tensor imaging (DTI) UPRIGHT MRI etc.) and make recommendations for particular services that may be helpful and cost-effective.
3. Work with the Brain Injury Association of Rhode Island to **implement lunch and learn training** to primary care offices, nursing homes, and hospitals. Training should include the importance of improved coordination of referrals to care between primary care physicians and specialists

Recommendation 6: School and Employer Communities

Target Population 9: School nurses, teachers, staff, coaches, athletic staff, parents, students, employers, employees, and rehabilitation professionals



Objective: Throughout the duration of the grant, increase awareness of TBI and its effects on school-age children and adults, including concussion management, workers' compensation injury resources, and assistive technology accommodation.

Activities:

1. **Offer concussion education and awareness information/tools** for all school community stakeholders: administrators, teachers, nurses, parents, athletic directors, athletic trainers, support staff, and students as funding is available.
2. Support schools in instituting and **implementing a *Return to Learn* protocol.**
3. **Offer free neurocognitive baseline testing** to school athletes as funding is available.
4. Promote awareness of The Arrigan Rehabilitation Center for **workers' compensation** injuries and TechACCESS-RI for **assistive technology** resources.

Acknowledgements

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