

# POSTDISCHARGE / OUTPATIENT CARE

## TBIRehab = Rehabilitation

<b>1. CDE Variable</b>	TBIRehab = Rehabilitation
<b>2. CDE Definition</b>	This variable will capture whether or not the individual with TBI received any rehabilitation services for his/her TBI since his/her injury.
<b>3. Recommended instrument for assessment</b>	N/A
<b>4. Description of measure</b>	Categorical; multiple entries permitted.
<b>5. Permissible values</b>	<p><u>Basic:</u></p> <ul style="list-style-type: none"> <li>• No</li> <li>• Out- patient rehabilitation</li> <li>• Non-specialised facility (in-patient)</li> <li>• Specialised rehab center: comprehensive in-patient program focused on rehabilitation services</li> <li>• Unknown</li> </ul> <p><u>Intermediate/Advanced:</u></p> <ul style="list-style-type: none"> <li>• No</li> <li>• Out-patient rehabilitation</li> <li>• General rehab unit (in-patient): specialised program of rehabilitation services</li> <li>• TBI rehabilitation unit (in-patient): specialised program of rehabilitation services for persons with TBI</li> <li>• General long term acute care unit (in-patient): specialised acute care settings for advanced stay patients</li> <li>• Geriatric rehab unit (in-patient): specialised program of rehabilitation services geared towards elderly</li> <li>• Unknown</li> </ul>
<b>6. Classification: Basic/Intermediate/Advanced</b>	See above
<b>7. Procedure</b>	Ask the individual with TBI, a reliable proxy or obtain medical records to determine if the individual with TBI received rehabilitation services.
<b>8. Comments/Special instructions:</b> Rehabilitation includes a continuum of services that endorse active participation of the patient and are developed to maximize skills, competencies, and quality of life.	
<b>9. Rationale/justification:</b> Service provision post-TBI is important to track as it is an indicator of health care resource utilization.	
<b>10. References:</b>	

<p><b>Recommended time for assessment:</b> On standardised follow up as mandated by protocol.</p>
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# POSTDISCHARGE / OUTPATIENT CARE

## RehabIn = Inpatient rehabilitation

<b>1. CDE Variable</b>	RehabIn = Inpatient Rehabilitation
<b>2. CDE Definition</b>	If the individual with TBI received inpatient rehabilitation for his/her TBI, complete this variable which includes days of inpatient rehabilitation; or the admission date, discharge date and dates of any short term interruptions in rehabilitation. A short term interruption in rehabilitation is defined as at least 3 days or more, but less than 30 days off of inpatient rehabilitation.
<b>3. Recommended instrument for assessment</b>	Calendar.
<b>4. Description of measure</b>	Record the number of days of inpatient rehabilitation received; or the date of admission, the date of discharge to/from inpatient rehabilitation. Also record the beginning and end of any short term interruptions to inpatient rehabilitation.
<b>5. Permissible values</b>	<p><u>Basic:</u> Duration of inpatient rehabilitation in number of days:</p> <ul style="list-style-type: none"> <li>• ### (001 - 998) 999 = unknown</li> </ul> <p><u>Intermediate/Advanced:</u> Date of admission to and discharge from inpatient rehabilitation:</p> <ul style="list-style-type: none"> <li>• DD – MMM – YYYY</li> <li>• 99 – 999 – 9999 = unknown</li> </ul> <p>Start date and end date of first and second short term interruption during inpatient rehabilitation:</p> <ul style="list-style-type: none"> <li>• DD – MMM - YYYY</li> <li>• 99 – 999 – 9999 = unknown</li> </ul>
<b>6. Classification: Basic/Intermediate/Advanced</b>	See above
<b>7. Procedure</b>	Ask the individual with TBI, a reliable proxy or obtain medical records to determine the days/dates of rehabilitation.
<b>8. Comments/Special instructions:</b>	
<b>9. Rationale/justification:</b> Service provision post-TBI is important to track as it is an indicator of health care resource utilization.	
<b>10. References:</b>	

# POSTDISCHARGE / OUTPATIENT CARE

## RehabOut = Outpatient rehabilitation

<b>1. CDE Variable</b>	RehabOut = Outpatient Rehabilitation
<b>2. CDE Definition</b>	If the individual with TBI received outpatient rehabilitation for their TBI, complete this variable which includes: 1) the date started outpatient rehabilitation therapy (or the number of days of outpatient therapy); 2) whether active rehabilitation is ongoing on the visit date; 3) if no ongoing therapy, the date ended outpatient rehabilitation therapy; 4) the type of outpatient therapy; and 5) the frequency of outpatient therapy.
<b>3. Recommended instrument for assessment</b>	N/A.
<b>4. Description of measure</b>	Calendar; Categorical; multiple entries permitted.
<b>5. Permissible values</b>	<p><u>Basic:</u> Duration of outpatient rehabilitation in number of days:</p> <ul style="list-style-type: none"> <li>• ### (001- 998) 999 = unknown</li> </ul> <p><u>Intermediate/Advanced:</u> Date started outpatient rehabilitation:</p> <ul style="list-style-type: none"> <li>• DD – MMM – YYYY</li> <li>• 99 – 999 – 9999 = unknown</li> </ul> <p><u>Active rehabilitation therapy ongoing:</u></p> <ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> </ul> <p><u>If no, date end of outpatient rehabilitation therapy:</u></p> <ul style="list-style-type: none"> <li>• DD – MMM - YYYY</li> <li>• 99 – 999 – 9999 = unknown</li> </ul> <p><u>Type of outpatient therapy:</u></p> <ul style="list-style-type: none"> <li>• Physical therapy</li> <li>• Occupational therapy</li> <li>• Speech therapy</li> <li>• Therapeutic recreation (recreation services to improve functioning and independence)</li> <li>• Cognitive remediation (interventions to improve cognitive functions)</li> <li>• Vocational services (services to help pt achieve identified vocational outcomes)</li> <li>• Psychological services</li> <li>• Nursing services</li> <li>• Comprehensive day treatment (daily group interventions involving a variety of therapeutic modalities).</li> <li>• Peer mentoring</li> </ul>

	<ul style="list-style-type: none"> <li>• Social work/Case management</li> <li>• Independent living training</li> <li>• Home health</li> <li>• Other: _____</li> <li>• unknown</li> </ul> <p><i>Frequency of outpatient therapy (advanced format):</i></p> <ul style="list-style-type: none"> <li>• None</li> <li>• Only follow-up, no active treatment</li> <li>• &lt; once per week</li> <li>• weekly</li> <li>• 2-3 times/week</li> <li>• Daily</li> <li>• Unknown</li> </ul>
<b>6. Classification: Basic/Intermediate/Advanced</b>	See above
<b>7. Procedure</b>	<p>Ask the individual with TBI, a reliable proxy or obtain medical records to determine details on outpatient rehabilitation. For the basic version, record the duration of outpatient rehabilitation in days. For the intermediate and advanced version record the date started outpatient rehabilitation therapy (or the number of days of outpatient therapy); whether active rehabilitation is ongoing on the visit date; if no ongoing therapy, the date ended outpatient rehabilitation therapy; the type of outpatient therapy; and the frequency of outpatient therapy.</p> <p>For the advanced version we advocate to record the frequency of therapy per category.</p>
<b>8. Comments/Special instructions:</b>	
<b>9. Rationale/justification:</b> Service provision post-TBI is important to track as it is an indicator of health care resource utilization.	
<b>10. References:</b>	
<p><b>Recommended time for assessment:</b> On standardised follow up visits as required by protocol.</p>	