Legislative Long-Term Care Committee Meeting
May 06, 2010

Chairman Kreidt and members of the Legislative Long-Term Care Committee, my name is Mark Johnson, Administrator of the North Dakota Veterans Home.

I have enclosed information in your packet regarding the individuals we care for at the Veterans Home. At present we care for three individuals with TBI in the skilled nursing home and four individuals in our basic care unit.

Recent statistics from the Army have estimated that 10% to 20% of soldiers and marines in tactical units are leaving Iraq and Afghanistan with mild traumatic brain injuries. The most common TBI injury is due to bomb blast injuries from explosives. More than 80% of patients recover completely, but 20% struggle with TBI symptoms for the rest of their lives.

At present we don't have the resources to provide any TBI clinics. We currently transport our veterans in need of these services to the VA Medical Center in Fargo for treatment.

NDVH SKILLED CARE UNIT
HISTORY OF TRAUMATIC BRAIN INJURIES
04-21-10

There are three residents who currently carry the diagnosis of Traumatic Brain Injury:

Resident #1:

-Carries the diagnosis of closed head injury
-This is resident's 5th admission to the NDVH (he was admitted from the basic unit to the skilled unit on the 5th admission)
-Resident's first admit to the NDVH was to the skilled unit, the next 3 admits were to the basic unit, this last (5th admit) was to the skilled unit

Resident #2:

-Carries the diagnosis of traumatic brain injury
-This is resident's 2nd admission to the NDVH, his first admission was to the basic, 2nd admit was from basic to skilled

Resident #3:

-Carries diagnosis of history of head injury
-This is resident's 4th admission to the NDVH, first 3 admits were to the basic unit, last admit was from the basic to skilled unit

NDVH BASIC CARE UNIT
HISTORY OF TRAUMATIC BRAIN INJURIES
04-21-2010

There are four residents who currently carry the diagnosis of Traumatic Brain Injury:

Resident # 1:

-Carries diagnosis of psychotic disorder due to traumatic brain injury with hallucinations
-Admitted to the NDVH from private apartment

Resident # 2:

-Carries diagnosis of Cognitive deficit secondary to traumatic brain injury
-Admitted to the NDVH from home

Resident # 3:

-Carries the diagnosis of mood disorder secondary to traumatic brain injury
-This is resident's 2nd admission to the NDVH (he was living with a family member prior to his 2nd admission)

Resident # 4:

-History of traumatic brain injury to the frontal lobe
-This is resident's 3rd admission to the NDVH (he was admitted from home prior to this 3rd admission)