

# Central Blind Rehabilitation Center Annual Report 2013

## Mission and Vision

### Mission Statement

The mission of the Central Blind Rehabilitation Center is to provide the highest quality blind rehabilitation services through a broad range of rehabilitation, education, and research/technology programs.

Our primary objective is to equip Veterans to function at their greatest capabilities to achieve their personal goals.

The Blind Rehabilitation Program:

Supports blind and low vision Veterans and active duty Service members in regaining their independence and quality of life to enable their successful integration into family and community life.

Supports family and significant others to better understand visual impairment and foster the provision of appropriate support, to assist in enhancing home environments and to reduce caregiver burden.

### Vision Statement

Since its inception, the Central Blind Rehabilitation Center has been a forerunner in blind rehabilitation. We will remain a rehabilitation center of excellence.

In the words of our first chief, Russell C. Williams, "The blind center is where faith is strongest, that blind people deserve hope, respect and freedom. These are accorded first, followed by the means of achieving them. Our civilization permits wholesome living when blind, and here one learns how." We will achieve this through a commitment to provide the highest quality, most innovative experience to blinded Veterans, the ongoing education of our personnel, research and development of the latest and most advanced technology, implementation of the most effective technology and the exchange of information and ideas between services and educational programs within and outside the VA system.



***There are approximately 157,000 Veterans in the United States who are legally blind and more than one million Veterans who have low vision that causes a loss of ability to perform necessary daily activities.***

## Message from the Acting Chief

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The closing of 2013 marked the end of an era for the Central Blind Rehabilitation Center (CBRC). In August, Chief Jerry Schutter announced his November 1st retirement date. Jerry assumed the role of Chief in 1999. His 37 total years of federal service included 34 years at the CBRC and 3 years in the Army. Jerry is a Vietnam Veteran who cares deeply about his fellow Veterans. His leadership and achievements during his tenure will be remembered and appreciated for years to come. Some highlights of his accomplishments and initiatives include:

- Completion of the new CBRC Building (2008) and provision of consultation with other sites for new Blind Center buildings
- Innovations in developing individualized and specialized programs for a new generation of Active Duty Service Members and Veterans
- Expansion of technology training
- Leadership in Blind Rehabilitation Succession Planning via the Technical Career Field (TCF) program and university internships at Hines
- Leadership in the development of Self-Medication Policies within Blind Rehabilitation programs to enhance Veteran independence and safety
- Implementation of Commission on Accreditation of Rehabilitation Facilities (CARF) surveys (CBRC accreditation beginning in 2001)
- Leadership of the Hines "CREW" initiative (Civility, Respect, and Engagement in the Workplace)

One of Jerry's last achievements at Hines was to submit a successful proposal to the Office of Rural Health (ORH). The ORH initiative provides initial funding for outreach and outpatient services in rural areas served by Hines VAH. Two new staff members will be hired for the roles of Blind Rehabilitation Outpatient Specialist (BROS) and Outreach Communication Specialist. We are excited about the possibilities to serve more Veterans.

This publication highlights the Blind Center's training programs, performance improvement activities, and yearly statistical summary of the Veterans we serve. The staff at the CBRC fulfill the mission of providing the highest quality services to our Veterans and Service Members. Their knowledge, dedication, creativity, and compassion are on display each and every day. It has been my honor and pleasure to serve as Acting Chief of the CBRC during this time of transition. Congratulations to Denise Van Koevering, the newly-appointed Chief of the CBRC.

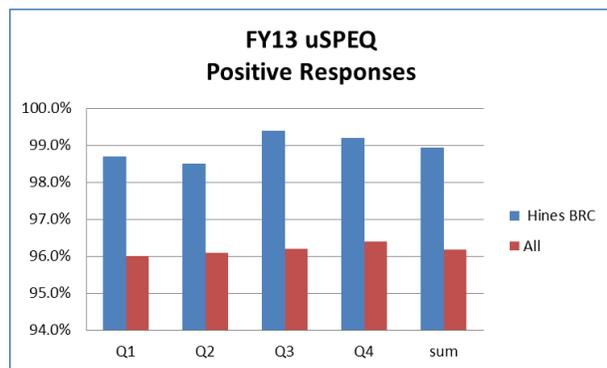
Mary Beth Harrison, CVRT, CLVT  
Acting Chief, Central Blind Rehabilitation Center

## Performance Improvement (PI) Highlights

### Patient Satisfaction

In the first quarter of Fiscal Year 2013 (FY13), Hines Blind Rehabilitation Center (BRC) implemented the new Universal Stakeholder Participation Questionnaire (uSPEQ) Consumer Survey. This survey was developed by the Commission on Accreditation of Rehabilitation Facilities (CARF) for use throughout the VA Blind Rehabilitation Continuum of Care. It provides valuable input from Veterans who have completed the program, and allows comparison to the aggregated scores of all participating sites nationally. Survey items are categorized into five domains: Service Responsiveness, Informed Choice, Respect, Participation, and Overall Value.

VA Blind Rehabilitation programs nationwide have received high rates of positive feedback and Hines BRC averages a 99% positive response rate. There are no clear trends, although one item received slightly lower scores during all four quarters: "I know where/how to get help in my community." This is, perhaps, to be somewhat expected since Veterans travel to Hines BRC from many different locales. It may be an area to target for future improvement.



### Systems Redesign

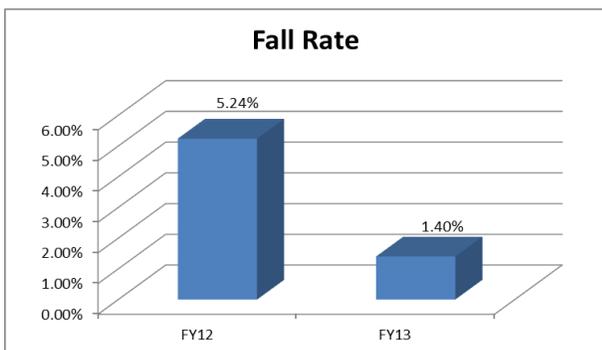
A multidisciplinary team of BRC staff completed a successful Systems Redesign Project of the Application Review Process. The team recommended a weekly meeting in which the BRC Psychologist, Social Worker, Nurse Practitioner, Admissions Coordinator, and Assistant Chief review all new applications. Most applications are immediately approved. The other applications receive a more extensive chart review or Visual Impairment Service Team (VIST) follow-up for questions about medical, cognitive, or psychosocial status, as well as clarification of blind rehabilitation goals. This enables us to better anticipate the Veterans' needs prior to admission. We also implemented a brief pre-admission telephone questionnaire, which is administered at the time of scheduling. The information is shared with the BRC Supervisors who plan the "Assessment Week" schedule for each Veteran, as well as with the assigned Team Coordinator.

When applicants are identified as medically fragile, the Nurse Practitioner does an additional chart review before admission to ensure that the Veteran is in stable health when admitted. This process minimizes the occurrence of Veterans being transferred to medical wards of the hospital shortly after admission to the BRC. In FY13, only 1% of BRC patients were transferred for medical reasons during the first week following admission, improving up our target of <5%.

Another benefit of the Systems Redesign is increased ability to meet special

## PI Highlights (Cont.)

Needs. By working with Rehabilitation Service, we have been able to admit patients to the inpatient rehabilitation unit for participation in the BRC program. These Veterans had special needs which could not be met in the BRC, though they were able to benefit from blind rehabilitation training. Other Veterans were identified as having recent or frequent falls, necessitating referral for Physical Therapy soon after admission. BRC patients in general tend to be at high risk for falls. More timely detailed incident communication and proactive referrals to Physical Therapy appear to have had a positive impact on fall rates in FY13 as compared to FY12.



### Wait Times For Admission

Unfortunately, wait times for admission increased during FY13. Although the average wait time for the year was 93 days, the wait time at the end of the year was at 147 days, which exceeds the VHA-mandated level of a first admission offer within 120 days. The BRC has greatly expanded the opportunities for Veteran dual programs, with the philosophy of meeting all immediate needs in one admission. This decreased the number of Veterans reapplying for additional training within the first year after discharge. However, it

also increased the length of stay from 31 to 44 days. A Systems Redesign Team has been charged with developing recommendations to meet and sustain a wait time of 120 days or less.

### Outreach and Education

The Hines BRC staff maintains a strong commitment to professional education, outreach, and advocacy. In the past year, the BRC hosted 155 visitors providing 308 hours of orientation and education to consumers, professionals, service organizations, volunteers, and students. Multiple staff members were active as presenters at the state Association for Education and Rehabilitation of the Blind and Visually Impaired (AER) conferences in Illinois and Wisconsin, and the Hadley School for the Blind Biennial Faculty Conference. Five staff members were guest lecturers at universities. The BRC hosted Hines and Loyola Ophthalmology Residents for a blind rehabilitation immersion experience where participants completed five condensed blind rehabilitation lessons while blindfolded. Staff members also participated in several community and Veteran outreach and Welcome Home events.



## Skill Area Updates

### Computer Access Training

During FY13, the Computer Access Training (CAT) Department worked with other Blind Rehabilitation Center staff members to effectively meet the challenges of incorporating emerging technology into the standard Blind Rehabilitation Program. With technology being the cornerstone of communication in our world, it is imperative the BRC offers a wide array options to all Veterans admitted, rather than waiting for a focused admission for CAT at a later date. Refining the process of making the appropriate choice of technology to efficiently meet expressed goals has been at the forefront of this initiative.

For Veterans with functional vision, Magic Screen Enlargement with speech is now a strong competitor to ZoomText with speech as an accessibility software solution. Some Veterans are finding Magic to be a successful bridge toward the use of the JAWS screen reader as their visual acuities are diminishing.

Physical disability that prevents the use of the keyboard continues to be an issue for significant numbers of patients. Speech recognition software, while difficult to learn and manage, is a solution for some Veterans. The number and quality of options to meet the needs of this group has improved. We can now choose from the iOS devices, such as iPhone and iPad using the Siri voice control application, Guide Hands Free with Dragon, JAWS with Dragon and

JSay, and Zoomtext with Dragon. Some of these choices, such as those requiring use of Dragon, require highly advanced computing skills, but the options extend the possibilities for the capable and willing patient.

Ongoing efforts to provide support after discharge have resulted in direction of calls to a common location for scheduling return support calls. The steps taken to support Veterans with their computers may include the following:

- Initial phone contact with an instructor at the Blind Rehab Service
- Coordinated referral for warranty support by the manufacturer
- Referral to the VIST Coordinator or Blind Rehab Outpatient Specialist (BROS)
- Contracted services engaged by the Local VA Prosthetics Service.

The goal is to resolve the problem quickly at the lowest possible level.



## Skill Area Updates (Cont.)

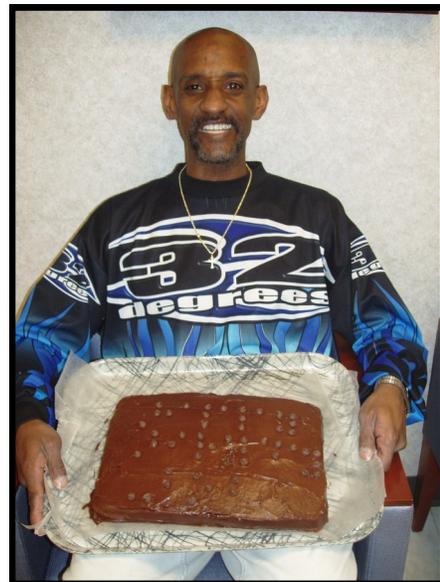
### Living Skills

The Living Skills department continues to develop and redefine the direction of skills presented in the BRC program. We continue to emphasize the foundational skills for Activities of Daily Living (ADL) and Communications, while also striving to balance the integration of many more technology solutions for our Veterans.

This past year, further development and refinement of assessments is allowing us to more effectively plan and implement our training programs. With the increased use of the Apple iPhone and iPad (iOS), more and more of the traditional approaches and devices have changed. The iOS devices integrate several solutions that were traditionally addressed with stand-alone devices. Activities such as barcode reading, money identification, recording, access to NLS Talking Books, and portable Optical Character Recognition (OCR) can now be addressed using the iOS products. This dramatically impacts the direction of the ADL and Communications training programs. Through thorough and early assessments, we are now able to reduce or eliminate some of the traditional training lessons and incorporate the skills into iOS training. Issuance of these iOS devices has saved nearly \$200,000 over the past three years by reducing the number of devices issued.

In addition to modifications in the training approaches due to incorporation of the iOS devices, the staff in the Living Skills department met with dietitians from the hospital to evaluate currently used cooking lessons in the Adaptive Kitchen Skills area of our program. Living Skills is making it a priority to revamp current lessons to offer healthier choices while still emphasizing adaptive approaches to kitchen safety. While the development of these lessons continues, a

representative from Dietetics Service is now coming to speak with our Veterans during our regularly-scheduled monthly in-services. Dietitians are able to speak to the Veterans regarding healthier choices for not only those that are on restricted diets but all Veterans and their dietary needs. Of course we still can enjoy a "braille birthday cake" as seen below!



## Skill Area Updates (Cont.)

### Manual Skills

For 2013, the Manual Skills (MS) Department made an effort to re-incorporate different aspects of basic home repair within the department, in addition to maintaining the foundational non-visual skills that have always been the focus of the department. Simulators were created and lesson plans were written for techniques in drywall repair, a revision on several basic household electrical tasks and alternatives for labeling and organizing electrical power strips and electrical cords. During FY14, we will be documenting the effectiveness of these lessons. We will also be progressing with updating simulated plumbing fixtures to better reflect current skills required of many Veterans while performing maintenance and repair within their homes.

The department made changes to facilitate the inclusion of Veterans within the CATS or GPS programs. Those who benefited and/or expressed interest in MS training during their admission varied in participation levels. These included one-to-one training in Woodworking, review and exposure to adaptive measuring techniques, basic Music program participation, independent leatherwork, and copper tooling on the evenings and weekends. These adjustments will continue during FY14. Veterans who previously received a Resource Packet (a collection of general national organizations and services) were given the option of receiving the information electronically. This is a great resource for them not only to utilize or advocate

for others, but also to practice their skills gained through Computer Access Technology and internet access. Interested Veterans were assisted in signing up with organizations that provided forms for free services.

During the past year, a special Mosaic project was initiated by our now-retired BRC Chief, Jerry Schutter, and researched by Manual Skills staff. It involved determining if a tactile representation of the Blind Rehabilitation logo could be created and mounted for the Veterans to feel. As a result, BRC staff and Veterans, in conjunction with *The Chicago Mosaic School*, will construct an estimated 4-foot by 4-foot mosaic piece that should be completed sometime during 2014. It will not only be a way for our program participants to be a part of a meaningful activity, but also an opportunity for the department to learn and troubleshoot how working with mosaic might be modified for the visually impaired.



## Skill Area Updates (Cont.)

### Orientation and Mobility

The Orientation and Mobility (O&M) Department's foremost goal is to develop and implement an individualized training program to teach safe, efficient, and independent travel skills in whatever environment the Veteran has a need. Various travel environments include indoors, hospital grounds, residential sidewalks, business environments including congested downtown areas, rural environments with no sidewalks, and indoor store and mall environments. Training in use of public transportation is a priority for many Veterans. The overall goal by the end of training is that each individual develops his or her confidence and safety with independent travel in all environments.

The O&M specialists provide instruction with cane skills as well as skills for using adaptive mobility devices including walkers, rolling walkers, wheelchairs, and power mobility devices. During the past year, many Veterans have regained the ability to travel safely using the devices in combination with the long cane.

Electronic Travel Aids (ETAs) are also available to Veterans while completing Orientation and Mobility training. The Mini-Guide is an effective ETA using ultrasonic sound to detect objects in the users travel area. The Ultra Cane is available for Veterans who have completed training with O&M and want to return for an advanced travel device.

The O&M department has remained very active in providing instruction with the latest adaptive Global Positioning Devices (GPS), keeping current with the latest technology. Many GPS iOS applications are now available at the Blind Center for use with the iPhone and can be helpful. However, while the Orientation and Mobility instructional program has incorporated some newer technology, meeting the individual needs and goals of each Veteran for safe and independent travel is still the overarching goal of the department.



## Skill Area Updates (Cont.)

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### Visual Skills

The Visual Skills (VS) department took a look internally to evaluate the training program and devices that are prescribed and issued. The VS staff continues to develop and incorporate new training programs and visual devices, as well as introduce technology into the Blind Rehabilitation Program. The foundations of the use of remaining vision are still emphasized before any training on devices. The incorporation of new training methods, low vision devices, and other technology solutions for our Veterans was the focus in 2013.

This past year, further development and refinement of training has allowed us to implement new scanning activities so the Veteran can scan the environment more easily. Prism use and training for those with a field loss, in addition to a lighting program, have been incorporated. We have expanded the issuance of various table lamps with different lumens to assist with completing tasks, as well as handheld lights to assist Veterans in their travel at night or in dimly lit areas.

The introduction of portable electronic magnifiers has been a huge success. These are small devices that can be carried in the user's pocket, allowing the user to read menus, signs, papers, etc. This program has eliminated some of the need for multiple devices, allowing use of one device rather than three separate devices. We also have been able to introduce the Apple iPhone and iPad (iOS) into our VS program. The VS Department has also researched a few applications that can be used as magnifiers and lighting options. If these applications meet the individual Veteran's needs, they allow more focused use of the iOS device, as well as eliminate yet another device, which in turns saves money.

Currently, we are working on implementing a bioptic program for driving and introduction to a device that helps musicians read sheet music so musical instruments can still be played and enjoyed.

These new programs and devices allow our Veterans to make the most of their residual vision and remain independent.

### Polytrauma/TBI

Hines VA Hospital is the identified primary network site for Northern Illinois and Wisconsin Polytrauma. Polytrauma is the term used to describe the multiple life-threatening injuries that service members have survived as a result of the war in Iraq, Afghanistan and the Global War on Terror. The scope of these injuries greatly affects the traditional healthcare model, and has required a new system of service delivery to be developed to address the needs of these Service Members and Veterans. A Polytrauma/TBI team has been formed where each representative from the various disciplines brings their own expertise to both the staff team and this unique population.

The Polytrauma Blind and Vision Rehabilitation Specialist continues to provide unique services to our Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) population by providing additional services to those with Functional Vision issues.

## Skill Area Updates (Cont.)

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Services our Polytrauma Blind Rehabilitation Outpatient Specialist (BROS) provides:

- Case management for any Service Member or Veteran who is identified with a Functional Vision Problem
- Follow up with every OEF/OIF/OND individual who went through the Blind Rehabilitation inpatient program
- Provision of inpatient and outpatient Blind Rehabilitation Training
- Training on Global Positioning Systems
- Training on iOS devices (iPhone and iPad)
- Completion of Vision Screens for each OEF/OIF/OND individual coming to Hines VA Hospital Polytrauma/TBI clinic
- Provision of Direct Training/Vision Therapy and follow up as prescribed by the Eye Clinic optometrist

The major complaints and concerns that are being seen and addressed are:

- Words appear to move
- Comprehension difficulty
- Attention and concentration difficulty
- Memory difficulty
- Achy eyes
- Unable to focus
- Headaches when doing visual tasks
- Loss of visual field
- Blurred vision
- Double vision
- Sensitivity to light
- Reading difficulties

This unique group, with their unique needs, brings to us the opportunity for new program development.

### **OEF/OIF/OND Special Program**

June 17, 2013 – June 22, 2013 was a very energetic and successful training week at the BRC. We were able to offer a fantastic opportunity for nine OEF/OIF/OND Service Members and Veterans to participate in a one-week specialized program. The emphasis was focused on updating and refining skills, mobile and computer technologies, and the chance to develop collaborative relationships with peers.

Following introductions, the week began with training on new technologies and group discussions for best practices. Individualized training areas included computer access technology software, low vision devices, GPS systems and iOS devices.

In addition to rehabilitation training, team exercises were also scheduled. The group kayaked six miles on the Chicago River and watched fireworks from their kayaks. They also went rock climbing, bowling and enjoyed a BBQ cookout. They thoroughly enjoyed participating in these events and the development of knowledge, support and improved skill sets. They were able to continue to collaborate and share information when they returned to their homes. The success of this special training should allow us to continue to provide special training opportunities to blind and visually impaired Service Members and Veterans.

## Outreach

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### Central Area VIST Coordinators

The Visual Impairment Services Team (VIST) Coordinators case manage visually impaired and legally blind Veterans, helping them navigate the Vision Rehab Continuum of Care model established by the VA. They are responsible for referring Veterans to the appropriate model of care for their vision impairment needs. The following is a current list for the Central Area Region.

#### **Illinois**

Chicago, Melinda Dunlap: 312-569-7531

Hines, Patrick Zeinstra: 708-202-2351

North Chicago, Eric Strong: 224-610-7168

Marion, Betty Howerton: 618-997-5311 x54815

Danville, Jeff Stroud: 217-554-5406

#### **Indiana**

Indianapolis, Deanna Austin: 317-988-2576

Fort Wayne, Novalea Welch: 260-426-5431 x72650

#### **Wisconsin**

Milwaukee, Leon Haith: 414-384-2000 x41832

Madison, Kurt Brunner: 608-256-1901

Tomah, Stephani Greenwall: 608-372-3971

#### **Michigan**

Battle Creek, Bill Bernhard: 269-223-6607

Saginaw, Leland Lewis: 989-497-2500 x11852

Iron Mountain, Patricia Staller: 906-774-3300 x34515

#### **Minnesota**

Minneapolis, Nancy Prussing: 612-467-1814

St. Cloud, Heidi Ampe: 320-255-6480 X7235

#### **Iowa**

Des Moines, Bonnie Whitson: 515-699-5410

Iowa City, Keith Queen: 319-338-0581

#### **Missouri**

St. Louis, Kevin Jacques: 314-652-4100 x54121

Kansas City, Paul Clary-Archuleta: 816-861-4700 x56924

Columbia, Lauren Swift: 573-814-6458

Poplar Bluff, To Be Announced

#### **Kansas**

Leavenworth, Gus McClelland: 913-682-2000 x52011

Wichita, Bob Hamilton: 316-651-3682

#### **Nebraska**

Omaha, Jean Butler: 402-346-8800 X3188

#### **North Dakota**

Fargo, Jody Schommer: 701-232-3241 x33056

#### **South Dakota**

Sioux Falls, Anna Perry: 605-336-3230

Central Blind Rehabilitation Center  
 Edward Hines Jr. VA Hospital  
 5000 S. 5th Ave  
 Hines, IL 60141  
 Phone: 708-202-2273  
 FAX: 708-202-7949  
 Web: [www.hines.va.gov/services/blind/index.asp](http://www.hines.va.gov/services/blind/index.asp)

## 2013 Statistics

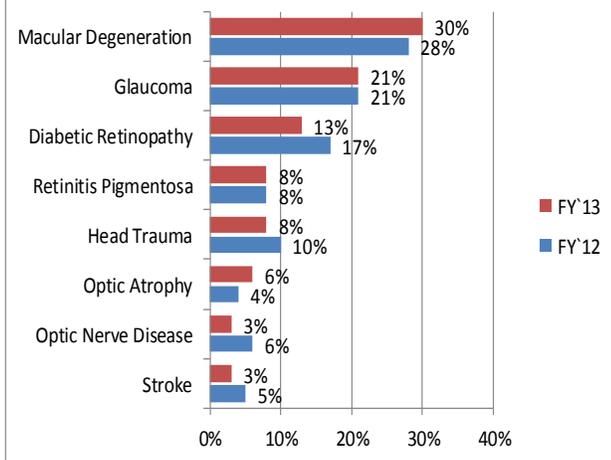
Number of Discharges	293
Occupancy	86%
Average Length of Stay	44 days

Age Group	# of Patients	Percent
18-39	18	6%
40-59	71	24.2%
60-69	75	25.6%
70-79	55	18.7%
80-89	67	22.9%
90-99	7	2.4%

### Type of Program

Program	# of Patients	Percent
Regular/Dual	177	60.4%
CATs	76	25.9%
ETA/ERM	36	12.3%
Other	4	1.3%

### Common Visual Diagnoses Fiscal Years 2012, & 2013



### Discharges by State

Illinois	81	Texas	2
Indiana	41	Virginia	2
Wisconsin	27	Washington	2
Michigan	24	Nebraska	2
Missouri	22	Florida	1
Minnesota	21	Tennessee	1
South Dakota	16	N. Carolina	1
Kansas	11	N. Dakota	1
Kentucky	11	Maryland	1
Iowa	10	Oklahoma	1
Ohio	10	Georgia	1
Pennsylvania	4	New York	1

### Number of VA Institution Referrals (top 10)

Edward Hines Jr. VAH	56
Richard Roudebush VAMC, IN	34
Jesse Brown VAMC, IL	23
VA Northern Indiana HCS, IN	23
John Cochran St. Louis, MO	22
Clement J. Zablocki, WI	21
Sioux Falls, VAMC, SD	17
Des Moines, IA	17
Truman Memorial, MO	16

The 2013 Annual Report of the Central Blind Rehabilitation Center is published for VA Blind Rehabilitation stakeholders. Hines VAH does not endorse the use or purchase of specific prosthetic devices cited in this publication. Contributors for this issue include: Acting Chief, Blind Rehabilitation Center, Mary Beth Harrison; Polytrauma BROS, Denise Van Koevering; BRC Supervisors, Charles Brancheau, Jennifer Molodecki, Dan Smith, Scott Smith; Administrative Support, Darlene Voustros; Proofreader, Joseph Jorgenson.