

Central Blind Rehabilitation Center Annual Report 2012



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VA Vision Rehabilitation Continuum of Care Model; Proudly Serving the Central Area Region

Veterans Health Administration is the first national healthcare system to completely and seamlessly integrate rehabilitation services for patients with visual impairments into its health benefits. This ensures patients receive the finest medical and rehabilitation care, as well as cutting-edge assistive technology.

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.

The VA Blind Rehabilitation Service model of care encompasses an array of rehabilitative services, extending from the patient's home to the local VA care facility, to regional low vision clinics and lodger and inpatient training programs. Blind rehabilitation services may be provided through a variety of clinic models ranging from basic outpatient low-vision care provided by licensed eye care practitioners or providers, to advanced outpatient low vision care, involving a team of eye care and blind rehabilitation professionals, to a full spectrum inpatient rehabilitation program including medical, psychology, social work and recreation therapy support. The Central area region of the VA Vision Rehab Continuum of Care model includes programs across several midwestern states. *(Cont. pg. 10)*

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Chief's Message

Moving forward in 2012.....

A renewed Accreditation from Commission on Accreditation of Rehabilitation Facilities (CARF) for three more years was a significant accomplishment this year. We're happy to maintain this status which ensures our patients continue to receive a quality rehabilitation program.

Facility improvements included a newly installed coffee bar and new refrigerators in the patient dining/recreation hall. This resulted in a larger area for TV Viewing with some new furniture to accommodate this TV Nook. In addition, we also obtained new patient washers/dryers. These units get quite a bit of use with over 300 patients a year. Finally, we also upgraded the patient room telephones. Patient satisfaction is a continued priority and we strive to aim high.

Hines VA Hospital has experienced some leadership changes this year including a new Hospital Director, Joan Ricard; a new Assistant Director, Karandeep (Kenny) Sraon; and a new Associate Director, Daniel Zomchek. The Blind Center experienced its own staffing changes this year, with the retirement of a number of long time staff members. We welcome all to the Hines family.

We continue to advocate for blind rehabilitation in our local community with presentations at many local village and township events and activities. In addition, the newest outreach initiative this year is the Hadley School for the Blind Ambassador program in which Hines Blind Rehabilitation Center participates by promoting this extension of blind rehabilitation with training and classes in general areas focusing on the unique needs of visually impaired individuals including entrepreneurship, stress reduction, financial management, and more. This program is included in our Resource Class and staff stay abreast of new topics of interest that Hadley offers on a regular basis. This resource is a valuable tool for patients.

Continued focus on the basics of blind rehabilitation while integrating new and adaptive technology is our priority. With the incorporation of the dual program in 2012, we are making strides to meet the needs of our patients as effectively as possible in one admission. Rather than having a patient return at a later date, we have extended patient length of stay by a few days to apply this more holistic approach. Based on changing needs and goals, Veterans are always welcome to apply for another admission, whether it is a refresher or their needs have changed due to eye condition changes or life changes. Patient satisfaction remains high with the implementation of this program approach, so we will continue to refine this program to meet as many needs as possible for the good of our patients.

Jerry Schutter, Chief, Blind Rehabilitation Center

Performance Improvement

Accomplishments

CARF Accredited



This year the Blind Rehabilitation Center underwent a successful CARF Accreditation review with the Commission on Accreditation for Rehabilitation Facilities. The three day review resulted in many accolades for the program and no recommendations. Only 3% of CARF surveys result in no recommendations. Many program strengths were acknowledged by the surveyors, including:

- Decrease in wait time for the Computer Access Training (CAT) Program
- Teamwork
- Good communication with referral sources (VIST Coordinators)
- Flexibility of Service Provision
- Cutting Edge approach to latest assistive technologies
- Follow up troubleshooting on assistive technology through remote assistance
- Recreation and Community activities
- Fall prevention program and education

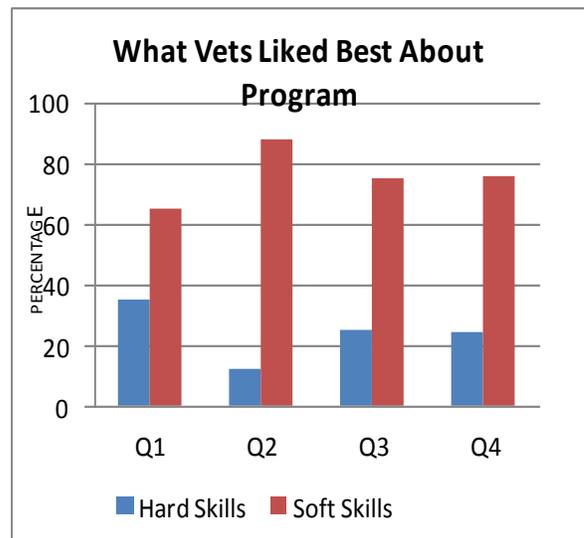
Wait Times for Admission

Wait time for admission has reached a long time goal. VHA Directive 2005 mandated wait times for admission to an inpatient Blind Rehabilitation Center be no longer than 120 days (4 months).

After seven years, the Central Blind Rehabilitation Center has reached that goal.

Patient Satisfaction

Hines BRC Patient Exit interviews for FY2012 indicated a 99% overall satisfaction rate. Although no BRC program specific survey was in use this year, per directive, feedback was gathered to track trends of both positive and negative comments. In addition to the skills they learned, Veterans cited the importance of camaraderie and the individualization of their programs (**soft skills**) as *things they liked best about the program*. The most important things they learned were (**hard skills**) taught in each area, where they were able to apply to their daily life. A newly-approved survey (uSPEQ) has been implemented nationally for FY2013, and will provide data for tracking, trending, and potential improvements.



Performance Improvement Cont.

Management of Dual Sensory Loss

Many current conflict returning service personnel and veterans experience cognitive deficits as a result of a Traumatic Brain Injury (TBI) and/or Post Traumatic Stress Disorder (PTSD). A significant number of these individual also experience visual impairments. As a Level II Polytrauma site, staff members of the Polytrauma Team pursued a modern day approach to responding to individual needs through current technology and devices.

The Polytrauma Speech Language Pathologist, Laura Chalcraft, and the Polytrauma Blind Rehabilitation Outpatient Specialist, Denise Van Koevering, developed an interdisciplinary approach to evaluating and treating individuals with cognitive deficits, (visual issues with memory concentration, organization and navigation issues) through cognitive device utilization, and modification of these devices based on the individual.

Common Cognitive complaints include:

- Difficulties recalling appointments
- Not recalling daily tasks
- Getting lost while driving
- Not completing assignments, tasks
- Issues recalling instructions/ directions

Clearly there was a need to address these commonly identified issues.

Devices were researched and trialed to determine the most appropriate cognitive devices for this population based upon their concerns, needs, age, and functional deficits.

Collaboratively, protocols, assessments, and criteria for the issuance of cognitive devices such as IOS5 devices (iTouch, iPAD, iPhone), Icon, Palm Pilots, PDA Watches, Digital Voice Recorders, GPS Systems and Daily Planners, were developed and implemented.

Today, the Interdisciplinary Program addresses patient needs through a comprehensive assessment and action process.

Program Protocol

- Cognitive Linguistic assessment protocol is completed by the Speech Pathologist including an evaluation protocol to determine which devices would best serve each individual.
- Assessments include evaluation of memory, attention, and executive function abilities.
- Subjective Case History is completed, with a test of Everyday Attention, Rivermead Behavioral Memory Test II.
- Recommendations are made if and which devices are appropriate to suite the individual needs and functional deficits.
- As applicable to the needs and devices, appropriate training is provided by Blind Rehab Outpatient Specialist or Speech Pathologist.

Performance Improvement Cont.

Modified Cognitive Devices

As determined necessary, several modifications are performed on standard devices. Some modified cognitive devices include Low Vision and Computer Program devices that can enlarge print and screens, or offer voice output for the visually impaired, including:

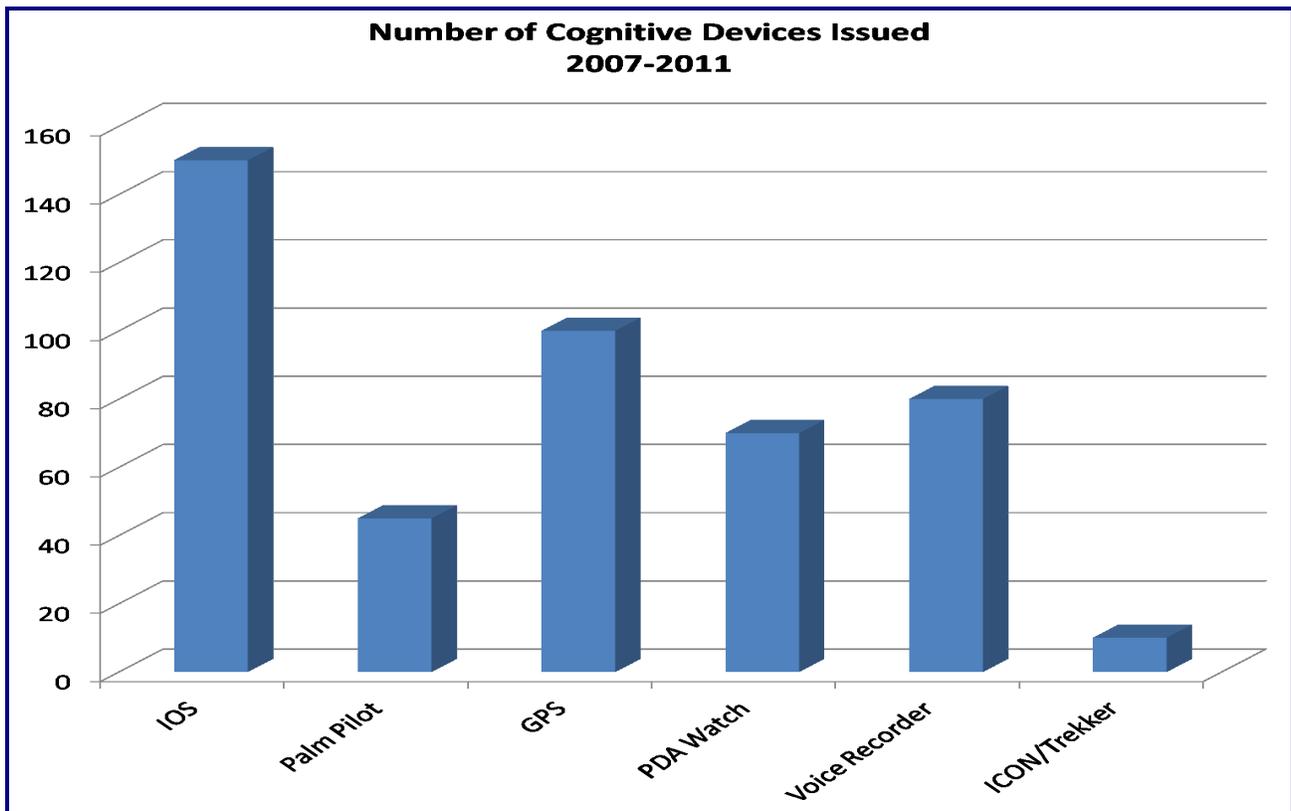
- JAWS Software
- Zoom Text Software
- CCTV's
- Portable video Magnifiers
- Pockets Magnifiers

From 2007-2011 over 500 cognitive devices have been prescribed and issued to qualified patients.

Outcomes

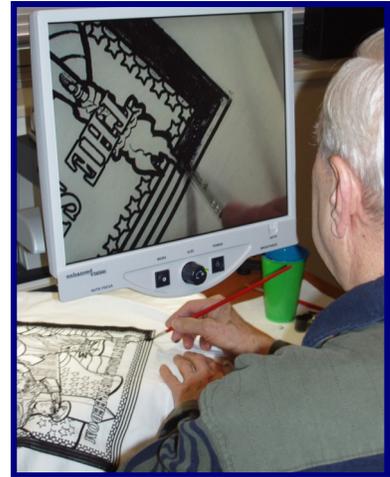
The overall goal of improvement of cognitive deficits to promote functional independence within their daily lives is possible. As a result, patients benefit from improved recall of memory, improved concentration during tasks, and improved navigation skills within the community.

These outcomes enhance the quality of life for returning Service Members affected by these issues. Evaluation of new devices continues as technology continues to move forward.



Meeting the Needs of Veterans Effectively ...

Hines BRC was one of the few programs nationally that traditionally did not accept applications for Dual training, combining a regular blind rehabilitation training program with an additional emphasis on Computer Access Training (CAT). Over the course of the last two or three years, access technology has expanded to include simpler options, the wait times for CAT decreased significantly and application trends have changed (fewer CAT applications; increased Regular program applications) Therefore, the Blind Center began accepting Dual Program applications effective October 2011. The implementation of Dual Programs was a focus of our Performance Improvement Plan for 2012. The following objectives were established for 2012:



- Implementing a new pre-admission phone interview to identify access technology goals and needs.
- Completing a technology assessment within the first (3) work days for both Regular and Dual programs.
- Educating VIST Coordinators about the Dual Program application process.
- Obviating the need for Veterans to reapply for the CAT program within the first year after discharge, for Veterans who have identified access technology needs/goals and who express preference for training during the current program.

Though the Blind Rehabilitation program has evolved over the years, its focus has always been on the veterans' needs, goals, and desires. To address these goals, a schedule of classes encompassing five distinct instructional areas was established. Basic skills within these five instructional areas often focus on organization, tactual identification, tactual labels and often, simple common sense. These basic skills are the foundation to all that we teach. The skill areas (Orientation and Mobility, Living Skills, Manual Skills, Visual Skills, Computer Access Technology) all apply specific media and technology to address these basic skills. Though each of these areas has a specific focus, the media differs in each area, requiring a specific set of training skills. The challenge this year has been to assimilate the training from each area into the other to address a more holistic approach to Blind Rehabilitation. Utilizing the technology and training in each skill area, building on those skills, has been a growth experience.



...In One Admission

However, even with the advancement of adaptive technology, the program has always focused on the development of basic blind rehabilitation skills that can be used to address many aspects of one's life. This has remained constant.

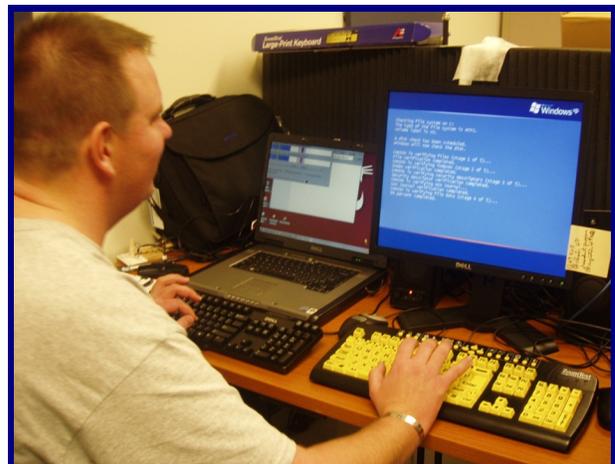
For example, the addition of the iPhone and iPad devices has impacted all departments. Incorporating the skills obtained on how to use these devices on one area, are quickly utilized in another, applied to a new media. As we have embraced the blending of technology with the basic skill between areas, we also focus the training on the specific goals of the individual.

We start our training program with the concept of giving each individual back the confidence and skills to do whatever they choose to do. Our job is then to inspire them to go farther than they thought they could go while challenging their instructor to take them there. As the veterans progress through the program they are challenged to utilize their new found skills in each and every area, to realize their independence.



Though there are many great devices for the visually impaired that assist them in meeting everyday needs, it is not the only avenue to overcome the handicap of sight loss. Basic adaptive approaches to meet day to day needs, are still the foundation for success in blind rehabilitation.

In an effort to remain on the cutting edge of adaptive devices, we will continue to explore, evaluate, and issue new devices as appropriate to meet the needs of our patients, without losing sight of the basic skills and techniques that helped establish the program many years ago.



Staffing Updates “Quality Staff/Quality Program”

Ensuring Well Qualified Staff

Hines BRC staff have begun the process of Hybrid 38 boarding, in conjunction with all VA Blind Rehabilitation programs nationwide. “Hybrid 38” is a staffing category within VHA that was expanded to include blind rehabilitation specialists. Hybrid 38 Qualification Standards require that all Blind Rehabilitation Specialists and VIST Coordinators meet specialized education and certification guidelines, thereby ensuring the hiring of well-qualified staff. The system will also provide opportunities for staff members to advance based on special achievements, which may encourage additional education and dual-certification within the field. The initial one-time boarding all current BRS and VIST employees nationwide is currently proceeding. Hybrid 38 status reinforces the importance of hiring the best and most qualified staff throughout the Blind Rehabilitation Continuum of Care.

Mentor Programs

The Blind Center staff has a long tradition of mentoring university interns, optometry residents, and new employees. VHA implemented a formalized training and Mentor Certification Program as part of its succession planning efforts. Over the past several years, a number of Blind Center staff members participated in this training as a requirement of mentoring in the Technical Career Field (TCF) internship program. The TCF mentors and Blind Center supervisors are now certified as Resident or Fellow Mentors.

Academic Affiliate Programs Continue to flourish and support the field of Blind Rehabilitation



University internship programs with well known academic institutions continue to provide the field of Blind Rehabilitation with a quality source of blind rehabilitation instructors. In 2012, we hosted 21 stipend internships with students from many university programs, predominantly Western Michigan University (WMU) and Northern Illinois University (NIU).

This year Hines Blind Center was able to host an additional 4 students whose stipend was supported by a military grant coordinated through NIU. This grant recognized the importance of re-integrating veterans back into society and the need for specialized skills to increase employment opportunities. As a result, 4 students, recent military personnel, sought higher education in the field of Blind Rehabilitation, participated in this program and completed their blind rehabilitation degree program internship at Hines Blind Rehabilitation Center.

Looking to the Future

Journey Along the Continuum of Care Conference 2013

In an effort to increase awareness, educate the public and encourage collaboration between models of care, The Central Blind Rehabilitation Center will be hosting a 3 day Professional Conference for the Central Area Region of the Vision Rehabilitation Continuum of Care.

Field personnel from all model of care within the Central area region (Northern Illinois, Indiana, Michigan, Wisconsin, Missouri, Iowa, Ohio, North and South Dakota, Kentucky and Kansas) will join together on May 14-15-16, 2013, for presentations and panel discussions on Traumatic Brain Injury, Bioptic and Low Vision Driving, Veterans Benefits, Recreation Therapy and hands-on demonstrations of the latest assistive technology and more. We hope this educational experience will enhance the quality of care we provide to our legally blind and visually impaired veterans through the VA Continuum of Care model.

Telehealth

While VA continues to embrace new ways of meeting the needs of our patients, we are still working through the initial processes for tele-blind rehabilitation at the Hines Blind Rehab Center. The equipment has been installed and is being used for staff education purposes. We hope to have all the administrative documentation required for implementation early in the new year and soon begin utilizing this new technology to expand services to our patients with vision problems.

Recreation Opportunities for the Blind; Blind Rehabilitation Center Adaptive Sports Committee

Adaptive sports and related events/activities provide confidence building, reinforce independence and other skills to help veterans with vision loss be the best they can be. The VA provides a number of opportunities for Veterans to participate in sports events through National Adaptive Sports Clinics sponsored and coordinated through the VA. With six National events annually, Veterans have a fairly wide range of activities to choose from including, Winter and Summer Sports clinics, Wheelchair Games, The National TEE tournament, The Gold Age games, and The Creative Arts Festival.

Veterans typically participate through their local home VA Recreation Therapy Teams. Teams allow for the development of camaraderie and support of each other in whatever competition they choose to participate in. Establishing an adaptive sports committee through *the Blind Rehabilitation* program at Hines, will enable blinded Veterans who wish to participate in National Games, an advocate to facilitate the team process, with those who are familiar with their special needs. The committee will be comprised of Blind Rehabilitation Specialists experienced with blind and legally blind abilities. With the assistance of VIST Coordinators at Veterans local home VA, Veterans will have the advocates they need providing greater opportunities for participation.

Outreach

VA Vision Rehab Continuum of Care Model (*Cont. from page 1*)

Intermediate Low Vision Clinics

- Cincinnati VAMC-Cincinnati, OH
- St. Louis VAMC, St. Louis, MO
- Sioux Falls VAMC-Sioux Falls, SD
- WS Middleton Mem Veterans Hospital -Madison, WI
- JD Dingell VAMC-Detroit, MI

Advanced Low Vision Clinics

- C.J. Zablocki VAMC-Milwaukee, WI
- VA Central Iowa Health Care System-Des Moines, IA
- RJ Dole VAMC-Wichita, KS

Vision Impairment Services Outpatient Rehabilitation (VISOR)

- Battle Creek VAMC-Battle Creek, MI
- Minneapolis VISOR-Minneapolis, MN

Inpatient BRC

- Central Blind Rehabilitation Center-Hines VAH, Hines, IL
- Cleveland Blind Rehabilitation Center-Cleveland, OH

Referrals to these models of care are managed through local area VIST Coordinators who case manage legally blind and visually impaired veterans through this VA Model of Care. See a complete listing of Central Area VIST Coordinators on page 11.

BRC Staff Community

Involvement

Educating the local area community to the mission of the Central Area Blind Rehabilitation Center continued in 2012. Hosting 156 visitors at the Blind Rehabilitation Center providing 549 hours of visitor education, tours, and orientation to the field of Blind Rehab to other disciplines was a significant accomplishment. In addition, staff provided presentations at Professional conferences as well as local high schools in an effort to educate the public to our mission.

Vision Center of Excellence (VCE)

The DoD Vision Center of Excellence (VCE) headquarters located at the Walter Reed National Military Medical Center in Bethesda, Maryland, is the leading advocate for research and treatment for improved vision care and restorative innovations for **service members and veterans**. VCE and the Blind Rehabilitation Service have worked collaboratively at identifying those individuals with vision problems as well as developing a process for DoD and VA to determine visual functioning. Developing a standardized vision screen and addressing the need for active duty soldiers identified to be in need of vision services is a priority. In August, a working conference in Atlanta, GA, consisting of VA and DoD eye care providers, was attended by Blind Rehabilitation Center staff members where they contributed to this mission.

Outreach

Central Area VIST Coordinators

The Visual Impairment Services Team Coordinators (VIST) 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.

Ohio

Cincinnati, Dayton-Paul Hemmes; 513-475-6397

Columbus, Matthew Page; 614-257-5325

Youngstown, Beth Levine; 330-740-9200 X1580

Cleveland, Marianne Ryan; 216-791-3800 x4240

Michigan

Detroit, Jennifer Troyer; 313-576-4888

Battle Creek, Bill Bernhard; 269-223-6607

Ann Arbor, Gerald Rickert; 734-845-3064

Saginaw, Leland Lewis; 989-497-2500 x11852

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

Indiana

Indianapolis, Deanna Austin; 317-988-2576

Fort Wayne, Novalea Wlech; 260-426-5431 x72650

Illinois

North Chicago, Eric Strong; 224-610-5429

(Maywood) Hines, Patrick Zeinstra; 708-202-2351

Chicago, Melinda Dunlap; 312-569-7531

Marion, Betty Howerton; 618-997-5311 x54815

Wisconsin

Milwaukee, Leon Haith; 414-384-2000 x41832

Madison, Rhonda Chambers; 608-256-1901

Tomah, Sue Greeno; 608-372-3971 x61554

Missouri

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

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

Columbia, Lauren Swift; 573-814-6458

Kansas

Leavenworth, Martha Allen; 913-682-2000 x52011

Wichita, Bob Hamilton; 316-651-3682

South Dakota

Sioux Falls, Anna Perry; 605-336-3230 x7860

Black Hills, Galen Britain; 605-745-2000x92558

North Dakota

Fargo, Jody Schommer; 701-232-3241 x3056

Iowa

Des Moines, Bonnie Whitson; 515-699-5410

Iowa City, Lisa Tatge; 319-338-0581

Minnesota

Minneapolis, Broderick Burks; 612-725-2000x1814

Nebraska

Omaha, Jean Butler; 402-995-3188

Central Blind Rehabilitation Center
 Edward Hines Jr. VA Hospital
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 Hines, IL 60141
 Phone: 708-202-2273
 FAX: 708-202-7949
 Web: www.hines.va.gov/services/blind/index.asp

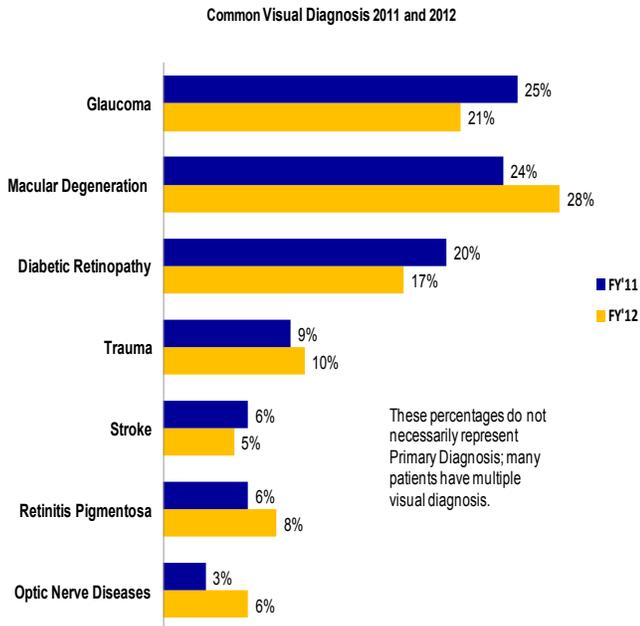
2012 Statistics

Number of Discharges 339
 Occupancy 83%
 Average Length of Stay 31 days

<u>Age Group</u>	<u># of Patients</u>	<u>Percent</u>
18-39	7	2%
40-59	35	10.3%
60-69	100	29.4%
70-79	64	19%
80-89	78	23%
90-99	9	3%

Type of Program

<u>Program</u>	<u># of Patients</u>	<u>Percent</u>
Regular/Dual	198	58.4%
ETA/ERM	63	19%
CATs	73	22%
Other	5	1.4%



Applications by State

Illinois	118	Tennessee	2
Indiana	42	Nebraska	2
Minnesota	41	N. Carolina	1
Missouri	38	N. Dakota	1
Wisconsin	29		
Michigan	29		
South Dakota	19		
Ohio	12		
Kansas	12		
Kentucky	9		
Iowa	8		
Pennsylvania	2		

Number of VA Institution Referrals (top 64%)

Edward Hines Jr. VAH	47
Minneapolis VAMC	39
Jesse Brown VAMC, IL	34
Richard Roudebush VAMC, IN	28
Clement J. Zablocki, WI	22
VA Northern Indiana HCS, IN	22
John Cochran St. Louis, MO	21
Sioux Falls, VAMC, SD	18
Marion VAMC, IL	18
Truman Memorial, MO	17

The 2012 Annual Report of the Central Blind Rehabilitation Center is published for VA Blind Rehabilitation stakeholders. Hines VAH does not endorse the use of purchase of specific prosthetic devices cited in this publication. Contributors for this issue include: Chief, Blind Rehabilitation Center, Jerry Schutter, Assistant Chief, Mary Beth Harrison, Polytrauma BROS, Denise Van Koevinger, Supervisor Computer Access Technology, Dan Smith, Administrative Support, Darlene Voustros, and Mike Westberg.