PATIENT ORIENTATION GUIDE

SPINAL CORD INJURY AND DISORDERS CENTER

EDWARD HINES, JR. VA HOSPITAL
HINES, ILLINOIS 60141-5128

carf INTERNATIONAL

A Three-Year Accreditation is awarded to

Veterans Healthcare Administration - Edward Hines Jr. VA Hospital

for the following identified programs:

Inpatient Rehabilitation Programs - Hospital: Spinal Cord System of Care (Adults)
Interdisciplinary Outpatient Medical Rehabilitation Programs: Spinal Cord System of Care (Adults)

This accreditation is valid through

August 2012

The accreditation seals in place below signify that the organization has met annual conformance requirements for quality standards that enhance the lives of persons served.

This accreditation certificate is granted by authority of:

Cathy Ellis P.T.

Cathy Ellis, PT
Chair
CARF International Board of Directors

Brian J. Boon Ph.D.

Brian J. Boon, Ph.D.
President/CEO
CARF International

carf carfccac carf CANADA

TABLE OF CONTENTS

Dedication……..iii

Letter Of Introduction 1

What You Need to Know About This Guide…….3

Ongoing Treatment After Discharge……..…6

Statement Of Organizational Ethics 8

Mission Of Edward Hines, Jr. VA Hospital 9

Outcome Management Statement..... 10

SCI/D Patient Rights & Responsibilities..... 11

VHA MRSA Prevention Initiative..... 14

General Information..... 16

Things To Bring To Rehabilitation 25

What Is Spinal Cord Impairment..... 27

What Is Rehabilitation 30

The SCI/D Rehabilitation Treatment Team..... 31

Daily Schedule For New Admissions..... 41

Compensated Work Therapy.....45

Discharge Planning 46

Services Available To The SCI/D Veteran..... 49

Appendix A: SCI/D Scope Of Practice 54

Appendix B : Questions To Ask At The Family Staffing And Discharge . **570**

Appendix C: Important Phone Numbers **62**

Appendix D : Facility Map **62**

Appendix E: Goal Worksheet……..**63**

Appendix F: Recommended Reading.....……**64**

Acknowledgments **66**

This manual is dedicated to you, your family, your friends and the people who care for you.

LETTER OF INTRODUCTION

Dear Veteran,

Welcome to the Spinal Cord Injury / Disorders (SCI/D) of the Great Lakes Care System in Hines, Illinois. We have prepared this guide to help you understand more about your spinal cord injury/dysfunction. We also want you to know what to expect during your hospital stay, your preparation for discharge, and your follow-up appointments. At the beginning of your stay, the SCI/D rehabilitation team will evaluate you. This evaluation will take place over a few days and at the end they will recommend a course of intensive rehabilitation therapy. This therapy will be scheduled to support your specific rehabilitation needs and help you achieve greater independence. Therapy may include many different team members including: nursing, physical, occupational, recreational, and employment specialists along with your doctors. Please accept this Orientation Guide as a welcome to the Edward Hines, Jr. VA Hospital Spinal Cord Injury/Disorder Center SCI/D.

This handbook is for you and your family. *Family* refers to all people (family, friends, caregivers, and attendants), who will help with your care. The guide will help you understand:

- Your injury or illness
- Answers to frequently asked questions (FAQs)
- How to manage your care
- What complications may occur as a result of your injury or illness
- How to adjust / adapt to your environment
- How to care for yourself or your loved one
- How to prepare to leave the hospital (Discharge)

During your stay there will be many people assisting and teaching you. These members of the SCI/D team are trained to help your recovery and rehabilitation. They are trained to teach you how to understand and achieve the most independence possible with your injury / impairment. We understand that in the beginning your diagnosis may confuse and even frighten you. Please ask any of the SCI/D team members any questions you may have. Remember we are here to help you reach your maximum function within your level of injury/impairment. What you will be able to

do and understand at the end of your rehabilitation will be much greater than at your admission.

We truly hope that your time here will enhance your independence and be a rewarding experience for you.

Michael S. A. Richardson, M.D.
Chief, Spinal Cord Injury/Disorder Service

WHAT YOU NEED TO KNOW ABOUT THIS GUIDE

This guide is designed for you. Read it all. Each section contains important information about your illness or injury. This guide has been provided to answer basic questions about Hines VA Hospital SCI/D Service not addressed in the *Yes, You Can* manual. There is a lot to know about your illness or injury. The more you learn, the better you can take care of yourself. Reading this guide is the first step in understanding what you need to know.

The staff will add handouts to the guide as it is reviewed with you. Continue to review the handouts until you feel comfortable with them. Early in your hospital stay, you will receive a copy of the PVA book, *Yes, You Can* from the SCI/D psychologist. You will also participate in a multi-disciplinary patient education program based on the book's content.

This guide describes the SCI/D program that is structured upon Veterans Health Administration Directive 1176 and the VHA Handbook 1176.1. The Handbook describes procedures regarding the Spinal Cord Injury and Disorders (SCI/D) / (SCI) System of Care. It emphasizes the importance of a comprehensive continuum of health care and rehabilitation for individuals with SCI/D. The program was created to support, promote, and maintain the health, independence, quality of life and productivity of Veterans with SCI/D throughout their lives.

If you have concerns about a section, talk to your health care provider. Many of the handouts have spaces to be filled in with the help of your health care team. Work with your doctor, your case manager, your nurse, or your therapist(s) to fill in these spaces. You may have questions as you read. Write them down. Take the guide to therapy with you. Feel free to write in any part of the guide - it is yours to keep and use now and after you go home. We are dedicated to making you as functional as possible within your impairment level. You and your family are key to your success.

Name: _____

Your condition is considered either a **traumatic or non-traumatic** spinal cord injury/dysfunction. During your rehabilitation you may be working with the health care providers listed. You may also participate in some of the education or training programs. Your treatment plan will be based on your individual needs.

Your injury/impairment is _____

Your Doctor is _____

Your Case Manager is_____

Your Clinical Nurse Manager is_____

Your Primary Nurse is _____

Your Psychologist is_____

Your Social Worker is_____

Your Dietitian is_____

Your Physical Therapist is_____

Your Occupational Therapist is_____

Your Kinesiotherapist is_____

Your Educational Therapist is_____

Your Recreation Therapist is_____

Programs you **may** attend:

Bowel / Bladder Training _____

Medication Counseling_____

Patient Education Classes_____

Driver's Training / Car Evaluation_____

Vocational Rehabilitation _____

Nutrition Education_____

Anticipated Hospital Length of Stay:_____

Your expected inpatient rehabilitation stay for your injury may be _____

ONGOING TREATMENT AFTER DISCHARGE

SCI/D Outpatient Therapy

Sometimes your therapies need to be continued as an outpatient. You may be scheduled for therapy sessions here at Hines. We will work with you to plan for transportation.

SCI/D Outpatient Clinic

We will schedule an SCI/D Outpatient Clinic follow-up appointment for you. The first visit will occur at three months from the date of your discharge from inpatient care. After that, a scheduled appointment will be made every six months (or more often if needed) in our SCI/D Outpatient Clinic (SCI/D OPT). The SCI/D OPT Clinic phone number is (708-202-2017) and is listed in Appendix C of this guide.

The SCI/D Outpatient Clinic will also provide Seasonal Influenza Vaccination to you each year. This shot is usually given to you from October through February.

SCI/D Primary Care Physician

We will let you know who your SCI/D Primary Care Physician (PCP) will be (following your acute care admission). Your PCP may be a different doctor than the one who you worked with during your inpatient stay. We will also introduce you to the SCI/D outpatient staff prior to your discharge from the hospital.

SCI/D Home Care

If you are assigned to our SCI/D Home Care Program, we will also introduce you to these staff members.

Benefits

You will have time to talk with a PVA National Service Officer. They will help you obtain the VA benefits to which you are entitled.

If you are classified as a Category C patient, you (or your insurer), will be responsible for a designated charge per day for your inpatient stay. There

will also be a charge for each outpatient visit. You may be required to make a co-payment for each outpatient pharmacy prescription. See the benefits flyer which describes the "category" types. You may also meet with your social worker for further information.

Durable Medical Equipment (DME)

Durable Medical Equipment (DME) will be issued to you based on your level of injury and need. Your physician will initiate the order for equipment appropriate for you. Durable Medical equipment includes all items of rehab nature which are determined medically necessary, and approved by your primary care physician. This includes but is not limited to: hospital beds, over-bed tables, bathroom equipment, wheelchairs, shower chairs and walking aids.

Home Improvement and Structural Alterations (HISA) Grants

These grants may be available to modify your house. Your doctor will order the modification through the VA prosthetic Department. The VA Prosthetic Department will handle the actual grant disbursement. The grant is a **one-time only** opportunity. This means that once it is used, you cannot receive another VA grant, even if you move or make other modifications to your home in the future. HISA benefit is limited. It is for making improvements and structural changes needed only to ensure your continued treatment. It is used to provide **access** to your home or to essential bathroom facilities. This is a one-time grant for $4100 for Service Connected Veterans and $1200 for Non-Service Connected (NSC) Veterans. This grant cannot be used to just **update** your existing home. Contact your Prosthetic Service for more information.

Home Health Care

Referrals will be made for home health assistance, if needed, either through the Hines SCI/D Home Care Team or through a local agency. These services may be ordered by your doctor through Social Work Service. The social worker will review the eligibility requirements with you. This may include financial screenings.

STATEMENT OF ORGANIZATIONAL ETHICS

The Edward Hines, Jr. Hospital has established this Statement of Organizational Ethics. We recognize the ethical responsibility a health care organization has to the patients and community it serves. It is the responsibility of every employee and volunteer to put forth honest effort in performing their duties. We all need to comply with federal law, regulations, and VA-wide policies. We also need to act in a manner that is consistent with the intent of this statement of organizational ethics and supporting policies.

Hospital Staff

We encourage employees to discuss any potential ethical problems with their immediate supervisor and the healthcare team. Employees may also contact any member of the Hospital Ethics Committee (HEC) or the Chairperson directly for an answer to their concern. Examples include: clarification of hospital policy, Ethics Case Conference, placement of an item on the hospital ethics committee agenda, etc.

Patient or Patient Representative

We encourage patients, their family members, or patient representative with ethical concerns, to discuss the ethical issues with a member of the healthcare team and the attending physician. Patients and/or their families may also contact any member of the HEC, or the Chairperson directly, for an appropriate response or to request an Ethics Case Conference.

MISSION OF EDWARD HINES, JR. VA HOSPITAL

We embrace our Veterans' healthcare needs, one Veteran at a time.

Values Our values are to:

- Ensure that all individuals are treated with dignity and respect.
- Ensure that compassion and courtesy are given to all individuals.
- Enhance creativity, curiosity, courtesy, investigation and innovation.
- Maintain a high level of ethics and integrity.
- Maintain competency through education, training and development.
- Foster teamwork.
- Encourage a supportive culturally diverse work environment.
- Support continuous quality improvement.
- Enhance timeliness, efficiency, and productivity.
- Ensure cost-effective use of resources.

Mission of the Hines Spinal Cord Injury/Disorder (SCI/D) Service
Hines Spinal Cord Injury/Disorders Service will partner within a continuum of care with each Veteran and his/her family, to optimize the Veteran's health, enhance their quality of life, and promote their independence in order to attain the Veteran's individual goals.

Concerns Regarding Your Medical Care or Hospital Stay
If at any time you feel that you are not receiving appropriate care, you can contact your:

- Primary Physician
- Case Manager
- Clinical Nurse Manager
- SCI/D Patient Representative

You can find their phone numbers in Appendix C of this guide.

You have the right to report any unexpected outcomes, incidents, injuries or safety concerns to the:

- **Director's Office at Hines VA Hospital at (708) 202-8387, ext 23996**
- **VISN 12 Office at (708) 202-8416**
- **The Joint Commission (630) 792-5000**

OUTCOME MANAGEMENT STATEMENT

The Hines Spinal Cord Injury / Disorders Service evaluates the quality, cost and appropriateness of rehabilitation services provided to its patients on an ongoing basis. This evaluation focuses on:

- Treatment outcomes
- Providing information about the benefits of your rehabilitation services
- Comparing Hines outcomes to national rehabilitation benchmark outcomes

During FY 2009, several of the outcome measures monitored at Hines SCI/D center included:

- A total of 26 patients completed our inpatient rehabilitation program; 6 patients completed our outpatient rehabilitation program.

- The average age of patients was 60 with the youngest patient being 22 years old and the oldest 81 years old.

- Patients with high quadriplegia (C2-C3) stayed in the hospital for 130 days for medical reasons and for 108 days for acute rehab on average.

- Patients with low quadriplegia (C5-C8) stayed in the hospital for 82 days for medical reasons and for 39 days for acute rehab on average.

- Patients with paraplegia (T1-S3) stayed in hospital for 75 days for medical reasons and for 17 days for acute rehab on average. (FY 2008)

- Patients with incomplete impairments stayed in the hospital for 33 days for medical reasons and for 23 days for acute rehab on average.

- 96% of patients returned home after their inpatient rehab and live independently in their communities.

- 91% of patients were satisfied with the rehab services they received.

SCI/D PATIENT RIGHTS & RESPONSIBILITIES

As A Patient:

a. You are responsible for providing complete and accurate information concerning past and present health status, hospitalizations, medications, and other information related to your health care needs.

b. You are responsible for providing accurate information concerning Advance Directives and durable power of attorney for health care decisions and desire concerning treatment.

c. You are responsible for requesting care that is not in conflict with the mission and philosophy of the hospital. Should conflict with principles arise, you will be informed and given an opportunity to transfer to another local health care facility, if medically permissible, and with the permission of the receiving facility. However, Hines VA Hospital is not responsible for any financial obligations if this is the course you choose.

d. You or your legally authorized representative are responsible for requesting sufficient information from your physician such that you maintain a reasonable understanding of your physical condition and medical care.

e. You are responsible for reporting whether you clearly comprehend the plan for treatment and what is expected of you.

f. You are responsible for reporting complaints concerning your care or treatment so that these may be investigated and/or resolved.

g. You are responsible for complying with hospital rules relating to patient care and conduct.

h. You are responsible for prompt fulfillment of financial obligations to the hospital.

i. By law, refusal of care by a patient or legally authorized representative may relieve the hospital of its relationship with the

patient after the patient has been informed of the consequences of refusal of medical treatment and has been given reasonable notice.

j. If you are in a terminal state, you have a right to comfort and dying with dignity. Unless you or your designated representative direct otherwise, primary and secondary symptoms will be treated, pain will be managed aggressively, and social/pastoral services will be available to you and your family.

k. You have a right to be informed of any experimentation or research/educational projects affecting your care or treatment and a right to refuse to participate in these activities.

l. You or your designated representative have a right to participate in the consideration of ethical issues that may arise during your care.

m. You have a right of access to resources within the hospital to meet your psychological and spiritual needs through our pastoral care or other community resources. This includes interpreters for language, visual, and auditory barriers.

n. You have a right to reasonable continuity of care while a patient in the hospital and after your dismissal from the hospital.

o. You have a right to privacy. You can expect to be protected from unnecessary physical exposure. You have a right to be free of unwanted or unauthorized visitors, including hospital personnel not directly involved in your care. Your right to confidentiality regarding the medical record and relevant communications will be respected.

p. You also have the right to inquire about hospital rules and regulations relative to patient conduct.

q. You have a right to expect the hospital to maintain a reasonably safe environment as determined by law and generally accepted practice. The mentally incompetent patient has a right to the administration of protective measures that increase his or her safety. Patients who receive treatment for mental illness or developmental disability will, in addition to patient rights listed here, have rights provided in section 43-1-6 NMSA 17978, which provides for diagnosis and treatment.

r. You have the right to an explanation of your hospital bill regardless of the source of payment.

s. You have a right to voice complaints regarding your care and to have the complaints investigated/resolved if possible.

- The first point of contact to resolve a complaint is with the individual involved.

- The second step, if the issue is not solved to your satisfaction, or if you are uncomfortable addressing the specific person, is for you to take your complaint to the clinical nurse manager of your unit. You will receive a response within two business days.

- The third step, if still not satisfied, is to contact the SCI/D Patient Representative Jeff Canar, PhD (708) 202-7415 / 202-2241. The SCI/D Patient Representative can enter an official complaint to Hospital Management on your behalf. When possible, all inquiries received by telephone or in person will be addressed within two business days.

- The fourth step is to contact the Hospital Patient Representative, Mr. Tom Grego, at (708) 202-8387 (ext. 22716). Inquiries are responded to as soon as possible with a goal to respond within one day.

- The fifth step, if still not satisfied, is to request an appeal to the Veterans Integrated Service Network (VISN) office through the Chief of the SCI/D Service. The Network Director can request a prompt, impartial review of concerns by a professional board external to the agency. A written report is to be given to you within 30 days. Voicing a complaint will not jeopardize further access to care.

VHA MRSA PREVENTION INITIATIVE

What is MRSA?

MRSA stands for Methicillin Resistant Staphylococcus Aureus. Staphylococcus (STAFF-ih-low-KOCK-us) aureus (ARE-ee-us) is a type of "super" germ that lives in the nose, on the skin, and on other surfaces that come in contact with the bacteria [colonization]. In most cases, this "super" germ causes no infection during colonization, but in some people it can cause serious wound and blood infections. MRSA is considered "methicillin resistant" because it is not killed by methicillin or other standard antibiotics. Hospitals and other health-care facilities have been found to be the major sources of MRSA. However, there have also been cases of MRSA in the community.

What is colonization?

Some people can pick up and carry MRSA for weeks or months. A person who is a carrier of MRSA has the germ on their skin, clothing and their immediate surroundings, but has no symptoms or visible signs that they are carrying it. This is called "colonization" (call-uh-nih-zay-shun). MRSA only becomes dangerous when it enters a break in the skin as a result of surgery or trauma. The only way to check for colonization is by a test called a culture. A swab is rubbed on the skin or in the nose. This is then sent to the lab to be tested for MRSA.

Who gets MRSA?

People who are at the greatest risk for developing an infection or become colonized are those who:

- Are at the extremes of age [elderly or children].
- Are very ill.
- Are unable to fight off infection because of a serious disease such as HIV/AIDS or uncontrolled diabetes.
- Have been recently hospitalized or undergone a surgical procedure.

The VA is testing all patients for MRSA.

- You will have a cotton swab carefully inserted into your nose. It does not hurt but it may tickle.
- The test may take up to two days for the lab to process. The VA may repeat the test before your discharge or transfer to another unit to see if it changes.

What if the results are positive?

- MRSA is in your body.
- You are a "carrier" of the MRSA germ.
- You may not have any symptoms.
- You can pass MRSA on to other people.
- In some cases, the MRSA germ on your body may go away on its own.
- You can prevent the spread of MRSA by washing/cleaning your hands. This is especially important when leaving your room as the room can be a place where the germs live.
- Your family will be requested to wash their hands after visiting and wear gloves when they assist you with any direct care such as bathing.
- The VA will treat you for MRSA only if you are sick or have surgery.

The VA is working to stop MRSA. You will see VA health care workers:

- Wash/Clean their hands before and after caring for every patient.
- Wash hands or use alcohol sanitizer whenever gloves are removed.
- Wear gloves and gowns when caring for patients with MRSA.
- Use certain equipment that stays in the patient room such as blood pressure cuff and stethoscope.
- Place patients who test positive with MRSA in a private room, or with other patients who have the same germ.
- Place an instructional sign at the room entrance of a patient with MRSA.
- Require visitors to check with the nurse for instructions about gloves, gowns, and hand washing.

GENERAL INFORMATION

Agent Cashier

The Hines Agent Cashier allows patients to deposit money into an administrated account for safekeeping. VHA policy prohibits staff from handling patient's money. All patients are advised to take advantage of the agent cashier if you choose to have cash available over the course of your admission. No interest is earned on money deposited with the Agent Cashier. If the patient should deposit a large sum of money (more than $500) the patient will not receive it all back in cash. The Cashier's limit for paying out cash is up to $500, provided that the cash is on hand. If the depositor requests a larger amount from their deposit, the cashier will write a convenience check (government type check) that the patient can take and deposit into their bank account.

The Agent Cashier is located in Building 1, Room F148. Hours are from 8:00 AM to 4:00 PM, Monday through Friday for deposits and withdrawals. Upon request, money can be delivered to you on Tuesday or Friday, if you call 24 hours in advance ((708) 202-5520) and request delivery. It is recommended that you do not keep more than $15 at your bedside.

Fire Drills

Fire drills are required by state law. Please follow the fire drill instructions given by the staff. Stay clear of hallway doors—they close automatically.

Laundry

Laundry facilities are available to patients on SCI/D North and SCI/D South. You, your caregiver, or your family are responsible for washing and drying your personal belongings. SCI/D provides the laundry soap for patient use in the washing machines.

Mail and Newspapers

Mail is delivered to rooms each day. Ask family and friends to address mail as follows:

Your Name
Hines VA Hospital
5000 South 5th Avenue
SCI/D Center Building 128
Unit___Room_____
Hines, IL 60141-5128

Outgoing mail can be picked up. Stamps are available at the Post Office located in Building 8 (near the Canteen). If family and friends send flowers or presents to you, they will be delivered to your room.

Meals

Meals are served three times each day:

Breakfast	7:00 AM	to	8:00 AM
Lunch	12:00 PM	to	1:00 PM
Dinner	5:00 PM	to	6:00 PM

It is very important you eat your meals since nutritious food is very important to your recovery. If you cannot feed yourself, someone will assist you. Most patients are given menus from which you select meals for the next day. Some patients may be on a modified diet and will not receive a Select Menu. Double entrees are not available unless the dietitian feels it is necessary for your recovery. Snacks are also available. Please remember, the Food Service Department serves a large group of patients throughout the hospital. You will need to eat within the periods provided.

Visitors are invited and encouraged to dine at mealtime. Visitors may buy meals in the hospital cafeteria (canteen) between the hours of 7:00 AM and 2:00 PM Monday through Friday. Visitors may also buy snacks from the vending machine located in the SCI/D building or the Canteen retail shop located in Building 1. Whenever possible, please choose healthier items that will support your recovery.

There is no refrigerator available for the storage of perishable food. So if you or your family have any leftovers, please dispose of them properly.

Medications

Your medicines are an important part of your treatment plan. They are continually reviewed by your doctor for their impact on your care. Your doctor will discuss the effects and side effects of your medicines with you, and monitor your response to them. We will adjust your medicines as required to optimize their benefit to you. When you are discharged from the hospital, you will receive your medicines and supplies. You will also receive a renewal form for each prescription and supply item. You can refill these either by:

a) Signing the renewal form and mailing it back to the pharmacy
b) Using the automated phone system (888-878-6888) or (708-202-8387; ext. 22375)
c) Going online to the www.myhealth.va.gov web site and enter refills

It is best to refill your medicine and supplies two to three weeks before running out of them. Pharmacy will not mail extra amounts to you. If you have any problems with your medicine or supplies call the SCI/D Outpatient Clinic for assistance. When a prescription expires, you need to call the SCI/D Outpatient Clinic (708-202-2017) and request a prescription renewal by your doctor.

My Health*e*Vet

My HealtheVet is VA's award winning e-health website. It offers Veterans, active duty soldiers, their dependents and caregivers anywhere, anytime Internet access to VA health care information and services. It was launched nationwide in 2003. My HealtheVet is a free, online Personal Health Record that empowers Veterans to become informed partners in their health care. With My HealtheVet, you can access trusted, secure, and current health and benefits information as well as record and store important health and military history information at your convenience. Registering and using My HealtheVet is easy and it's free!

With My HealtheVet, you can access:

- Nine (9) Healthy Living Centers
- Disease + Conditions Centers
- Mental Health Information
- Trusted Health/Medical Information

- Info on VA Benefits & Services
- Personal Health Journals
- Vitals Tracking & Graphing
- Military Health History
- Activity/Food Journals

In addition, Veterans who receive their healthcare at a VA facility receive additional features, like online refill of VA medications anytime, anywhere – as long as there is access to the Internet!

Veterans who receive care at a VA facility should ask about In–Person Authentication or "IPA". IPA is a process used as an additional safety and security measure to verify a My HealtheVet user's identity. Registered My HealtheVet users who are VA patients and have completed the IPA process will be able to view the names of their VA prescriptions, access their personal VA Wellness Reminders, and communicate with their providers through Secure Messaging (once that benefit is delivered to each facility).

After this one–time IPA process is complete, Veterans will have full access to their online Personal Health Record as it becomes available. Not only will they be able to refill their VA medications by name and view their VA Wellness Reminders, in the **future** they will be able to:

- Get VA Appointment Reminders and view VA Appointments (planned for 2010)
- View VA lab results (planned for 2010)
- Communicate electronically with participating VA health care providers through Secure Messaging

Take charge of your health and log on today: www.myhealth.va.gov

Parking

- Visitor parking is provided in front of the main hospital and in parking areas behind the SCI/D Center, Building 128. Signs will direct visitors to proper lots.
- Complimentary valet parking is available in front of the main hospital building, next to the SCI/D Center.
- Handicapped parking for SCI/D patients is available next to SCI/D North.

Pets

- Pets, and service animals, are allowed in the SCI/D building if they have proper papers from a veterinarian (e.g., demonstrating all vaccinations and shots) and pre-approval from the SCI/D clinical nurse manager. Please discuss with the clinical nurse manager when you would like to have your pet visit. The clinical nurse manager will provide you with guidelines to be followed during a pet visit. There are only certain approved locations where family pets are allowed.
- Please keep in mind that there is a lot of activity on a hospital service. Pets may not be comfortable in a place that is not familiar to them. In addition, not all persons are "animal lovers" or they may be allergic to animals. Please be respectful of other patients and family members who may not be comfortable around animals.

Post Office

Hines VA has a full service United States Post Office onsite. The Post Office is located in Building 1, next to the cafeteria. Window service is available Monday through Friday, 7:30 AM to 3:30 PM. Post office boxes are available for a small fee. ($24 per year for a small box, $36 per year for a medium box, and $60 per year for a large mailbox).

Recreation

- Social and leisure activities are scheduled by the therapeutic recreation staff during weekdays, evenings, and weekends.
- Community outings help you to practice skills learned during the rehabilitation program. In the past, community activities have included such things as horseback riding, scuba diving, adaptive golf, going to a movie theater, restaurant outings, and professional sporting events.
- For special leisure interests or to suggest activities, contact the therapeutic recreation staff at (708) 202-2250.
- If you are interested in accessing the internet on a personal laptop or a government issued laptop, please contact the therapeutic recreation staff.

Religious Services

The chapel is located on the first floor of the main hospital (Building. 200) in the "C" wing in the hallway leading to the canteen/police station. Service times are posted. A chaplain will visit you and you may call the chaplain office at (708) 202-2531, if you have specific needs.

Respite

Respite care is an important benefit that allows a planned interval or a "breather" for families or caregivers of SCI/D Veterans. Respite care is offered on the Hines SCI/D unit for up to14 days. It may be longer if there is a complicating medical condition. The total of all respite care for a Veteran in a year, absent medical factors, cannot exceed 30 days. Requests for respite care should be sent (letter or fax) to the SCI/D Center and are approved in writing by the SCI/D Chief based on bed availability.

It is important to recognize the impact of the SCI/D on the Veteran's family and significant others. Many families need ongoing support regarding the changes in their lifestyles because of the Veteran's injury. Support groups for spouses and families may be helpful. Respite care may be needed, especially when a family member is the full-time caregiver. Respite care is an essential component of health management for supporting the caregiver. This helps you to maintain non-institutional, community living. Adult day care or temporary caregiver services may also be used.

Smoking

- Hines Hospital is a Smoke-Free Hospital. Smoking in all hospital areas is strictly prohibited and will result in a fine issued by the Hines Police Department. Designated smoking areas have been identified. A smoking shelter is located outside the south exit of the Main Hospital Building 200. Other smoking areas are:
    - Next to Building 228
    - Outside the Post Office/Canteen Building
    - Outside Building 2 (south side).

- Because of the health consequences associated with direct use and second hand tobacco products, staff are not obligated to assist you with smoking or the use of other tobacco related products.
- Help is available if you are interested in quitting smoking, including nicotine replacement therapy (e.g., the patch) and smoking cessation counseling.

Social Security Administration (SSA)

SSA may be contacted by phone, or online. Your social worker may assist you in initiating contact. You may also access the information site at: www.ssa.gov

Telephone

- Phones are available at your bedside. So as not to disturb other patients, **incoming calls** are allowed from 6 AM until 10 PM. Local calls are direct dial and other calls are operator assisted. Hines provides telephone service, free of charge, within the Chicago Area Codes 708, 312, 773, 847, and 630. Long distance calls can be made at the expense of the patient. (e.g., either collect or by calling card). To call collect, dial "9" then "O" and you will be connected to an AT&T telephone operator. You may purchase a calling card in the canteen retail store. Please be respectful of your roommate and limit incoming and outgoing calls to the hours of 6 AM until 10 PM.
- When you need assistance making a telephone call (e.g., dialing, headphone placement), the nursing staff will work with you. Because of other patient care responsibilities, when nursing assistance is requested please limit your calls to 5 minutes.
- Assistive technology is available. It requires training to insure proper use. If you will be discharged to your home with an Environmental Control Unit (ECU), we will teach you how to use it during your hospital stay.
- Personal cell phones may be used on the SCI/D unit. Some patients have found the use of cell phones with "Blue Tooth" enabled ear-microphones very helpful. These calls should also be made and received between the hours of 6 AM and 10 PM.
- Hines numbers may be reached from your bedside phone by dialing 9 (obtains an outside line) and phone number 202-xxxx.

Travel Arrangements

It is the responsibility of all patients with travel benefits to make arrangements with Hines Travel the day before their scheduled appointment. However, if the appointment is on a Monday or a holiday falls on a Monday, you will need to call travel on the previous Friday. If you are unsure of travel benefits, you may check with your assigned social worker for assistance. You may contact the Travel Office Monday through Friday from 6 AM to 5 PM. The number for Hines Travel is (708) 202-2568.

Visiting

- Visiting Hours are from 11:00 AM to 9:00 PM.

- For the protection and welfare of our spinal cord Veterans, the SCI/D Center has a strict policy regarding access to our building. The SCI/D Building allows access via a Proximity Card issued to all SCI/D employees and every inpatient during their stay. Entrance for outpatients, visitors and staff, who **do not** work directly with the patients in the SCI/D Center, is through the **main entrance** of the SCI/D Center **ONLY**. Please sign in at the front desk, or at the nurses' station. The entrance is locked after hours from 5 PM to 8 AM and access is via camera and electronic buzzer placed at each

entrance. Emergency exits are alarmed and should not be used except in times of emergency.

- We are a smoke-free building. There is **No Smoking** allowed in either of the garden areas of our building. Smoking in these areas will result in a $50 fine. Please use designated smoking areas.

- Children under 12 or pet visits require prior arrangement with the clinical nurse manager.

- Newly admitted patients for acute rehabilitation may request a family member or significant other to remain in room for the first 48 hours. Requests should be made to the unit clinical nurse manager and permission granted by the attending physician.

- In order to respect the privacy of others, patients are limited to two guests at a time in their room. If you plan to see more than two visitors, please make prior arrangements with the clinical nurse manager. If you would like to have more visitors, there are several public areas within the SCI/D building that can accommodate many visitors at one time. Please request access to these areas from the clinical nurse manager prior to your visitors' arrival.

THINGS TO BRING TO REHABILITATION

Clothes

Bring one week's supply of washable, **loose-fitting** clothes, including at least:

- Three pairs of pants/shorts
- Three shirts/blouses (pullover)
- Four sets of underwear
- Four pairs of socks
- Slippers with non-slip soles
- Outdoor jacket/sweater
- Athletic shoes or shoes with non-slip soles are fine
- If ankle or foot braces are to be used, see therapist before buying bigger shoes
- Hospital gowns and pajamas are available if needed

If needed, please make sure to bring:

- Dentures with adhesive
- Hearing aids with batteries
- Eyeglasses or contact lenses
- Walker, cane, or wheelchair
- Razor
- Cosmetics
- Toiletries

Valuables

Leave valuables at home! This includes jewelry, nice clothes, and items of sentimental value. Hospital staff cannot be responsible for lost or damaged items. The staff recommends that you keep only $15 with you in the hospital. Larger sums may be deposited with the Agent Cashier. See Page 16 Agent Cashier section for more details.

Electronic Devices

For safety reasons, many electronic devices are not allowed. Check with your nurse before bringing personal electronic items. Acceptable items include:

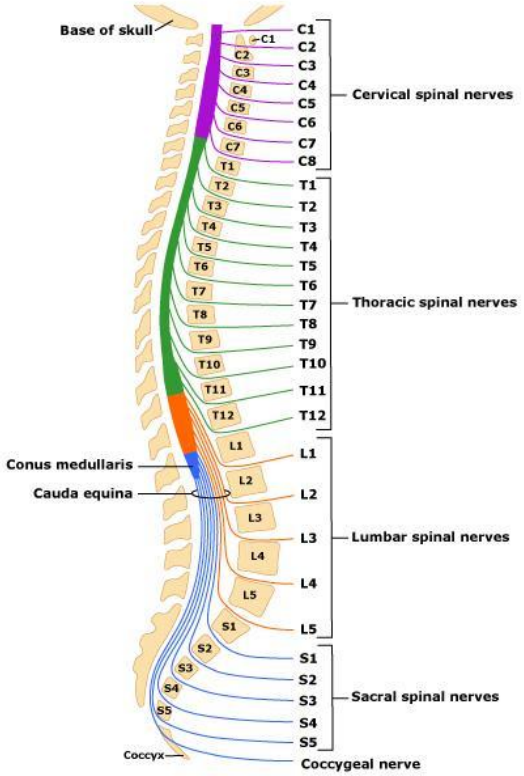
- Electric razors
- Haircutting devices
- Percussion massagers
- Laptop or cell phone charges
- Portable DVD players
- Console videogame systems.

Before you use any of your own electrical line operated devices, it will need to be checked for safety. Facility Management Services (FMS) determines the electrical safety of the device. If the device passes its inspection, FMS will place a sticker on the device with the date of inspection and name or initials of the inspector.

WHAT IS SPINAL CORD IMPAIRMENT

The spinal cord is a bundle of nerve fibers and cells that connect your brain with your muscles, skin, and internal organs. Operating much like a "telegraph wire", it relays messages from the brain to the intended body part to make it function. This next section explains several types of spinal cord impairment.

It is the spinal cord that acts as the transmitter of two-way communication between the brain and body part. When the cord has been damaged, (frequently as a result of a broken and jagged bone cutting through or compressing the cord), the messages simply do not make it through. As a result, the involved physical functions (be it bladder control, leg or arm use, or the feeling of sensation), are unable to trigger themselves to work. In the case of our bladder, the problem lies not with the bladder itself, but with its inability to communicate to and from the brain. In the simplest of terms, an injury to the spinal cord means a “short circuit” between the brain and body function. The following picture shows you the spinal cord and the nerves originating from the cord. Your doctor can show you where your injury is.



The spinal cord is about seventeen inches long and can be injured at any point along this length. Although each injury has its own unique characteristics; in general, the higher the injury point - the higher the level and loss of function. The parts and functions which are located *above* the injury point will continue to function unimpaired. Injury to the spinal cord is irreversible, in that the cord is unable to regenerate or repair itself, and the "telegraph wires" are far too numerous and specific to attempt a surgical reconnection. Because the cord is usually not severed completely, various combinations of "wires" remain in each injured person. Rarely are two similar injuries specifically alike. In general terms, the effects of an injured spinal cord include paralysis, bowel and bladder dysfunction, impairment of sensation and sexual function, and susceptibility to infection.

If the cervical spine is damaged the result is high or low quadriplegia or tetraplegia (four extremities are affected). If the spine below the cervical level is damaged, the result is paraplegia (two, usually lower, extremities are affected).

While most of the people who come to our Spinal Cord Service are traumatic injuries (accidents), we also serve patients who have had damage from interrupted blood flow to their spinal cord (as in some surgeries), tumors of the nerve tissues in and around the spinal cord or damage to the cord from diseases such as Multiple Sclerosis or viruses.

- Portions of the above reprinted from *Up to Date On Line*, 2009.

Adjustment to Spinal Cord Injury/Disease

For most people, spinal cord injury/impairment involves a major amount of change in their lives. A person's physical mobility and their physical abilities can be dramatically altered. As a result, a person’s self-perception and self-concept can be influenced. After a spinal cord injury/impairment, a person's relationships with members of their family, their intimate relations, as well as their social relationships may be affected. Also, a person's vocational and recreational choices may need to be changed to match their physical skills.

All of these changes do not necessarily need to be negative. However, each change that a person has to adapt to is stressful. Because of all of the changes that occur after spinal cord injury/impairment, many people and

their families experience stress reactions. These can affect them physically or psychologically. Sleep, appetite or other physical problems may occur. They can also develop emotional reactions including anxiety, depression, and social withdrawal.

For most people, these adjustment reactions to being spinal cord injured are short-lived and resolve. At Hines, the professional staff is available to help a person and their family adapt to the variety of changes through education, physical rehabilitation, and counseling.

Sexuality and Spinal Cord Injury/Impairment

Sexual identity and sexual intimacy are of central importance in an individual's self-concept and in their intimate relationships. Problems in an individual's sexual identity can produce a lowered self-esteem and feelings of inadequacy. This can negatively impact their relationship with their partner.

All individuals in the spinal cord injury/impairment rehabilitation program will be seen by the SCI/D psychologist regarding sexuality education. They will be offered the opportunity for individual or couple's counseling to discuss their sexuality more fully. Videotapes concerning sexual function and intimacy in relationships after spinal cord injury/impairment are available for viewing. Physicians on the SCI/D rehabilitation team can make referrals concerning reproductive counseling. Referrals to specialty consultants concerning a variety of sexual problems are also available when needed.

WHAT IS REHABILITATION

The word rehabilitation means "TO MAKE ABLE." The goal of rehabilitation is to help the person become as independent as possible.

Specialists in all areas of SCI/D and rehabilitation will guide and teach you and your family. The SCI/D team will help you increase independence (doing for yourself). Rehabilitation takes a team effort.

The patient and family are the most important members of the team. Goals will be set by the team (staff, patient, and family). It is important to talk about concerns, desires, and needs with the rest of the team. You and your family must be involved in all parts of rehabilitation to reach these goals.

At Hines SCI/D Service, rehabilitation is viewed as a biopsychosocial process requiring physical and psychosocial rehabilitation. The goal of biopsychosocial rehabilitation is to help the person with SCI/D to reach the highest level physical, psychological, and social functioning during their inpatient rehabilitation. It also assists with subsequent integration into the community. Rehabilitation is viewed as an ongoing process throughout life rather than a single period of treatment.

Care is provided through a team made up of many professional services. Their functions are described next. Remember, you, the Veteran and your family/significant other are an important part of this team.

THE SCI/D REHABILITATION TREATMENT TEAM

The following staff are members of the SCI/D Acute Rehabilitation Program:

Michael S. A. Richardson MD	Chief, SCI&D Service
Robbie Logan, MD	Medical Doctor
Shamsi Lashgari-Saegh , MD	Medical Doctor
Mavis Diaz-Caturan, NP	Nurse Practitioner
Lora Coffelt, RN	Rehabilitation Case Manager
Phoebe Doruelo, RN	Clinical Nurse Manager
Barbara LaVant, RN	Outpatient Clinic
Paul Ellin, PT	Physical Therapist
Shobha Patil, PT	Physical Therapist
Joe Jelinek, OT	Occupational Therapist
Lelar Taylor, MS Ed.	Educational Therapist
Jill Kalkofen-Jacobsen, CTRS	Recreation Therapist
Todd Mayer, LCSW	Social Worker
Jeff Canar, PhD	Psychologist
Barbara Cook, MS CCP-SLP	Speech Pathologist
D'arcy Rea, RD, LDN	Registered Dietitian
SCI/D North Nursing Staff	Registered Nurses, Licensed Nurses

You will be evaluated and scheduled for some or all of the following services depending on your needs:

Physical Therapy (PT)
Occupational Therapy (OT)
Educational Therapy (ET)
Recreation Therapy (RT)
Social Work Counseling (SW)
Psychological Counseling
Patient Education Classes
Speech Therapy
Driver's Training
Nutrition Education
Psychiatric Services

SCI/D Staff Physiatrist (MD/ DO)

You will have a Physiatrist as your attending physician during your acute rehabilitation. A physiatrist is a medical doctor who specializes in rehabilitation medicine. The physiatrist directs the rehabilitation team and brings information from other doctors into the overall team plan.

SCI/D Primary Care Doctor (MD / DO)

Once you complete your inpatient rehabilitation, you will be assigned to an SCI/D primary care physician. He / She will be your doctor as long as you are a patient with our hospital.

SCI/D Acute Rehabilitation Case Manager

Our Acute Rehabilitation Case Manager Nurse helps to plan, organize, coordinate and monitor your care. Your rehabilitation case manager will seek the services and resources required for your specific care needs. The case manager's primary goal will be to assist you to your maximum health and function. She will help solve problems you may encounter.

Clinical Nurse Manager (CNM)

The Clinical Nurse Manager (CNM) is an experienced nurse who provides leadership for your team of nurses. The team is guided by the CNM to demonstrate creative approaches in delivering 24 hour nursing care to the SCI/D patients. The CNM assures that your care is individualized for your needs through collaborative strategies with the nurse team and other ancillary team members. The CNM evaluates the nursing process to improve unit performance, reviews care outcomes, and implements educational plans for the staff. The CNM oversees the educational plan as it is extended to the patients, families and caregivers. The manager coaches the nurse team to provide you with the best care. The CNM is also available to identify, analyze and resolve clinical issues. There is a CNM for each SCI Unit.

Physical Therapy (PT)

Upon admission to Hines VA Spinal Cord Unit, you will be evaluated by a physical therapist to determine your current abilities, strengths, and weaknesses. You and the physical therapist will develop a set of goals based on the evaluation. These goals are designed to help you achieve maximum functional independence. As a team, you and the physical therapist will work 2-3 hours per day to achieve your goals.

While attending Physical Therapy, you may participate in a variety of activities designed to assist you in becoming as independent as possible. Depending on your level of impairment, you may work on wheelchair mobility, walking, transferring onto and off furniture, transferring in your washroom, moving in and out of bed, maintaining balance or transferring into and out of your car. In addition, you will work at strengthening your limbs and maintaining your flexibility. Modalities such as electrical stimulation may be used to increase muscle activity in your arms and legs. Finally, you will be educated in programs to maintain your strength and flexibility after you leave the hospital.

If necessary, your caregiver will be trained in methods of transferring you from your wheelchair to equipment such as shower chairs and to your bed. In addition, your caregiver will be educated in home exercise programs to maintain your strength and flexibility. If needed, your caregiver will be trained in methods of moving you into and out of an automobile.

Your equipment needs will be evaluated by your physical therapist. This may include an evaluation for an appropriate wheelchair and cushion. If needed, you will be evaluated for braces and equipment to help you to walk. We will also order equipment to allow you to use your toilet and bathtub.

Physical Therapy will be challenging both physically and mentally. However, the rewards for your hard work are great: maximum functional independence. The effort you make in Physical Therapy directly influences how successful you will be in achieving your goals.

Occupational Therapy (OT)

Occupational Therapists (OT) design programs to help you achieve maximal independence in your daily living activities. The OT will take time to talk to you, assess your current abilities, and discuss expected discharge outcomes. Treatment goals are based on your needs and interests.

OT services help you achieve independence in self-care (eating, dressing, grooming, bathing and personal hygiene), home management activities, mechanical communication, vocational, recreational and community re-entry activities.

Your treatment sites may include your bedside, the therapy clinic, the community and when indicated, your home, work-site or school. The OT will design, specify and/or make: splints, custom-modified clothing and adaptive devices for self-care, seating, positioning, home management, vocational or recreational activities.

Community re-entry activities are a part of therapy. You are expected to plan and participate in community re-entry outings such as shopping for food, eating out or recreational activities. Occupational therapy makes use of a special Home Environment Clinic's kitchen to ensure that you, within your physical abilities, are safe in kitchen activities, such as cooking.

Occupational therapy services are a unique blend of hands-on therapy, modification of the physical environment and consultation. These are all designed to promote the maximum functional independence of the individual. You are responsible for getting as much out of therapy as possible by actively participating in therapy sessions, including special appointments and activities. **The end goal is for you to return to the community as independent as possible.**

Kinesiotherapy (KT)

Improvement Through Movement

Kinesiotherapy is defined as the application of scientifically based exercise principles adapted to enhance the strength, endurance, and mobility of individuals with functional limitations or those requiring extended physical conditioning. A registered kinesiotherapist (KT) can administer treatment only upon receipt of a prescription from qualified physicians, nurse practitioners and/or physician's assistants who have been privileged to make such referrals.

A KT is a health care professional competent in the administration of musculoskeletal, neurological, ergonomic, biomechanical, psychosocial and task specific functional tests and measures. The Kinesiotherapist determines the appropriate evaluation tools and interventions necessary to establish a goal specific treatment plan. Working with you, your treatment plan is developed and implemented.

In Spinal Cord Rehabilitation, the KT provides rehabilitation in the form of:

1. Prescribed therapeutic exercise designed to achieve maximal functional independence during the sub-acute phase of spinal cord injury or disease

2. Transfer and ambulation activities designed to regain functional independence

3. Bedside range of motion and strengthening to prevent deconditioning and maintain functional status while confined to bed rest

4. Development and implementation of home exercise programs specific to your needs and abilities

5. Retrain/review of durable medical equipment use/needs

6. Specialized training for participation in athletic events/activities

7. Driver education and training using the most recent adaptive equipment available

Changes to your treatment plan are made as needed to achieve desired goals and outcomes. Your work with the KT is based on education, instruction, demonstration and mentoring. The KT will help your learn therapeutic techniques and interventions utilized to restore, improve and/or maintain your functional abilities.

Educational Therapy (ET)

The main function of the Educational Therapy (ET) Clinic on the Spinal Cord Injury/Impairment Service is to learn, improve or update your current skill sets in education, computer technology, or vocational rehabilitation. The goal is to assist you in reaching your maximum independent functioning level. This is done through individual vocational, educational, and cognitive assessments. This approach includes setting realistic goals that can be achieved and continuing treatment throughout outpatient follow-up visits. You will also be evaluated on specialized assistive technology computers. SCI/D patients have a broad range of abilities and limitations that require alternative ways to interact with technology. Access to informational technology is essential. It is a major factor in being involved in society and enhancing your quality of life. Examples of this assistive technology include:

- *Dragon Dictate* voice-activated IBM computer interface
- The *Eye-Gaze* eye-activated IBM computer interface.
- Adaptive devices

We will observe and assess certain skills. They include:

- understanding written and verbal instructions
- following simple and multi-step directions
- staying on task
- retain and carry over new learning
- efficiency and accuracy of work
- the ability to work independently

This clinic's goal is to help you develop a greater scope of independence with the help of modern technology.

Recreation Therapy (RT)

Recreation Therapy is a vital component to your therapies in SCI/D. Participation in RT events allows you to apply newly acquired adaptive skills from your other rehabilitation disciplines to community / leisure activities. RT uses leisure services to enhance physical, social, and mental abilities to enrich the quality of your life. A variety of sporting and creative programs may be offered, including: wheelchair adaptive sports programs (e.g., football, cycling, skiing, scuba diving, horseback riding, sailing, etc.), creative arts, horticulture, music therapy, computer based activities (communication, leisure/games, and research), and community re-entry activities/outings.

RT also provides an opportunity to participate / compete in group activities at the national level (National Wheelchair Games). These events offer the opportunity to enhance your endurance, refine physical functions, and demonstrate functional ability. It also provides opportunities for you to communicate and socialize with others in the community. Social and leisure activities are offered seven days a week by a certified therapeutic recreation specialist. Benefits of participation include learning new skills or modifying old skills, applying knowledge you have acquired in your rehabilitation program to community activities, relieving stress, and strengthening interpersonal skills.

Nutrition

Nutrition is as much a part of your rehabilitation as are all the therapies, medicines, social activities, and other means employed to return you to your fullest capacity. Without adequate nutrition, you would have neither the energy nor the stamina required to complete tasks involved in your rehabilitation. The newly injured patient might never advance to the point of attending therapies if he/she did not receive optimal nutrition. Some spinal cord patients are given modified diets according to their medical conditions to prevent or help resolve complications. In addition to encouraging proper food intake for you, the dietitians are involved in all stages of rehabilitation. Remember, your food choices are very important to your recovery so choose healthy items whenever possible.

Social Work Services

The social worker provides an array of services to help you and your family during your hospitalization. These services range from support counseling to setting up community services to help with family issues. Contact starts at the time of admission and continues until after discharge. The social worker is the coordinator of all the discharge planning for you. Any questions relating to how you will get along after discharge from the SCI/D should be directed to this person. The social worker can give emotional support and education while planning for discharge.

Speech-Language Pathologist

The Speech-Language Pathologist (SLP) is available to help you if you have trouble communicating, swallowing or with thinking skills. A speech Pathology evaluation may include an exam of mouth structures and how they are working, or special procedures such as an x-ray. You may also need formal testing of speech, language, memory, thinking and or voice. Following the evaluation, the SLP will make a diagnosis and develop a treatment plan according to your needs and personal goals.

Respiratory Therapy

The respiratory therapist monitors your breathing ability. This therapist teaches breathing exercises and gives breathing treatments and education when needed.

Chaplain Service

The chaplain offers spiritual and emotional support as you and your family deal with life changes. Pastoral counseling, the sacraments and contact with clergy are available.

Staff Psychologist

A staff clinical psychologist is assigned to the acute rehabilitation service. Consulting clinical psychologists are available to Veterans on the intermediate and residential spinal cord injury/impairment services. Clinical psychologists provide assessment, education, counseling, and specialty referral services to Veterans, their partners, and their families on the SCI/D Service.

Hospital routines and the process of rehabilitation are often unfamiliar and stressful to the patient who has been recently spinal cord injured. Even the experienced patient may find himself lost among the many professionals involved in their treatment. The staff psychologist can help the Veteran make sense of this situation, get answers to his important questions, and cope more effectively with this stressful situation.

The psychologist is aware that spinal cord injury/impairment affects the whole individual. A person's moods and behavior may be affected during this stressful period in their life. Individuals may need to seek out new ways of relating to their friends and relatives, who may show some uneasiness in their responses to the newly injured individual. The psychologist is available for individual and relationship counseling to help with these adjustment reactions. The Veteran is not the only person affected by his spinal cord injury/impairment. Often, the Veteran's family must go through changes and adjustments. The staff psychologist is available for couple's counseling, family therapy, and sexuality counseling.

SCI/D North Unit Rehabilitation Nursing Care

The SCI/D North Unit is a unique area which serves a variety of patients. Patients on this unit may have new injuries, be on a ventilator, or be patients with chronic care problems. All rehabilitation nursing care is provided on the SCI/D North Unit. The components of nursing practice are founded on the uniqueness of the individual, an endless search for possibilities while learning to accept limitations, teaching, learning and advocacy. SCI/D specialty nursing care is provided 24 hours a day. This includes bladder management, bowel management, skin management, circulatory balance, respiratory balance, mobility/transfer ability, safety, psychosocial coping and adaptation, spirituality and application of learned skills into daily life. Using the nursing process, your SCI/D nursing staff can assist you in achieving maximum independence within the scope of your impairment.

Specialized Practice Characteristics of SCI/D Nurses:

- Specialized knowledge and skills in caring for SCI/D patients
- Assessment based nursing diagnoses
- Identify actual or potential responses to illness or disability
- Provide comfort and therapy
- Educate patients/family/community
- Promote achievable independence
- Promote improvement in the quality of life for persons with spinal cord injury, or disease, or impairment
- Promote community awareness for the prevention of SCI/D disease and trauma

Nurse Rounds and Report

- **Hourly Rounding**
  During your hospital stay on the SCI/D Unit, staff will contact you in your room each hour. During these visits, staff will check your needs related to: pain, your position, and any items you may need. The nurse will enter your room each hour to assist you to change your position, assure that items you need are within your reach, conduct bladder / bowel assessments, and assess your level of pain and provide pain relief if indicated.

- **Warm Handoff / Shift Report**
  Nurses provide shift to shift report at the bedside so that you can be more involved in your care. Prior to giving report, nursing staff informs you of the intent to give report and requests your permission to discuss health care information in front of others present in the room. Report is given for each patient to the receiving nurse by the nurse handing off. The individualized reports take about 2-3 minutes to discuss your plan of care, and what your current status is. This provides you, the most important team member, a method to actively participate in your care. You will describe your current condition to your nurses. It is also an opportunity to plan your care daily.

DAILY SCHEDULE FOR NEW ADMISSIONS

During the first few days, the team members will meet individually with you to look at your special needs. These results will be used to set up your personalized rehabilitation program. Once your needs are determined, a schedule is set. Your rehabilitation schedule may include the following:

- Physical Therapy
- Occupational Therapy
- Kinesiotherapy
- Speech Therapy
- Vocational Retraining
- Educational Therapy
- Recreation Therapy
- Activities and Recreation
- Other participants
- Psychology
- Nursing
- Respiratory Therapy
- Dietary
- Pastoral support

Monday through Friday, therapies are scheduled between 7:30 AM and 4:00 PM. Saturday therapy is from 8:30 AM to 12 Noon. In addition, therapeutic recreation is offered in the evenings and on weekends. Families are encouraged to attend therapies. (Talk with the therapist before going to the session. In some cases, a special visiting schedule can be set up). Please follow the schedule.

A typical schedule may look like this:

- 6:00 AM — Personal Care
- 7:15 AM — Breakfast
- 8:00 AM - 9:00 AM — Morning care with OT and/or nurse.
- 9:00 AM - 11:45 AM — A combination of therapies designed to meet your individual needs.
- 12:15 PM - 12:45 PM — Lunch
- 12:45 PM - 4:00 PM — Therapeutic activities and education
- 5:15 PM — Dinner
- 6:30 PM - 7:30 PM — Leisure activities
- 7:30 PM - 9:00 PM — Evening Nursing Care
- 10:00 PM - 11:00 PM — Lights out
-

Team Conference

A team conference is a meeting of **all staff members** of the team to discuss your needs and to develop a rehabilitation plan. The first team conference is usually scheduled 7 to 10 days after admission to the hospital. During the first team conference, a probable discharge date is set. The team continues to meet every week to talk about your progress. The staff will then meet with you and discuss your progress and rehabilitation plans.

Patient/Family/Staff Conference

A Patient/Family/Staff Conference is a meeting of **staff members, you, and your family/caregiver** to discuss your progress. During this meeting, goals are discussed, and discharge planning begins. Family training dates are also scheduled. At this conference, you and your family can ask questions and talk about concerns. There is question worksheet on page 57 in Appendix B of this guide which you may find helpful to review before this meeting. You may have other questions you need answered before your discharge. This is an important meeting and family members/ caregivers are encouraged to attend.

Therapeutic Pass

A therapeutic pass is a scheduled and planned outing into the community or to home. The purpose of a therapeutic pass is to help you practice skills before discharge. These passes vary from a few hours to overnight, depending on your needs and abilities. **Transportation for a pass will <u>not</u> be provided by the VA.** In order to go on a pass, you must complete training for the following:

1. Transfers
    a. Car transfers
    b. Toilet transfers

2. Medicines – what to take, when and why

3. Safety – what to do in an emergency

4. Other – individual medical and self-care needs

The "Apartment" (HELP)

Prior to discharge we may ask you to arrange a stay in our Home Environment Living Practice apartment (HELP) with your family. The HELP is a two-bedroom trailer home located on the Hines grounds. The HELP allows you to work out any problems you may find at home, while you have easy access to the nurses and other staff. This is a practice session before you are discharged from inpatient care. You will be provided meals while in the HELP. For families and caregivers, the HELP has a full working kitchen. Food can be purchased at local grocery stores and prepared in the HELP. Also, a list of local restaurants that deliver is available if you choose to order in. You and your caregiver(s) can do personal laundry in the apartment. You and your caregivers are expected to maintain the HELP apartment just as you will do in your own home. Please leave it in a neat and orderly manner once your stay there is complete. You will be charged if additional cleaning or repairs are necessary after you have used the HELP.

Compensated Work Therapy (CWT)

The CWT program mission is to provide realistic and meaningful vocational opportunities to Veterans. CWT encourages successful reintegration into the community at the Veterans' highest functional level. To achieve this mission CWT staff match your vocational strength and area of interest to work and employment opportunities with local businesses and industry. VA benefits cannot be reduced, denied, or discontinued based on participation in CWT. These benefits include service-connected compensation, and non-service connected pensions.

Supported Employment is an evidence based employment program within Compensated Work Therapy (CWT). The purpose of Supported Employment is to provide you with assistance in locating and maintaining competitive community employment. This service is available to Veterans who want to seek and obtain competitive community employment. The Hines VA is pleased to offer this opportunity to Veterans who may, for many reasons, need assistance in achieving and/or maintaining a job. Benefits of the program include:

- Assistance with locating competitive employment in the community
- Assistance with recovery
- Maintaining paid work with necessary support services
- Learning how to market yourself to potential employers (resumes, interviewing, etc.)
- Developing good work habits
- Developing good job seeking skills
- Improving/developing the ability to get along with co-workers and supervisors
- Developing references and rebuilding a positive work history
- Gaining an understanding of the demands of employers, co-workers and the worksite
- Developing self confidence and self esteem
- Increasing quality of life by reducing isolation, depression and fostering a sense of purpose
- Assistance in further developing your support network

DISCHARGE PLANNING

Discharge planning begins as soon as you are admitted to the SCI/D Service at Hines VA Hospital. The reason discharge planning begins upon admission to the hospital is to allow enough time for all necessary arrangements to be made and in place for when inpatient stay is no longer medically necessary. Discharge planning is a process to ensure a smooth transition from one level of care to the next when that time comes. All possible options for care are explored prior to discharge. The doctors, social workers, psychologists, nurses, dietitians and the other therapists involved in your care (e.g., speech) meet weekly to discuss your care plan. They will review your anticipated length of stay, and needs upon discharge. These needs may include in the home assistance, special equipment, or housing/placement. Throughout your admission, your doctor and social worker will communicate to you what your needs and options will be once your are discharged. If needed or desired, a meeting can be arranged to discuss these matters with your family and/or caregivers. There are several criteria for discharge from the acute rehabilitation program:

- You have reached your maximum rehabilitation potential.
- You no longer require the present level of rehabilitation.
- The service being provided to you can be delivered through a coordinated home program, outpatient clinic and low intensity rehabilitation program, and/or a skilled nursing facility.
- Acute illness precludes you from actively participating in rehabilitation.
- You are consistently non-compliant with therapies.
- You request discharge against medical advice (AMA)

During your hospital stay, you will learn skills to increase your independence. These skills help you prepare for discharge. The team will help plan for discharge. Ask for the available community resources that may be helpful. In the weeks before discharge, the team asks you and your family to learn and take part in all areas of care. This helps them prepare for your discharge. Determining when you are ready for discharge is a team effort.

Upon discharge, your functional status is once again assessed. Your therapeutic exercise programs will be reinforced either on an outpatient basis, at home, or in a community setting. Your adaptive equipment needs

are finalized with PT, OT and the SCI/D physiatrist. If you need to continue with therapies as an outpatient, and you have transportation, you may be scheduled for therapy sessions here at Hines. A scheduled SCI/D Clinic outpatient follow-up appointment for your spinal cord condition will occur at three months from the date of your discharge from inpatient care. After that, a scheduled appointment will be made every six months (or more often if needed) in our SCI/D Outpatient Clinic (SCI/D OPT). The SCI/D OPT Clinic phone number (708-202-2017) and is also listed in this book (Appendix C). Your SCI/D Primary Care Physician will be identified to you. This is the SCI/D doctor who will provide your care after you are discharged from the hospital. You will also meet the SCI/D outpatient staff prior to your discharge from the hospital. If you are assigned to our SCI/D Home Care Program, you will be introduced to these staff members prior to discharge also.

QUESTIONS TO ASK BEFORE DISCHARGE

A list of sample questions is on page 60 Appendix B. You may find this helpful as you meet with your doctor and other providers. Use these questions to discuss how you can most effectively prepare for your discharge.

PREPARING FOR DISCHARGE

(Information you should know before you leave)

- Discharge date_____
- Discharge to_____
- Medication Review
- How to prevent possible complications of illness / injury
- Review of available community resources
- Equipment needed
- Family training
- Any medical issues and need for follow-up
- Follow-up visits will be scheduled through the SCI/D Outpatient Clinic. Prior to your discharge from the hospital, you will be scheduled for a follow-up visit. This SCI/D Outpatient Clinic visit will occur about three months after discharge. Other outpatient appointments will be scheduled as needed.

SERVICES AVAILABLE TO THE SCI/D VETERAN

SCI/D Outpatient Clinic

The SCI/D Outpatient Clinic provides continuity of care after discharge from the hospital. It is located in the SCI/D Center (Building 128) in Room A137. SCI/D outpatient clinic hours are Monday through Friday from 8 AM to 4 PM.

At time of discharge you will be scheduled for a three month follow up in the SCI/D Rehab Clinic and again in six months in the SCI/D Medicine Clinic. At a year from discharge, you will be seen for a yearly annual exam in the SCI/D Annual Evaluation Clinic.

Patients who feel they need to be seen but do not have an appointment should call the clinic for schedule availability. Upon receiving the call, the SCI/D Clinic will schedule a specific appointment time either on the same day, or on the following day. All patients being seen by the doctor, nurse practitioner, and/or nurse for a non-emergent reason are requested to schedule an appointment for all problems. Appointments should be scheduled for specimen drop-off (see or call clinic secretary for this). The planned scheduling of appointments will help improve service and reduce your waiting times in this very busy clinic.

Voice mail is available after regular hours and during high call volume time. The phone number to the SCI/D Outpatient Clinic is (708) 202-2017.

SCI/D Home Care Program

- The mission of the SCI/D Home Care program is to improve the health of Veterans with spinal cord injury or impairment. They provide comprehensive primary care in the home as an integral part of the Spinal Cord Injury Service's continuum of care.

- The program is a specialized home care service administered from the hospital. It provides medical, nursing, social, and nutritional care to Veterans with spinal cord injury or impairment, living at home, within a 99-mile radius of Hines.

- The SCI/D-Home Care team consists of the SCI/D primary care physicians, a program coordinator, registered nurses, and social workers. A dietitian and other staff serve on a consulting basis.

- Referrals will be made for home health assistance if needed either through the Hines SCI/D Home Care Team or through a local agency.

- Home telemedicine is the long-distance delivery of medical education and services using telecommunication technology. Hines Spinal Cord patients, with certain conditions, can participate in the Coordinated Care Health Telemedicine (CCHT) program. Feel free to ask your doctor about the CCHT program.

Community/National Level Activities

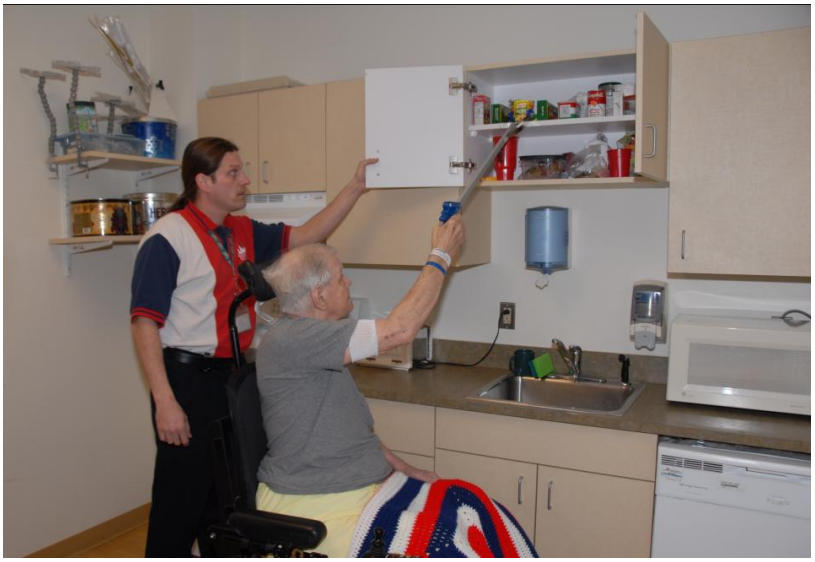
Spinal Cord Injury/Disorder Team Members are involved in various aspects of community outreach. The goal is to promote the understanding of Spinal Cord Injury/Disorders.

SCI/D Team Members participate in National Veterans Wheelchair Games, the Winter Sports Clinic and the Golden Age Games. These events promote patient independence and patient/family involvement in recreational/sporting activities. Involvement also includes enhancing community awareness of physically challenged populations.

The Annual Hines Physically Challenged Sports Day is held each spring to expose physically challenged Veterans of Hines and other rehabilitation facilities to sporting events similar to the National PVA Wheelchair Summer Games. Hospital staff involvement in organizing and promoting the Hines Physically Challenged Sports Day has been vital to the success of this annual event.

Home Improvement And Structural Alterations (HISA) Grants

HISA grants for housing modification are available. The VA Prosthetic Department will handle the actual grant disbursement. The grant is **a one-time only** opportunity. This means that once it is used you cannot receive another VA grant, regardless of where you live or what other modifications are made in the future. Additional information is listed on page 7.



National Paralyzed Veterans of America (PVA)

The PVA is an organization chartered by the Congress of the United States of America and charged with the responsibility of representing Veterans and their dependents in their claims before the Department of Veterans Affairs. Its membership is comprised of Veterans, male and female, who have served honorably in the Armed Forces of the United States of America and who have incurred an injury or disease affecting the spinal cord, causing spinal cord impairment. The organization is non-profit, non-sectarian, and interracial. PVA is concerned with the welfare of Veterans and non-Veterans with disabilities.

PVA is a federation of local chapters that run their own affairs. They cooperate with the national organization, located at 801 Eighteenth Street, NW, Washington, DC, presenting a unified force for improving Veteran benefits and encouraging legislation in such things as employment, education and the removal of architectural barriers. The national organization reciprocates by keeping the chapters informed of the latest in medical research, legislation, and providing financial support for chapter programs. With chapters located throughout the United States, the service program has grown to be the most important facet of PVA.

The PVA National Service Officers (NSO), representing the top level of the PVA Organization, are fully trained to counsel, advise, and assist Veterans and dependents on their rights and benefits granted them by law. They are familiar with an array of VA benefits and frequently encounter benefits such as: compensation and pension, aid and attendance, educational assistance, vocational rehabilitation, hospitalization, special adaptive housing, burial and some military benefits. The National Service Officers are also available to support and monitor Veterans' involved in any disciplinary hearings on the hospital wards.

The Chicago Service office is located at 2122 West Taylor Street, Room 128 Chicago, Illinois 60612. Their telephone number is (312) 980-4278. The toll free number is (800) 795-3598 and their FAX number is (708) 980-4494. The Hines Service office is located at Hines VA, Building 1, Room F214 Hines, Illinois 60154. Their telephone number is (708) 202-5623. The toll free number is (800) 795-3599 and their FAX number is (708) 202-5571.

The PVA web site is: www.PVA.org

Vaughan Chapter-Paralyzed Veterans of America (PVA)

Congress has mandated that service organizations be given space within the VA hospitals. At Hines, there is a satellite office for the PVA Vaughan Chapter located on SCI/D North in Room C147, and there is a PVA Service office located in Building 1, Second Floor, Room F210. The Vaughan Chapter's main office is located at 2235 Enterprise Drive, Suite 3501, Westchester, Illinois 60154. Their telephone number is (708) 947-9790 x100. The toll free number is (800) 727-2234 and their FAX number is (708) 947-9755. The Vaughan Chapter PVA publishes a quarterly newsletter, "*TheWheel"*. National PVA publishes a quarterly magazine *"Paraplegia News" as* well as the publications of *"Sports and Spokes"* and the *"Yes, You Can!"* manual.

The Vaughan Chapter PVA has a number of publications available which you may find helpful, including:

Federal Benefits for Veterans and Dependents
Personal Care Attendant Program for Spinal Cord Impaired Veterans
PVA Serving America's Veterans and Their Families
State and Local Governments: The Law and Regulations
Getting it Done: Working for PVA
Understanding the American with Disabilities Act
The ADA: The Transportation Regulations: A New Accessibility
The Air Carrier Access Act: Make It Work For You
PVA Architecture and Barrier-Free Design Program (A&BFD)
PVA Veterans Benefits Department (VBD)
Yes, You Can! (A guide to self-care for persons with spinal cord impairment)

"Vaughan Chapter offers its members many Recreational and Sports Activities, as well as Advocacy Assistance and Information regarding the Americans with Disabilities Act which directly affects our members' lives." Vaughan Chapter information can also be accessed at www.vaughanpva.org and emails can be sent to info@vaughanpva.org.

APPENDIX A: SCI/D SCOPE OF PRACTICE

Scope of SCI/D Personnel Practice

- Spinal Cord Injury/Disorder Center personnel assume the responsibility to provide care for all medical and emotional problems of the SCI/D Veteran under our care, surgical procedures and social issues that pertain to our patients; caring for all acute spinal cord injuries through their rehabilitation, follow-up outpatient care and all subsequent hospitalizations.

Scope of SCI/D Centers and Services:

- To accomplish the stated mission of Spinal Cord Injury/Disorder Service, comprehensive care is provided for the Spinal Cord Injured patient. This comprehensive care includes: screening, evaluation, planning, diagnostic testing, treatment, rehabilitation for the initial injury patient, maintenance of the acute, intermediate, long term, and follow up services using age related criteria as needed. This also includes education to prevent recurrences and reduce complications.

- The service provides regular outpatient follow up on Veterans who have gone through the center. Follow-up includes (for new injuries or impairments) a three-month appointment. After this, a routine six-month periodic physical check-up with blood studies/urinalysis will be scheduled for as long as you live in our area. In order to receive care/supplies/meds from Hines SCI/D Center, you <u>must</u> comply with the scheduled six-month check-up. Outpatients who require inpatient care are admitted to the Spinal Cord Injury/Impairment Service for any reason unless they require admission to an intensive care unit and are transferred to the Spinal Cord Injury/Impairment Service when stable.

- Spinal cord injury patients are offered an annual evaluation each year. The annual evaluation is a multi-disciplinary assessment which includes an evaluation by a primary care provider specializing in spinal cord medicine, nursing, social work, nutrition, therapy, and psychology. Additionally, routine labs are drawn, an ultrasound is done to evaluate kidney and bladder function, and a chest x-ray is

taken. The annual evaluation is an important part of preventive care and all spinal cord patients are expected to complete this each year.

- The implementation of care is provided through a team made up of interdisciplinary professional services. The treatment team members include: the patient, his family/significant others, SCI/D case manager, staff members representing the interdisciplinary groups; nurses, physicians, social workers, psychologists, various rehabilitation therapists, SCI/D dietitians and other professionals as the care of the Veteran warrants.

- The program fully addresses the essential aspects of total patient care from the initial acute stage, transition to stabilization, rehabilitation, discharge planning, outpatient follow-up, continuing care, and when appropriate, home care utilizing the most effective resources available.

- The individualization and coordination of treatment is considered a shared responsibility of the team and is orchestrated around scheduled professional activities comprised of committees, in-patient care units, clinics and personal contact with primary physicians, social workers, nurses and specialists from the various disciplines. The staff members of the treatment team function under the supervision of their professional chiefs, while the leadership is provided by the Chief of Spinal Cord Injury/Impairment Service.

Scope of SCI/D Nursing Care

SCI/D North Unit nurses facilitate acquiring functional skills and knowledge in the areas of Activities of Daily Living (ADL). This includes bladder management, bowel management, skin management, circulatory balance, respiratory balance, mobility/transfer ability, safety, psychosocial coping and adaptation, spirituality and application of learned skills into daily life. The specialized SCI/D nurse works in conjunction with the treatment team to prepare you for discharge. Nursing staff will expect you to practice the skills taught in therapies, when you are back on the ward.

APPENDIX B: QUESTIONS TO ASK AT THE FAMILY STAFFING AND DISCHARGE

The following form provides a list of topics that may be discussed in your conference. Space is provided under each topic for notes or questions. This form will help you and your family understand and follow what is said during the conference.

QUESTIONS FOR THE PATIENT/FAMILY/STAFF CONFERENCE

1. Medical Review

_____
_____
_____
_____
_____
_____
_____

2. Bowel/Bladder Problem

_____
_____
_____
_____
_____
_____
_____

3. Nutrition

_____
_____
_____
_____
_____
_____
_____

4. Ability To Take Care Of Self

Medicines_____
_____
_____
_____
_____
_____
_____

Feeding_____
_____
_____
_____
_____

Grooming_____
_____
_____
_____
_____

Dressing_____
_____
_____
_____
_____

Bathing_____
_____
_____
_____
_____

Home
Management_____
_____
_____
_____
_____

5. Ability To Move Around

_____
_____
_____

6. Ability To Communicate

Speaking_____
_____
_____

Understanding_____
_____
_____

7. Ability To Think

Memory_____
_____
_____
_____

Attention_____
_____
_____
_____

Problem
Solving_____
_____
_____
_____

8. Adjusting To Illness/Injury

_____
_____
_____

9. Home Accessibility

10.Equipment

11. Other Notes:

SAMPLE QUESTIONS TO ASK BEFORE DISCHARGE

1. What do I need to know to manage my illness/injury?

2. What will I be able to do? What will I not be able to do?

3. What help will I need?

4. Who will help me?

5. Will I need any special equipment?
    a. How do I get it?
    b. How do I care for it?

6. Where will I go at discharge if I am not able to return home?

7. What are my medicines?
    a. When do I take them?
    b. Why do I take them?
    c. How do I reorder them?
    d. How do I refill them?

8. Who can I call with any questions I might have <u>after</u> I get home?

9. When should I see my doctor again?

10. Do I have any dietary guidelines I should follow?

APPENDIX C: IMPORTANT PHONE NUMBERS

Direct Telephone Number to Room_____Tel No._____

Hines

Agent Cashier……...(708) 202-5520
Chaplain Service…….. (708) 202-2531
Hospital Emergency Room…….……..(708) 202-2187
Main Hospital Phone #…….(708) 202-8387
Patient Representative…….….…(708) 202-2716
Pharmacy……..(708) 202-2325
Post Office……... (708) 345-8668
Travel……... (708) 202-2568
Release of Information…….(708) 202-2121

SCI/D Specific Numbers:

Acute Rehabilitation Case Manager……. (708) 202-2241
Chief, Spinal Cord Injury Service…….....(708) 202-2241
SCI Physicians……..(708) 202-2241
Home Care Office…… (708) 202-2056
North Unit Nurses Station……(708) 202-2020
Clinical Nurse Manager North…….(708) 202-3944
Clinical Nurse Manager South…….(708) 202-1646
Outpatient Clinic……..(708) 202-2017
Patient Representative……. (708) 202-7415
Recreation Therapy…….....(708) 202-2250
SCI/D Psychologist…….… .(708) 202-7415
Social Worker for Outpatients/Home Care……..(708) 202-2086
Social Worker for North Unit…….. (708) 202-2082
Social Worker for South Unit…….. (708) 202-2106
South Unit Nurses Station……(708) 202-2035

Service Organizations:

American Legion…… (708) 202-2569
AMVETS…….(708) 202-2564
VFW/AUX……(708) 202-2562
Purple Heart……. (708) 202-5904

National Paralyzed Veterans of America Rep……... (708) 202-5623

Vaughan Chapter Paralyzed Veterans of America…… (800) 727-2234

APPENDIX D : FACILITY MAP

YOUR GOALS

Think about what you want to achieve. Write down your own goals for your rehabilitation program.

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

5. _____

_____

APPENDIX F: RECOMMENDED READING

Hammond, Margaret C. MD and Burns, Stephen C. MD. Yes, You Can! A Guide to Self-Care for Persons with Spinal cord Injury. Washington DC: Paralyzed Veterans of America (PVA), 2000.

Maddox, Sam. Paralysis Resource Guide. New Jersey: Christopher Reeve Foundation, 2006.

DeGraff, Alfred H. Caregivers and Personal Assistants, How to Find, Hire and Manage the People Who Help You (or Your Loved One!). Fort Collins, Colorado: Saratoga Access Publications, 2002.

Romano, Joseph L. Legal Rights of the Catastrophically Ill and Injured: A Family Guide. Norristown, Pennsylvania: Joseph Romano.

ACKNOWLEDGMENTS

This booklet is a revision of the *Hines VA Spinal Cord Injury/Disorder Service Patient Orientation Guide* published originally in 1981, and revised most recently in 2010 by SCI/D staff members with portions adapted from *Patient Education and Discharge Planning Manual*, Aspen Publishers, Inc., 1995. Appreciation is expressed to the following people who have made contributions in the preparation of this guide:

Michael Richardson, M.D.
Robbie Logan, M.D.
Jason Mask, LCSW
Lola M. Dixon, FNP
Barbara J. La Vant, RN, CRRN
Paul Ellin, PT
Joseph Jelinek, OT
Todd Mayer, LCSW
Caroline Hawk, Ph.D.
Lora Coffelt, RN
Phoebe Doruelo, RN, CNM
Jill Kalkofen-Jacobsen, CTRS
Barbara Cook, MS
Matthew McGrath, MA CRC
Yvonne Lucero, M.D.
Bridget Collins, KT
Chris Iacovetti, RD,
Jolene M. Simon, Ph.D., RN, CRRN
Lelar Taylor, MS
Roger Kelsch, RKT
Paul Johnson, Ph.D.
Kathleen Kirby
Debbie Wise
Gail Motes
Fran Jiracek
Paralyzed Veterans of America (PVA)-Vaughan Chapter
National Paralyzed Veterans of America (PVA)

The Patient Orientation Guide
Spinal Cord Injury and Disorders Center
was reviewed in May 2010 by the
Veteran Health Education Committee.

MAY 2010 EDITION