

Manual M-2, Professional Services. Part XIX, Extended Care Service (Domiciliary)

M-5, Part I was to rescind M-2, Part XIX; M-5, Part I, however, was never written.

Chapter 5, Professional Care (Paragraphs 5.01 through 5.08)

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PART XIX
M-2

VETERANS ADMINISTRATION
DEPARTMENT OF MEDICINE AND SURGERY MANUAL

PROFESSIONAL SERVICES

*Rescission 11/93
pending incorporation
in M-5, Part I*



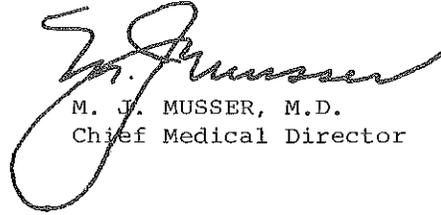
PART NINETEEN
EXTENDED CARE SERVICE
(DOMICILIARY)

WASHINGTON, D.C. 20420

MAY 15, 1970

May 15, 1970

Part XIX, "Extended Care Service (Domiciliary)," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is published for the compliance of all concerned.



M. J. MUSSER, M.D.
Chief Medical Director

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CHAPTER 5. PROFESSIONAL CARE

5.01 RESPONSIBILITY

a. The Chief, Domiciliary Medical Service, is professionally responsible to the Chief of Staff except at VA Domiciliary, White City, Oregon^{1/}, and VA Center, Los Angeles, California^{2/}.

b. Coordination of professional services and evaluation procedures shall be implemented as essential to assure proper treatment for each patient-member.

c. Professional Services will be administratively coordinated with the Chief, Domiciliary Operations.

5.02 MEDICAL CARE PROGRAM--GENERAL

a. Medical care in a domiciliary is a coordinated professional treatment program organized to attain preventive and restorative goals.

b. Medical Service constitutes one of the basic cores of the professional care program and will be administered by the Chief, Domiciliary Medical Service, who will be responsible for providing for the medical needs of the individual patient-member and for the general public health needs of the domiciliary community.

5.03 CRITERIA FOR MEDICAL NEED

a. After an applicant's eligibility has been established, a VA physician, fully acquainted with domiciliary criteria, will determine the medical need of the applicant in accordance with M-1, part I, chapter 3; and VA Regulation 6047(C)(3) or (D). An additional requirement for domiciliary care is the ability of the veteran to perform all of the following:

- (1) Perform without undue assistance such activities of daily living as brushing teeth, bathing, shaving, combing hair.
- (2) Dress himself with a minimum of assistance.
- (3) Proceed to and from the dining hall without undue aid.
- (4) Feed himself.
- (5) Secure medical attention on an ambulatory basis or by use of self-propelled wheelchair.
- (6) Have voluntary control over body eliminations or control by use of an appropriate prosthesis.
- (7) Participate in the treatment, rehabilitation and restorative activities prescribed for him.
- (8) Make rational and competent decisions as to his desires to remain or leave the station.

b. To foster the establishment of therapeutic environment in the domiciliary, the admitting physician, using such consultation as necessary, will determine an applicant ineligible if he has a medical or psychological disorder which is beyond the capacity of the domiciliary to treat, ameliorate or control.

^{1/} Chief, Domiciliary Medical Service, is the medical authority for the domiciliary.

^{2/} Chief, Domiciliary Medical Service, is responsible to Domiciliary Director.

5.04 ADMISSION EVALUATION

a. An admission history and physical examination will be completed and requests for special examinations, tests, and laboratory procedures will be initiated within 3 working days after admission. Within this time period this examination will include:

- (1) General physical examination and special examinations as may be indicated.
- (2) X-ray of chest, unless done within the past 3 months, and the reports are available and there is no clinical indication for X-ray recheck. (See par. 5.06a(2).) If indicated, a sputum examination for active tuberculosis also will be completed.
- (3) An electrocardiogram will be done when clinically indicated.
- (4) Blood serological tests for syphilis, complete blood count and appropriate blood chemistries and urinalysis.
- (5) Oral examination by dentist.
- (6) Such other examinations as may be indicated.

b. Physical, mental and social evaluations will be made to assist the Therapeutic Programing Board in determining the most appropriate therapeutic program and assignment.

c. When patients from a VA hospital are discharged to a VA domiciliary, or returning from absent-sick-in-hospital, the Domiciliary Medical Service will be provided the discharge and the Medical Rehabilitation Board summary to assure continuity of treatment.

d. For those patients whose disabilities are primarily psychosocial the referring station should forward a current summary including all relevant medical, psychological, and social information to assist in the determination of suitability for transfer. Whenever feasible, this material should be reviewed by the Therapeutic Programing Board.

5.05 MEDICAL CARE AND RECORDS--GENERAL

a. Patient-member treatment is provided on the basis of need and accepted medical practice.

b. Prostheses will be furnished under provisions of M-1, part II, and M-2, part IX.

c. A domiciliary clinic under the supervision of the Chief, Domiciliary Medical Service, will be established when locally determined to be necessary. These clinics may cover such specialties as, but not necessarily limited to, cardiology, venereal disease, mental health, weight control, diabetes control, orthopedics, prosthetics, chest, tuberculosis control followup, urology, chiropody, arthritis, dermatology and otolaryngology.

d. Chiefs of the various specialty services in the hospital are responsible for providing consultation services. Any necessary specialty services which cannot be provided by the full-time staff, will be provided by consultants and/or attendings.

e. An infirmary is authorized at VA Domiciliary, White City, Oregon.

f. There will be maintained in the clinic a folder for each active patient-member. The folder will contain a record of all medical histories and physical examinations, laboratory reports, treatments, behavioral observations, progress notes, hospitalization, medication, diet, and consultations.

5.06 PREVENTIVE MEDICINE

There will be a vigorous program of preventive medical care to slow or stabilize the decline of functions associated with chronic disease and the aging process through such activities as mass immunization, early cancer detection, glaucoma testing, detection and control of arteriosclerosis, and emphysema controls. This will include:

a. Annual Medical Examinations

- (1) Each patient-member will have an annual comprehensive medical and dental examination. The report of examination will include a statement of medical need for continuance of domiciliary care. A complete physical examination will be a part of the comprehensive medical examination. If he has had this type of examination in the interim since admission, as during a period of hospitalization, the annual examination will be performed within 1 year of this last examination period.
- (2) Notification of medical ineligibility as a result of this examination must be made to the Chief, Domiciliary Operations, as early as possible but in any event within 5 working days.
- (3) Routine chest X-ray will be repeated yearly, unless otherwise indicated.

b. Tuberculosis Control

- (1) The Chief, Domiciliary Medical Service, is directly responsible for maintaining a rigid tuberculosis control for patient-members.
- (2) Each domiciliary will maintain an up-to-date roster of patient-members with histories of pulmonary diseases. The name of every patient-member with inactive tuberculosis as well as nontuberculous pulmonary disease will be included.
- (3) All patient-members with a history of tuberculosis or other pulmonary diseases must have a chest X-ray every 6 months.
- (4) When tuberculosis activity is suspected, the patient-member will be immediately isolated at the hospital for further examination and treatment. Concurrently, patient-members and staff who are known to have been exposed will be examined for infection in accordance with M-2, Part IV, "Medical Service."

c. Immunization Program. Each domiciliary will establish and maintain an active immunization program and followup system. This program may include all or parts of the following:

- (1) Tetanus.
- (2) Smallpox.
- (3) Poliomyelitis.
- (4) Influenza.

5.07 MEDICAL CONSIDERATIONS FOR ABSENCES AND DISCHARGES

a. Administrative provision for discharge of a patient-member is contained in M-1, part I, chapter 13.

b. Prior to discharge of a patient-member, the need for a physical examination will be determined by the Chief, Domiciliary Medical Service (or his designee). If the physician recommends continued domiciliary care, the patient-member will be advised and the physician's decision will be recorded in the treatment folder. If the patient-member leaves against the physician's advice then provisions for irregular discharge contained in M-1, part I, chapter 13, will apply.

c. Discharges may be initiated by the Chief, Domiciliary Operations, for chronic offenders of station rules, for patient-members who refuse to cooperate with medical rehabilitation or restorative procedures, or for patient-members who persist in obtaining medical services and medication from non-VA sources. All such recommended discharges must be cleared by the Chief, Domiciliary Medical Service, or designated physician as not endangering to health and normally will involve the concurrence of concerned treatment personnel.

5.08 OTHER PROFESSIONAL SERVICES

a. Psychology Service

- (1) Psychological services will be provided to patient-members and to various organizational units of the station. The skills and knowledge of psychology as a science and profession will be utilized to provide:
 - (a) A comprehensive program of patient-members' treatment, rehabilitative and restoration assistance and related community activities.
 - (b) Education, training and development of station personnel designed to contribute to therapeutic applied knowledge.
 - (c) Research to evaluate programs of veteran care and to contribute to the overall scientific knowledge of patient-members.
- (2) Psychology Service will be responsible for the following services:
 - (a) Formulate, participate and carry out the development of treatment, rehabilitation, and restorative programs based on psychological principles and approaches (i.e.,: learning, behavioral modification, group dynamics, psychodynamic, etc.) which will serve to assist the domiciliary in its development as a noncustodial institution.
 - (b) Psychological assessment of clinical, vocational and rehabilitative needs of patient-members with appropriate recommendations for meeting these needs in the domiciliary program.
 - (c) Behavioral modification programs designed to assist the patient-members to deal more effectively with emotional or behavioral difficulties.
 - (d) Vocational counseling, placement followup and coordination with off-station resources.
 - (e) Research in problems of chronic disability, behavioral adaptation and patient-member care effectiveness.
 - (f) Develop and sustain effective training programs for students and personnel in the field of human behavior.
 - (g) Other services as may be required, consistent with M-2, Part X, "Psychiatry, Neurology and Psychology Service," chapter 6.

b. Social Work Service. Each patient-member will be encouraged to live the most dignified and meaningful life possible and the efforts of Social Work Service will be directed toward this objective. The domiciliary may be considered a long-term haven for some but the return of many to the main stream of community life and the more normal role of a free citizen with all of its richness and variety will be a pressing concern of this service. To achieve these goals the immobilizing impact of multiple social, medical, family, economic problems and pressures on each patient-member will be evaluated and social workers will provide appropriate services to help each individual cope with his situation. Social Work Service will be responsible for the following services:

- (1) Consultation with applicants in the admissions process. Applicants will be made aware of available community alternatives to admission as well as the nature of programs offered in a domiciliary.

- (2) Evaluation of each patient-member to help determine the services needed for restorative treatment and domiciliary programs.
- (3) Casework and group work services as needed.
- (4) Coordination of patient-member treatment and care programs with other domiciliary services, VA facilities, social and health agencies and community resources.
- (5) Development of a Community Care Program in accordance with the provisions of M-2, part XII, Program Guide G-5, "Social Work Service--Community Care."
- (6) Planning and implementation of rehabilitative and restorative programs and research pertaining to such programs.
- (7) Development of training programs for graduate and undergraduate social work students.
- (8) Give assistance to all patient-members discharged or released in constructive planning for life outside the domiciliary.
- (9) Other social work services as required and consistent with the professional standards contained in M-2, Part XII, "Social Work Service."

c. Nursing Service. The objective of nursing in a domiciliary is to provide supportive nursing care services which will meet patient-members' health needs and assist them to maintain or recover their maximum capabilities. Nursing Service will:

- (1) Provide preventive and restorative nursing services as a key element in health maintenance program.
- (2) Participate in the case-finding programs so that all patient-members will receive necessary medical care.
- (3) Participate in planning for rehabilitation services and for the outplacement of patient-members.
- (4) Participate in training program for staff and patient-members. This program will include activities involved in the orientation, instruction and health supervision of the patient-members. Emphasis will be placed on self-care activities, personal hygiene, and the responsibility of the individual patient-member for his own health maintenance including the reporting of pertinent information concerning his own and other patient-members' health needs.
- (5) Coordinate nursing services between hospital, domiciliary, and the community nursing agencies.
- (6) Provide such other therapeutic nursing services as may be required consistent with the professional standards contained in M-2, Part V, "Nursing Service."

d. PM&R (Physical Medicine and Rehabilitation) Service. The PM&R Service will provide facilities for treatment and rehabilitation of patient-members for whom there will be benefits from PM&R rehabilitation programs. The program is designed to:

- (1) Restore function to the maximum level of which the patient-members are capable. Provide maintenance therapy for those patient-members whose discharge is not considered medically feasible.

- (2) Evaluate the degree of impairment and the extent of residual capacity of physical, emotional, social and economic situations including the administration of procedures designed to promote the treatment and care of blinded patient-members.
- (3) Furnish practical and effective motivation for rehabilitation.
- (4) Provide preventive, prognostic, diagnostic, and therapeutic services for rehabilitation purposes and research and education pertaining to these programs.
- (5) Provide voluntary recreation as well as therapeutic recreational activities.
- (6) Other PM&R services as may be required, consistent with the professional standards contained in M-2, Part VIII, "Physical Medicine and Rehabilitation Service."

e. Dietetic Service. Dietetic Service will provide for total dietary needs of patient-members which include:

- (1) Menus planned for regular and modified diets that meet essential nutritional requirements.
- (2) Dining rooms with cafeteria service for ambulant patient-members. Tray service, as required, in the Infirmary Section.
- (3) Coordination of dietetic activities between hospital and domiciliary and with the total treatment team.
- (4) Participation in multi-disciplinary planning for outplacement.
- (5) Individual and group instruction in the nutrition clinic in normal nutrition and its modifications. Assistance given to all patient-members on food and nutrition problems involved with their placement in a community situation.
- (6) Education, training and staff development programs for all dietetic personnel assigned to domiciliary food service.
- (7) Participation in the inservice training program for section leaders by presenting information on nutritional needs of patient-members.
- (8) Provision of therapeutically beneficial work assignments for rehabilitation purposes.
- (9) Provision of any other dietetic services as authorized in M-2, Part III, "Dietetic Service."

f. Chaplain Service. The chaplains' program of religious ministry will be integrated into the total care and treatment program. The chaplain, in his pastoral counseling and as an integral part of the domiciliary therapeutic team, will strive in every way to remotivate and encourage the patient-member in his rehabilitation and restoration goals. The chaplains will provide a program of religious ministry to meet the needs of patient-members and will include the following:

- (1) Opportunities for religious worship.
- (2) Pastoral ministry to individual patient-members and ministration in crisis situations such as critical illness or impending death.
- (3) Opportunities for sacramental ministry and pastoral counseling with individual patient-members in sufficient depth to meet their needs.

- (4) Other supportive services to aid in the total care and treatment of patient-members.
- (5) See M-2, Part II, "Chaplain Service."

g. Dental Service

- (1) Patient-members will have a complete oral examination by a dentist, as an integral part of their physical examination, as soon as possible after admission. Reexamination will be accomplished as a part of the required annual physical evaluation and more frequently if necessary.

NOTE: Because most patient-members are in the age group most susceptible to cancer, a thorough, intensive extra- and intra-oral soft tissue examination and use of diagnostic aids (such as cytological smears, the in vivo toluidine blue dye test, and tissue biopsy when indicated) are essential.

- (2) Patient-members will be provided such dental treatment as considered reasonably necessary to maintain their mouths in a hygienic, comfortable and functional condition. Consideration will be given to speech and appearance as essential to patient-members' rehabilitation.
- (3) A continuing preventive dental care program including education in oral hygiene and other oral health care will be maintained for all patient-members.
- (4) See M-4, "Dentistry."

h. Library Service. Library Service will be established in domiciliaries to provide consultation, stimulation, material, and service of an educational, social and diversionary nature for the patient-member in conjunction with the professional medical care program. The librarian will direct her efforts toward finding ways to approximate the services rendered by a public library which has become a center of community life in many respects. In this way, the patient-member may participate in similar activities when he returns to the community. The objectives of the library program for patient-members include the prevention of further disabilities resulting from physical inactivity, mental regression and social isolation.

- (1) Education. Redirect interests, enlarge and expand horizons through use of printed and audiovisual materials. Aids such as talking books, projected books, page turners, prism glasses, reading magnifiers, and large print books will be available for library users.
- (2) Special Activities. These activities provide intellectual stimuli such as discussion groups (Great Books or Great Decisions clubs), current events clubs, vocabulary improvement, and instruction aids in creative and rapid reading.
- (3) Work Assignments. These assignments offer a constructive challenge in rehabilitation. They offer a work situation with opportunity for resocialization through contacts with library staff and patrons.
- (4) Reference. See M-2, Part XIII, "Medical and General Reference Library Staff."

i. Voluntary Service. Within the framework of VA Voluntary Service the supplementary assistance of citizen volunteers and community groups will be utilized to the fullest extent to:

- (1) Develop and maintain a healthful and normal association of patient-members with community citizens.
- (2) Expand and extend programs and services for patient-members and plan and initiate new programs and services.

- (3) Improve the quality of domiciliary care, treatment, rehabilitation and restoration.
- (4) Enhance the general morale, welfare, and comfort of patient-members. M-2, Part XVII, "Veterans Administration Voluntary Service," outlines the policies and operating procedures of the Voluntary Service program.

j. Pharmacy Service. All medication prescribed for the preventive and restorative treatment program of patient-members will be provided by the Pharmacy Service.

- (1) The medication needs of the individual patient-member will be provided by specific prescription order (VA Form 10-2577d) signed by the authorized treatment physician or dentist.
- (2) The prescription refill program may be used to provide medication of continuing or repetitive need. The program is especially applicable to the medication of stabilized and/or established maintenance treatment.
- (3) Medication may be provided for patient-members at the time of discharge. The medication quantity will be adequate for the interim time required to establish medical contact in the community and to assure uninterrupted treatment.
- (4) Medication may be provided for patient-members on authorized absence. The original quantity, limited to a maximum of 30 days' supply, may be refilled as required.
- (5) The unused portion of discontinued medication will be returned to the Pharmacy Service for proper disposition.
- (6) Unused medications more than 3 months' old and any medication of questionable physical characteristics, i.e., odor or color change, etc., will be returned to Pharmacy Service.
- (7) Other services as may be required consistent with the professional standards of M-2, part VII, "Pharmacy Service," will be provided by the Pharmacy Service.

k. Audiology and Speech Pathology Service. Patient-members whose communicative efficiency is impaired will receive appropriate services in audiology and speech pathology. This includes the assessment, evaluation, analysis, and treatment of hearing impairments, language disorders, vocal aberrations, and disturbances of the speech function. Allied with these activities is the responsibility to aid in improving the overall station program in audiology and speech pathology through consultation, education, and training. Research on the disabling effects of communicative disorders, and their amelioration, will be fostered. (See M-1, Pt. II. "Prosthetic and Sensory Aids," ch. 3.)

l. Laboratory Service. The Laboratory Service will provide as support to medical care of patient-members' routine clinical laboratory procedures to assist in diagnosis and treatment and in recurring physical examinations. Principle procedures which will be provided are:

- (1) Routine blood count including hemoglobin, hematocrit, white blood cell absolute and differential counts.
- (2) Routine urinalysis.
- (3) Blood chemistry such as glucose and urea N, creatinine and others as needed.
- (4) Serology for syphilis.
- (5) Bacteriological smear and gram stain.
- (6) Other services as may be required, consistent with M-2, Part VI, "Pathology and Allied Sciences Service."

3-29-84

II 10-84-10
March 1, 1984

TELEGRAPHIC MESSAGE

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| ACCOUNTING CLASSIFICATION | | DATE PREPARED 10/20/83 | TYPE OF MESSAGE <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> BOOK <input type="checkbox"/> MULTIPLE-ADDRESS |
| FOR INFORMATION CALL | | | |
| NAME JOAN H. SHELDON | PHONE NUMBER 2076/3032 | | |

THIS SPACE FOR USE OF COMMUNICATION UNIT

MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters)

TO: DIRECTORS, ALVAMC AND REGIONAL OFFICES WITH OUTPATIENT CLINICS (REGIONAL DIRECTORS)
 11/128 THIS IS INTERIM ISSUE 10-84-10 (DTD 3/1/84)

A. BASIC ADMINISTRATIVE ISSUES AFFECTED: DM&S MANUAL, M-2, PART I, CHAPTER 19: DM&S MANUAL M-1, PART I, CHAPTER 4.

B. OTHER ISSUES AFFECTED: II 10-81-40 AND II 10-82-47

C. REASON FOR ISSUE: TO REISSUE THE PROVISIONS OF II 10-82-47 AND SUPPLEMENT NO. 1, WHICH REFERS TO THE TRANSFER OF SCI ACTIVE DUTY PATIENTS TO VA MEDICAL CENTERS AND TO ADD SAN JUAN, PUERTO RICO VAMC TO THE LIST OF CENTERS APPROVED FOR ACUTE CASES.

D. TEXT OF ISSUE:

1. A MEMORANDUM OF UNDERSTANDING BETWEEN THE VETERANS ADMINISTRATION AND THE DEPARTMENT OF DEFENSE HAS BEEN APPROVED WITH THE OBJECTIVE OF PROVIDING THE MOST EXPEDITIOUS AND BEST POSSIBLE CARE FOR ACTIVE DUTY MILITARY PERSONNEL WHO SUSTAIN SPINAL CORD INJURIES.

2. UNDER THIS AGREEMENT, THE DEPARTMENT OF DEFENSE AGREES THAT:

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TELEGRAPHIC MESSAGE

II 10-84-10
March 1, 1984

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MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters)

TO:

(A) A MILITARY MEDICAL TREATMENT FACILITY (MMTF) WITH AN SCI PATIENT WILL NOTIFY THE ARMED SERVICES MEDICAL REGULATING OFFICE (ASMRO) OF THE PATIENT'S PRESENCE.

(B) ASMRO WILL DETERMINE AND REPORT TO THE MMTF THE VA SCI CENTER WHICH WILL RECEIVE THE SCI PATIENT IN TRANSFER.

(C) THE MEDICAL AND ADMINISTRATIVE PERSONNEL OF THE MMTF WILL ESTABLISH IMMEDIATE PERSONAL PHONE CONTACT WITH THEIR COUNTERPARTS AT THE DESIGNATED VAMC TO DISCUSS AND MAKE ARRANGEMENTS FOR THE SPECIAL CIRCUMSTANCES OF EACH CASE.

(D) THE GENERAL GOAL WILL BE TO EFFECT TRANSFER WITHIN THREE DAYS (FOUR DAYS FROM OVERSEAS) AND IN NO INSTANCE TO EXCEED TWELVE DAYS, POST INJURY FOR TRANSFER. THE ABILITY TO COMPLETE MEDICAL REVIEW BOARD PROCESSING WILL NOT BE A PREREQUISITE FOR THIS TRANSFER.

SECURITY CLASSIFICATION

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II 10-84-10
March 1, 1984

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| NAME | PHONE NUMBER | |

THIS SPACE FOR USE OF COMMUNICATION UNIT

MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters)

TO:

(E) WHEN THE PATIENT IS READY FOR TRANSFER, TRANSFER WILL BE EFFECTED IMMEDIATELY WITHOUT REGARD TO HOLIDAYS OR WEEK-ENDS. THE SURGEON GENERAL'S OFFICE OF THE MILITARY SERVICE CONCERNED WILL PROVIDE A 24-HOUR POINT OF CONTACT SHOULD PROBLEMS ARISE.

(F) THE SURGEON GENERAL'S OFFICE OF THE APPROPRIATE MILITARY SERVICE WILL PROVIDE NECESSARY ASSISTANCE TO THE VA MEDICAL CENTERS IN PREPARING MEDICAL REVIEW BOARDS.

(G) ACTIVE DUTY PATIENTS ARRIVING FROM OVERSEAS WILL GO DIRECTLY TO THE VAMC WITHOUT PASSING THROUGH AN INTERVENING MILITARY HOSPITAL.

3. UNDER THE MEMORANDUM OF UNDERSTANDING, THE VA AGREES THAT IT WILL:

(A) ACCEPT ANY PATIENT AS SOON AS EVALUATION/TRANSFER CAN BE ARRANGED.

(B) PROVIDE ASMRO WITH A CURRENT AND REGULARLY UPDATED LIST OF THE SCI TREATMENT CENTERS WHICH ARE DESIGNATED TO RECEIVE ACTIVE DUTY SCI PATIENTS.

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5-11

TELEGRAPHIC MESSAGE

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TO:

(C) INITIATE MEDICAL BOARD PROCEEDINGS AS REQUESTED BY THE APPROPRIATE MILITARY SURGEON GENERAL'S OFFICE.

4. FIFTEEN (15) VA MEDICAL CENTERS ARE CURRENTLY DESIGNATED AS CAPABLE OF PROVIDING THE SOPHISTICATED CARE AND INTENSIVE REHABILITATION REQUIRED BY NEWLY-INJURED SERVICE PERSONS. THESE CENTERS ARE VAMC AUGUSTA, GA., VAMC BRONX, NY., VAMC CLEVELAND, OH., VAMC HINES, IL., VAMC HOUSTON, TX., VAMC LONG BEACH, CA., VAMC MEMPHIS, TN., VAMC MIAMI, FL., VAMC PALO ALTO, CA., VAMC RICHMOND, VA., VAMC SAN JUAN, PR., VAMC ST. LOUIS, MO., VAMC TAMPA, FL., VAMC WEST ROXBURY, MA., VAMC WOOD, WI.

5. ACTIVE DUTY PATIENTS WITH SPINAL CORD INJURIES SHOULD BE REFERRED TO THE DESIGNATED SCI CENTER WHICH IS CLOSEST TO THE PATIENT'S HOME AT THE TIME OF INDUCTION OR THE HOME TO WHICH THE VETERAN PLANS TO RETURN, SUBJECT TO AVAILABILITY OF BEDS.

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5-10

II 10-84-10
March 1, 1984

TELEGRAPHIC MESSAGE

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MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters)

TO:

E. RESCISSION: II 10-41-40 AND 10-82-47. THIS ISSUE WILL NOT BE
CONFIRMED WITH A PRINTED ISSUE AND IS RESCINDED ON FEBRUARY 28, 1985.

128/10



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5-13

TELEGRAPHIC MESSAGE

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| NAME OF AGENCY VA CENTRAL OFFICE WASHINGTON, D.C. | PRECEDENCE ACTION: R INFO: | SECURITY CLASSIFICATION |
| ACCOUNTING CLASSIFICATION | DATE PREPARED | TYPE OF MESSAGE <input type="checkbox"/> SINGLE <input type="checkbox"/> BOOK <input type="checkbox"/> MULTIPLE-ADDRESS |
| FOR INFORMATION CALL | | |
| NAME MYRLA SMITH | PHONE NUMBER 3692 | |

THIS SPACE FOR USE OF COMMUNICATION UNIT

MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters)

TO:

DIRECTORS, SELECTED MEDICAL CENTERS, AND DOMICILIARY

00/ THIS IS INTERIM ISSUE 10-80-35

A. BASIC ADMINISTRATIVE ISSUE AFFECTED: M-2, PART XIX,

B. OTHER ~~ISSUES~~ ISSUES AFFECTED: IIs 10-79-33 AND 10-79-48

C. REASON FOR ISSUE: TO EXTEND RECISSION DATES OF IIs 10-79-33/^S10-79-48^{AND}
PENDING INCORPORATION IN A MANUAL.

D. TEXT OF ISSUE: THE RECISSION DATES OF IIs 10-79-33 AND 10-79-48
ARE EXTENDED UNTIL AUGUST 30, 1981.

E. RECISSION: THIS INTERIM ISSUE WILL NOT BE CONFIRMED WITH A
PRINTED COPY AND IS RESCINDED AUGUST 30, 1981. 181/10

Ronald B. Thompson
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TELEGRAPHIC MESSAGE

II 10-79-48

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| NAME OF AGENCY VA CENTRAL OFFICE WASHINGTON, D.C. | PRECEDENCE ACTION: P INFO: | SECURITY CLASSIFICATION |
| ACCOUNTING CLASSIFICATION | DATE PREPARED 11/9/79 | TYPE OF MESSAGE <input type="checkbox"/> SINGLE <input type="checkbox"/> BOOK <input checked="" type="checkbox"/> MULTIPLE-ADDRESS |
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| NAME MYRLA SMITH | PHONE NUMBER 3692 | |

THIS SPACE FOR USE OF COMMUNICATION UNIT

MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters)

TO:

DIRECTORS, SELECTED MEDICAN CENTERS AND DOMICILIARIES
(SEE ATTACHED LIST)

00/THIS IS INTERIM ISSUE 10-79-48

- A. BASIC ADMINISTRATIVE ISSUE AFFECTED: M-2, PART XIX
- B. OTHER ISSUES AFFECTED: INTERIM ISSUE 10-79-33
- C. REASON FOR ISSUE: TO REMIND SELECTED MEDICAL CENTERS AND DOMICILIARIES TO REPORT ON ANY RESEARCH ACTIVITIES TAKING PLACE AT THE DOMICILIARIES THROUGH THE ANNUAL NARRATIVE REPORT FOR DOMICILIARY PROGRAM, RCS 18-7
- D. TEXT OF ISSUE: II 10-79-33, PARAGRAPH D4:
INSERT A NEW SUBPARAGRAPH "L. RESEARCH," AND CHANGE EXISTING SUBPARAGRAPH "L" TO "M."
- E. RESCISSION: THIS ISSUE IS RESCINDED AUGUST 30, 1980, AND WILL NOT BE CONFIRMED BY PRINTED ISSUE. 181/10

1981 By 2010-80-35

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II 10-79-33
August 30, 1979

TELEGRAPHIC MESSAGE

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| NAME OF AGENCY VACO WASH D C | PRECEDENCE ACTION: R INFO: | SECURITY CLASSIFICATION |
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| NAME MYRLA SMITH | PHONE NUMBER 3692 | |

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TO:
DIRECTORS, SELECTED MEDICAL CENTERS AND DOMICILIARY
(SEE ATTACHED LIST)

00/ THIS IS INTERIM ISSUE 10-79-33

A. BASIC ADMINISTRATIVE ISSUE AFFECTED: M-2, PART XIX

B. OTHER ISSUES AFFECTED: NONE

C. REASON FOR ISSUE: TO ESTABLISH ANNUAL NARRATIVE REPORT FOR
DOMICILIARY PROGRAM, RCS 18-7

D. TEXT OF ISSUE:

1. BACKGROUND. CURRENTLY THE OFFICE OF EXTENDED CARE IN VACO HAS
NO SYSTEMATIZED METHOD OF LEARNING ABOUT PROGRAM CHANGES AND DEVELOP-
MENTS IN THE DOMICILIARY PROGRAM. NO OTHER REPORT PROVIDES INFORMATION
REGARDING MAJOR PROGRAM ELEMENTS THAT HAVE ADMINISTRATIVE, PROFESSIONAL,
OR BUDGETARY SIGNIFICANCE ON THE PROGRAM.

2. REPORT, RCS 18-7

A. THE ANNUAL NARRATIVE REPORT WILL BE PREPARED BY THE
CHIEF, DOMICILIARY OPERATIONS, IN COORDINATION WITH PROFESSIONAL AND
ADMINISTRATIVE SERVICES PROVIDING PROGRAM AND STAFF SUPPORT TO THE
DOMICILIARY. THE REPORT WILL BE PREPARED IN TRIPLICATE ON LETTER-SIZE

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II 10-79-33
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| <p>TO:</p> <p>PAPER, DATED AND IDENTIFIED BY THE MEDICAL CENTER'S OR DOMICILIARY'S NAME AND THE REPORT CONTROL SYMBOL, RCS 18-7</p> <p>INFORMATION CONTAINED IN THE REPORT WILL BE CONCISE AND BRIEF, NOT TO EXCEED THREE TYPEWRITTEN PAGES, EXCLUSIVE OF ATTACHMENTS.</p> <p>B. THE REPORT WILL BE PREPARED ANNUALLY AT THE CLOSE OF THE FISCAL YEAR.</p> <p>3. THE NARRATIVE REPORT IS THE REPORT OF THE CHIEF, DOMICILIARY OPERATIONS. THE ORIGINAL AND ONE COPY WILL BE FORWARDED THROUGH THE ASSISTANT DIRECTOR, CHIEF OF STAFF, AND THE MEDICAL CENTER OR DOMICILIARY DIRECTOR; EACH OF WHOM MAY COMMENT ON ANY MATERIAL IN THE REPORT BY ENDORSEMENT. THE REPORT IS TO REACH CENTRAL OFFICE WITHIN 15 WORKING DAYS AFTER THE CLOSE OF THE FISCAL YEAR. REPORTS WILL BE ADDRESSED TO THE ACMD FOR EXTENDED CARE THROUGH THE APPROPRIATE REGIONAL MEDICAL DIRECTOR (10BA ___/181).</p> <p>4. ONLY SIGNIFICANT DEVELOPMENTS OR CHANGES NEED TO BE REPORTED. THE REPORT WILL INCLUDE A COPY OF THE TABLE OF ORGANIZATION AND FUNCTIONAL CHART IN DOMICILIARY OPERATIONS AND A LISTING OF PROFESSIONAL STAFF ASSIGNED TO THE DOMICILIARY</p> | | | |
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August 30, 1979

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TO:
PROGRAM, IF THERE HAVE BEEN CHANGES IN CEILINGS OR PROGRAMS, AND
WILL FOCUS ON PROGRESS IN DOMICILIARY TREATMENT PROGRAMS. REPORT
SHOULD BE ORGANIZED IN RELATION TO THREE TYPES OF DOMICILIARY RESIDENTS
AS DESCRIBED IN CHAPTER 1, M-2, PART XIX, AND INCLUDE REFERENCE TO
AREAS OUTLINED BELOW:

- A. PSYCHOSOCIAL
- B. ALCOHOLISM
- C. DISCHARGE PLANNING AND COMMUNITY OUTPLACEMENT
- D. BEHAVIORAL COUNSELLING
- E. MEDICINE, SURGERY, AND NEUROLOGY
- F. VOCATIONAL REHABILITATION
- G. THERAPEUTIC PLANNING BOARD
- H. USE OF COMMUNITY RESOURCES
- I. QUALITY OF LIFE
- J. RESIDENT COUNCIL
- K. SOCIALIZATION
- L. RESEARCH
- M. REMARKS

BY III 10-79-48

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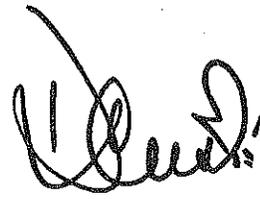
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TO:

5. SPECIAL PROJECTS, INNOVATIVE PROGRAM DEVELOPMENTS OR PROBLEMS
 NOT REPORTED UNDER 4 SHOULD BE INCLUDED.

1981 By 1110-80-35

E. RESCISSION: THIS ISSUE IS RESCINDED AUGUST 30, 1980, AND WILL NOT
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