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(Veterans Administration, Department of Medicine and Surgery Manual)

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**Chapter 19, Spinal Cord Injury Program
(Paragraphs 19.01 through 19.08)**

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WILLIAM S. MIDDLETON, M.D.
Chief Medical Director

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CHAPTER 19. SPINAL CORD INJURY PROGRAM

19.01 INTRODUCTION

The major elements for consideration and the criteria for evaluation of these elements which are furnished in this chapter are intended primarily to assist the physician observer in conducting on-site appraisal of the Spinal Cord Injury program at a field station. It is desired to emphasize that the physician's specialized training, knowledge, experience and professional judgement are prerequisite to accomplishing the evaluation with any degree of validity.

19.02 MAJOR ELEMENTS FOR CONSIDERATION

- a. Statistical data.
- b. Staff.
- c. Training.
- d. Patient therapy.
- e. Physical facilities (interior and exterior); equipment.

19.03 CRITERIA FOR EVALUATION

The criteria for evaluation of a Spinal Cord Injury program are described hereinafter in rather comprehensive detail. The physician observer should be familiar with all factors pertinent to appraisal of the program. However, the appropriateness of the applicability of particular factors to specific situations is a matter for individual judgment and determination. Such analysis will apply not only to the larger programs found in those hospitals which are specially staffed and equipped for spinal cord injury care, but to any station having a Spinal Cord Injury program even though of limited scope.

19.04 STATISTICAL DATA

While statistical data per se will often reveal the magnitude of a given program rather than its quality, they may take on added significance when viewed in the light of, or together with, other available information and/or personal observations and experience.

a. Patient StatisticsAreas of Inquiry:

- (1) The number of wards devoted to Spinal Cord Injury Service or Section.
 - (a) The number of patients under treatment for nontraumatic paraplegia and/or quadriplegia.
 - (b) The number of patients under treatment for traumatic paraplegia and/or quadriplegia.
 - (c) The number of patients under treatment for traumatic paraplegia who are service connected.
 - (d) The number of patients under treatment for traumatic quadriplegia who are service connected.
- (2) The number of spinal cord injury patients who are in CBOC (completion of bed occupancy care) status.
- (3) The number of spinal cord injury patients who are being treated on an outpatient basis.

- (4) Degree of increase in the proportion of quadriplegic to paraplegic patients during the past year, if any. If this poses any problem, the corrective action that has been taken or which appears indicated.

b. Personnel Statistics

Areas of Inquiry:

(1) Physicians

- (a) The number of full-time physicians assigned to the service or section.
- (b) The number and categories of unfilled approved positions for physicians. Recruitment problems.
- (c) The number of part-time physicians assigned (or the number of full-time physicians assigned part time) to the service or section. The number of hours weekly that each is assigned.
- (d) The number of consultants and attending physicians assigned; their specialties. The average amount of time per week each one gives to the program.

(2) Nursing Staff

- (a) The number of full-time professional nurses assigned to the service or section. The number of practical nurses; nursing assistants.
- (b) The number and categories of unfilled approved nursing staff positions. Recruitment problems.
- (c) The number and categories of part-time nursing staff assigned (or full-time nursing staff assigned part time) to the service or section. The number of hours per week each one devotes to the program.

19.05 STAFF

a. Physicians

(1) Chief of Spinal Cord Injury Service or Section

Areas of Inquiry:

- (a) The chief of the service (or section) is concerned with the administrative operations of the service, as well as with general coordination of all medical activities of, and providing service to, the program. In this respect, he maintains a close and mutually cooperative relationship with management and with members of the staff of other elements in the hospital.
- (b) He maintains close liaison with his staff and with the patients by means of regularly scheduled rounds, so that he may be fully aware of their problems and needs. His approach to the latter is with compassion and understanding, and clearly manifests his sincere interest in the patients' welfare.
- (c) He has established and maintains close liaison with representatives of patient groups (e.g., chapters of Paralyzed Veterans of America) so that problems of mutual concern may be discussed and clarified.

(2) Other Physicians Assigned to Spinal Cord Injury Service or Section

Areas of Inquiry:

- (a) The service (or section) is staffed with a sufficient number of physicians to permit a close patient-physician relationship. (The nature of the disability requires that the patient have one physician to whom he can come with any questions and problems which he may have.)
- (b) Each physician devotes the necessary time and effort required to instill a degree of confidence in the patient as to reflect a spirit of mutual respect and cooperation.
- (c) He is the central figure in the coordination of all therapeutic measures for each individual patient under his direct care, and is quick to recognize and pursue any problems relating thereto.
- (d) The physician makes such timely requests for assistance as are warranted by the circumstances. This may include not only professional consultation, but also reference to such bodies as the Medical Rehabilitation Board, etc.

(3) Other Physicians

Areas of Inquiry:

There is available, either on the immediate staff or by consultation, an adequate number of physicians, who are sufficiently trained in their respective specialties with particular reference to spinal cord injury care, to meet the needs of the patients.

(4) Nursing Staff

Areas of Inquiry:

An adequate number of professional nurses and nursing assistants is assigned to the service to meet the needs of all patients. (Factors such as size of nursing unit, mechanical equipment and self-help devices for nursing care of patients, the type of patient predominant, e.g., acute, predischarge, etc., are essential determinants.)

(5) Other Personnel

Areas of Inquiry:

- (a) The number and categories of technical and other paramedical personnel (e.g., PM&R therapists, social workers, clinical psychologists, vocational counselors) are adequate and consistent with the needs of the service to maintain a well-balanced program.
- (b) Effective use is made of volunteers in assisting in the provision of volunteer services to patients, including the escorting of patients to and from clinics, etc.

(6) Personnel Utilization

Areas of Inquiry:

Personnel utilization studies are made, in view of the existing scarcity of certain categories of personnel, and to develop methods for most effective use of available manpower, skills and training.

19.06 TRAINING

a. Physicians

Areas of Inquiry:

(1) Although there is no American Specialty Board in the field of spinal cord injury, the potential for residency training in related specialties (e.g., plastic surgery, urology, neurology, physical medicine and rehabilitation) has been thoroughly explored with the cooperation of the Dean's Committee. (N.B. many specialty boards allow credit of varying periods of time for such training.)

(2) Nursing Staff

Areas of Inquiry:

- (a) Training programs for nurses and nursing assistants assigned to the service are planned and scheduled on a continuing basis by the Assistant Chief, Nursing Education, and emphasize the particular needs of spinal cord injury patients.
- (b) Where indicated, part of the training is provided or supervised by a physician, and particular attention is given to specialized techniques peculiar to the requirements of these patients.
- (c) Integrated courses of study in the training of nursing assistants in general include supervised experience on the Spinal Cord Injury Service.

19.07 PATIENT THERAPY

Areas of Inquiry:

a. Definitive Treatment

- (1) The multiple disciplines involved adequately meet the needs of the program with reference to the definitive treatment requirements of patients with spinal cord injuries.
- (a) General medicine.
 - (b) General surgery.
 - (c) Radiology.
 - (d) Clinical laboratory.
 - (e) Urology.
 - (f) Plastic surgery.
 - (g) Orthopedics.
 - (h) Physical medicine and rehabilitation.
 - (i) Prosthetic appliances.
 - (j) Social work.
 - (k) Clinical psychology.
 - (l) Vocational counseling.
 - (m) Other, including bowel and bladder training.

- (2) Planned coordination of all aspects of therapy insures a smooth and un-interrupted progression of the treatment program.
- (3) In addition to regularly scheduled ward rounds, a system of recurring medical conferences is established on the service. These are general in nature, as well as of the clinical type at which specific patients and their problems are discussed (e.g., brace conferences, urological conferences, etc.).
- (4) Arrangements are made for, and the patients attend lectures on such matters of concern to them as care of the skin, importance of crutch ambulation, etc.

b. Rehabilitation

Areas of Inquiry:

- (1) There is a dynamic medical rehabilitation program, tailored to the needs of each patient, and having as its ultimate goal the physical, emotional, social, and vocational restoration of the individual to the maximum degree possible.
- (2) A well-functioning Medical Rehabilitation Board or its equivalent enhances, but does not preempt, the functions and responsibilities of the staff physicians in coordinating both definitive and rehabilitation measures toward the desired end.
- (3) A program of planning for the patient's discharge is outlined as early as possible in the total treatment plan. All appropriate established governmental and community agencies, voluntary organizations, and private individuals and groups are considered in developing an appropriate course of action and in exploring methods of meeting individual problems. A referral procedure is established to provide optimum use of community resources for service-connected and nonservice-connected patients.

c. Followup. The nature of the disability is such that following discharge there may be recurrence of certain of the pathological conditions associated with the disability. Also, the patient may be discharged prior to actual completion of his prescribed program of rehabilitation (vocational training; collegiate or graduate courses of instruction, job placement, etc.).

(1) Medical Followup

Areas of Inquiry:

- (a) There is an adequate program of medical followup, in view of the recurring nature of genito-urinary infections, urinary calculi, pressure ulcers, and other pathological conditions involving these and other systems.
- (b) The nature of this disability is considered in determining where out-patient followup shall be made. Whenever practicable, such followup is accomplished at stations specially staffed and equipped for this purpose.
- (c) When medical followup is accomplished at other hospitals and out-patient clinics, the adaptations of the physical structure and the abilities of the professional staff are adequate to meet the patient's needs. (At the very least, there must be a definite understanding of the indications pointing to the need for further study and/or treatment.)

- (d) When utilization of the facilities referred to in subparagraph (b) or (c) above is not feasible, or when such facilities are not available, every effort is made to cooperate with outside physicians and/or clinics in the accomplishment of appropriate followup procedures.

(2) Rehabilitation Followup

Areas of Inquiry:

There is an adequate program for postdischarge followup, to insure full implementation of the rehabilitation plan, either through VA facilities, when practicable, or through other governmental and/or community agencies, individuals, or groups.

19.08 PHYSICAL FACILITIES

a. Interior (Plant and Equipment)

Areas of Inquiry:

- (1) Ward areas, including dayrooms, washrooms, shower rooms, etc., are in good repair, and are clean and neat in appearance.
- (2) Doorways are wide enough to permit wheelchair maneuverability.
- (3) Floors are nonskid to permit crutch ambulation without hazard.
- (4) Equipment has been adapted to meet the needs of patients with spinal cord injuries, e.g.:
 - (a) Raised toilet seats.
 - (b) Support and/or trapeze bars in relation to toilets.
 - (c) Assist bars for showers and bathtubs.
 - (d) Automatic thermostatic controls in showers and tubs to avoid burns.
 - (e) Lowered washstands and/or tilted superimposed mirrors.
 - (f) Recessed or covered water pipes, heat conduits and radiators to avoid trauma and/or burns.
 - (g) Outlets for electric razors readily accessible from wheelchair.
- (5) There is continuous planning to insure adequate maintenance and repair of the physical plant, replacement of obsolete equipment or poorly functioning equipment not amenable to economical repair, and good house-keeping.
- (6) There is a sufficient distance between beds to permit wheelchair and litter maneuverability. (Where practicable, "bed helpers" should replace ceiling suspended trapeze bars.)
- (7) Ward areas are air conditioned when indicated by local conditions, in consideration of disturbances in the patient's heat regulatory mechanism associated with injury to the spinal cord, especially at higher levels.

b. Accessibility to Other Building Locations and the Outdoors

Areas of Inquiry:

- (1) Spinal cord injury wards are reasonably close to diagnostic and treatment clinics, so as to minimize the need for escort services and to enhance patient accessibility.

- (2) Where the spinal cord injury wards are on upper floors, elevators are adequate in number and size; if self-service, controls are accessible to wheelchair patients; and safety measures include controls to keep doors from closing too rapidly.
- (3) Ramps have been provided where need is indicated.
 - (a) Ramp grade does not exceed 5 percent.
 - (b) Ramps associated with doorway entrances have a level platform at the doorway, large enough to permit wheelchair maneuverability, and have handrails to insure safety.
 - (c) Ramps leading to the outdoors are protected against weather hazards as well as any other elements which may cause them to become slippery or otherwise unsafe.

c. Outdoor Locations

Areas of Inquiry:

- (1) Patient parking areas are large enough to meet the needs of the rehabilitation program, and are situated as close as practicable to the ward areas.
- (2) The station program takes into account the movement of patients to and from their cars, to avoid delay during inclement weather or under other circumstances when the patients may require assistance. All eventualities are considered, such as return of patients during evening or night hours, etc.

Department of Medicine and Surgery
Veterans Administration
Washington 25, D.C.

10E
M-6, Part II
Change 2

April 25, 1961

Part II, "Evaluation Criteria," VA Department of Medicine and Surgery Manual M-6, "DM&S Program Evaluation," is changed as indicated below:

NOTE 1: The purpose of this change is to publish chapters 19 and 20, furnishing criteria for evaluation of the Spinal Cord Injury and Engineering programs.

NOTE 2: Program guides with respect to boiler plants and water supply (pars. 20.11 and 20.13) will be published in the near future.

chp 3 — Pages vii and viii: Remove these pages and insert pages vii and viii attached. (Contents brought up to date.)

Pages 19-1 through 20-8: Insert new pages attached. (Chs. 19 and 20 added.)


WILLIAM S. MIDDLETON, M.D.
Chief Medical Director

Distribution:

Same as DM&S Manual M-6, Part II.

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REMARKS

I am returning the attached material with the request that we inform facilities requesting copies of VA Manual M6, Part 2, that the manual will not be reprinted and that Health Care Review Service is working on the developing of a consolidated policy statement to replace M6, Part 2, and similar requirements relating to review of facility activities.

Also, facilities requesting copies of M6, Part 2, as a response to Internal Audit recommendations, should inform Internal Audit staff of the developmental activity of Health Care Review Service in regard to review policy.

FROM  JOHN MULHEARN, Chief, Quality Assurance Division, Health Care Review Service (174)	DATE 11-7-77 TEL. EXT. 275-0301
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