

**Rocky Mountain Regional VA Medical Center
Spinal Cord Injury & Disorders (SCI/D) Center
Scope of Services – Appendix A
Specialty Program Scope**

There are many unique aspects of delivery care to individuals with spinal cord dysfunction. The scope of our SCI/D services encompasses the following areas:

- (1) **Medical/physiological sequelae:**
 - (a) **Abnormal tone:** Management of tone is offered through interventions such as comprehensive admission assessments and routine assessment of patients once admitted to monitor tone, access to medications (oral and injectable), evaluations by occupational and physical therapy to determine if functional interventions (e.g., bracing, stretching, FES) would be helpful, care designed to minimize underlying inciting factors, and education to patients to discuss long-term complications of poorly-managed tone.
 - (b) **Autonomic dysfunction (AD):** Staff are trained to recognize indications of AD and intervene appropriately. AD is addressed through admission and routine assessment of vital signs and clinical signs of AD; risk for future AD is assessed as part of the admission history & physical exam; the SCI/D Center has an SOP for autonomic dysreflexia; nursing and therapies monitor and address autonomic dysfunction as we begin mobilizing our Veterans; we utilize medications, positioning, and conservative factors such as abdominal binders and lower limb wraps to minimize the effects of autonomic dysfunction; additionally, our Center is equipped with thermometers in the shower and separate environmental temperature control in the bathrooms for prevention of autonomic dysfunction.
 - (c) **Bladder function** is addressed through admission and routine assessments of bladder function and coordination with Urology if advanced diagnostics or interventions are necessary; access to routine monitoring of post-void residuals for all patients; access to a variety of intermittent catheterization supplies to help individualize bladder management; extensive training in bladder management for all SCI/D nurses; education of Veterans about the long-term consequences of poor bladder management; access to a variety of pharmacologic agents to assist with bladder management; use of routine laboratory and imaging studies to assess longer-term impacts of bladder dysfunction; collaboration with Urology and Interventional Radiology on suprapubic catheter placement; and psychology support for discussion on impact of bladder dysfunction on sexuality as well as the psychological impact of different bladder management strategies.
 - (d) **Body composition** is addressed through routine assessment on admission and throughout the stay; coordination with our registered dietitians to maximize nutritional status for healing and optimize overall body composition; access to a variety of sizes of adaptive equipment, specialty surfaces and durable medical equipment to accommodate individuals of small or large stature and small or large body mass index. Our therapists work with our amputation medicine team for individuals with limb loss and we modify our treatment plan to accommodate the full range of body composition types. Our psychology team is available for consultation regarding coping with body composition and functional changes
 - (e) **Bowel function** is addressed through admission and routine assessments including measurement of daily output; coordination with GI if advanced diagnostics or interventions are indicated; access to a wide variety of medications and bowel evacuation systems (e.g., Peristeen) to individualize bowel care; education and training for patient and family/caregivers regarding the importance and techniques of bowel programs; coordination with General Surgery if advanced procedures such as colostomy creation are indicated; and education for patients regarding the potential impact on functional independence of pursuing various bowel program options, from suppository use to colostomy. Psychology provides support for patients to address dignity, privacy, buy-in, etc., and we collaborate closely with therapy team to provide optional bathroom equipment and training on same.
 - (f) **Circulation:** Management of circulation is offered through routine monitoring of the clinical signs/symptoms for circulation deficits; we have monitoring tests available including ultrasound

- and CT scans; we have ankle brachial index (ABI) and transcutaneous partial pressure of oxygen (TCPO₂) measurements available to monitor circulation and oxygenation; we have available consultations with the Cardiology, Renal, and Hematology teams as well as Vascular Surgery to address more acute issues; we offer sequential compression devices only when clinically indicated; we have vital sign monitoring and nursing monitoring for orthostasis; and our therapists are trained to be aware of potential signs of orthostasis and respond by altering their therapy plan for that day.
- (g) **Dysphagia:** Dysphagia is addressed through baseline screen by nursing on all new admissions. SCI/D MDs inquire about dysphagia for those patients who may be at risk for it, particularly those with anterior cervical fusions. The SCI/D speech-language pathology team is consulted to evaluate swallow function at bedside and/or instrumentally (modified barium swallow studies in coordination w/a radiologist or FEES). The speech pathologist then determines plan of care which may include food or liquid modifications, compensatory feeding strategies, and exercises. Dietitians are consulted regarding recommendations for optimal oral and/or enteral nutrition therapy. Interventional Radiology and/or General Surgery teams are consulted if enteral nutrition is indicated. Pharmacists support transition of medications to crushed, liquid, or IV/feeding tube formulations. ENT services are also available when appropriate based on diagnosis.
 - (h) **Fertility:** The VA only covers fertility management if infertility is related to a service-connected injury. SCI/D inpatient physicians discuss fertility with inpatients and then as indicated we can provide basic information about how to seek fertility care in the community. Providers from Urology and Women's Health team are available for consultation regarding low-tech fertility options such as medications and some devices/equipment. They are also available for yearly exams (as indicated) as well as contraceptive prescriptions.
 - (i) **Infection management:** We have a robust clinical team with nursing and providers all working together to monitor for clinical signs and symptoms of infection. We have a full spectrum of laboratory and imaging options available for working up infections. We have our Interventional Radiology team to collect deep tissue samples. We work with our Infectious Disease specialists to consult on complex infection management/treatment. With COVID, from an infection prevention standpoint we have established a robust screening process to help prevent transmission. We have worked with Infection Prevention on MRSA swabbing, c-diff precautions, etc.
 - (j) **Medication:** On admission, we do a medication reconciliation with input from the medical providers, nursing, and pharmacy team members. When new medications are prescribed, the clinical team discusses the indications, potential risks and benefits, and medication safety. The VA provides a wide spectrum of specialty medications for our population that are more challenging to access by non-Veterans (e.g., Xeomin for spasticity, Myrbetriq and Trospium for bladder spasms, Ampyra for multiple sclerosis related gait impairment, Endavaron and Relyvrio for ALS treatment). We provide pharmacy medication counseling before discharge. We also provide a medication reconciliation at discharge and one month supply of medications to accompany the patient home. If appropriate clinically, we offer a self-medication program before people discharge from CIIRP to ensure the Veteran is familiar with their medication regimen. Occupational Therapy can provide (timed/alarming) pillboxes; assesses patient's ability to use the pillbox, remember their meds.
 - (k) **Men's health issues:** The SCI/D team provides basic education, medication management, and discussion regarding these issues. Psychology addresses coping with health issues related to being male with an SCI, body image, family, and community roles. We have access to Urology and Endocrine clinics for hormonal imbalance issues, sexuality and fertility, prostate evaluations and self-exams; Dermatology for laser hair removal; and Urology and physical therapy for pelvic floor training for general muscular needs in the pelvic floor area.
 - (l) **Musculoskeletal complications:** We offer comprehensive musculoskeletal evaluations including comprehensive imaging (x-ray, CT, MRI, ultrasound, DEXA bone scans) for our patients; referrals to our SCI/D therapy teams to provide PT, OT, bracing, splinting, adaptive equipment, exercise equipment (e.g., resistance bands), dry needling; we offer ultrasound-guided injections. We have Orthopedic Surgery consultation available, and they have offered

heterotopic ossification resection. We have a comprehensive seating clinic that can accommodate severe MSK positional needs. Nursing can provide heating/icing modalities. We offer medications for pain relief and spasticity management.

- (m) **Neurological changes** are addressed through education by the entire SCI/D team on the neurological manifestations of SCI/D and long-term complications; consultation with the Visual Impairment Program; and consultation with Audiology for hearing impairments. When patients have equipment needs for their SCI or progressive disease, we do custom specialty wheelchairs with alternative drive options (e.g., eye gaze, sip-and-puff) and provide environmental control units. We also can consult the Brain Injury team for dual diagnosis Veterans or the Neurology team for Veterans with multiple sclerosis or other concurrent neurological disorders. The Visual Impairment Services Team is available to assist Veterans with vision loss and Audiology can assist with hearing loss.
- (n) **Nutrition:** Veterans with spinal cord injuries and disorders face unique nutrition challenges related to pressure injury, diabetes, heart disease prevention, weight management, dysphagia, etc. SCI/D MDs consult the dietitian for nutrition assessment to evaluate each Veteran's individual nutrition needs and goals. The RD works with the Veteran to create a nutrition plan of care. Medical nutrition therapy interventions may include customize diet prescription, nutrition education to train a Veteran in a skill or modify food choices, or nutrition counseling to establish food or nutrition goals that foster responsibility for self-care and promote health and disease prevention.
- (o) **Pain:** We offer comprehensive clinical evaluation for various etiologies, medication management, interventional procedures; we have access to the Chronic Pain & Wellness Center for outpatients, Palliative Care team referral when appropriate, and psychology.
- (p) **Respiration:** We have respiratory therapists available 24/7 for our inpatient unit; they provide support for positive pressure non-invasive ventilation such as CPAP, BiPAP, cough assist, AVAPS; we have chest percussion therapy available; medications and nebulizer treatments; Pulmonary consultation team with a neuromuscular pulmonologist who consults with us and provides care; we offer inpatient sleep studies, coordinated with Pulmonology and Respiratory Therapy services, to diagnose types of sleep apnea; Psychology can address the psychological component of the patient's respiratory concerns; availability of deep endotracheal suction for Veterans who require it; PT/OT/SLP are all trained to do the endotracheal suction as well; we have SLP/Assistive Technology who have worked on augmented communication for veterans who require tracheostomy.
- (q) **Sexual function:** We offer individual education and psychological support regarding sexuality and intimacy from physicians, psychologists, and rehabilitation therapists. We also offer an interdisciplinary education group for sexual health and intimacy and couples therapy to address impact of SCI/D on relationships, including changes in sexual function and intimacy. We can prescribe oral, injectable, and topical medications, and VA authorizes prescriptions of some devices for sexual function. Urology offers supportive sexual prostheses. Our therapy staff are also able to work with patients on appropriate padding and positioning to support physical intimacy.
- (r) **Skin integrity.** – Our program promotes maintenance of skin integrity and addresses skin/wound issues through a wide range of education and interventions, all designed to facilitate the Veteran's health and ability to participate in valued roles. Comprehensive education is provided to Veterans by our nursing and therapy staff. Therapists address positional and equipment needs using pressure mapping at both the bed and wheelchair levels to ensure pressure is well-distributed, and custom seating design with a wide array of seating positioning materials and components. We have multiple specialty mattress/bed surface options available as well as the option of doing a trial of an automated turning system. Nursing has developed an individualized turning plan to facilitate skin integrity. For Veterans with wounds, our in-house Wound, Ostomy & Continence (WOC) nurses provide advanced wound care including such techniques as negative pressure wound therapy, conservative sharp debridement, bioengineered tissue products, and advanced wound dressings. We can consult the General Surgery or Plastic Surgery teams for surgical management of pressure injuries when appropriate.

- (s) **Ventilation support:** We are not currently accepting newly ventilator-dependent patients or patients who are actively weaning from a ventilator on our unit due to lack of infrastructure support; they can be accommodated in the ICU with SCI/D consultative support. If someone is on stable ventilator support, they can be admitted to our unit and we have support from the Respiratory Therapy department.
- (t) **Women's health issues:** The inpatient providers engage in discussion about basic issues related to women's health, and then refer to Women's Health team as an outpatient.

(2) **Functional:**

- (a) **Activities of daily living:** The SCI/D inpatient unit has dedicated occupational therapy staff who have specialty training and expertise and at least two years of full-time experience working with patients who have SCI/D conditions. Their specializations include Association for Driver Rehabilitation Specialists ADED certifications as a driver rehabilitation specialist (DRS), AOTA Specialty Certification in Environmental Modifications (SCEM), and Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) ATP Certification.
- (b) **Assistive technology:** The assistive technology team works with Veterans with disabilities to gain improved functional independence with the use of technology within their life activities through the provision of interdisciplinary, evidence-based, and Veteran focused assistive technology services. Veterans are evaluated for impairments that might impact their ability to control their environments and access electronic resources, including upper extremity impairment and cognitive/communication concerns. Based on their functional status and individual needs, they can be provided with a broad spectrum of options to provide alternative computer access, access to electronics/phone, alternative ways to communicate, access to the home environment, and adaptations to support access to technology. Items issued include call lights, environmental control units, power door openers, power wheelchairs and varying levels of drive assist, vehicle lifts, bed surfaces (e.g., Volkner mattress that assists with turns), etc. Additionally, the SCI/D Telehealth coordinator meets with both Veteran and family/support system members to ensure they are comfortable with using telehealth technology, assist Veterans who need it in applying for grant funds that facilitate internet access, and provide Digital Divide resources for those who qualify (e.g., iPad).
- (c) **Behavior:** Veterans may present with a wide range of challenging behaviors and psychological conditions, including anxiety stemming from PTSD, agitation due to comorbid brain injury, poor buy-in to rehabilitation therapies due to adjustment issues, etc. Some Veterans may be at risk for self-harm and treatment and care decisions will be made in conjunction with Psychiatry staff regarding the best environment and procedures for maintaining patient safety. Veterans may also present with comorbid substance use issues. The CIIRP provides care to all these Veterans through SCI/D Center staff (including psychology and social work), the brain injury team and through RMRVAMC mental health staff (including psychiatry). Referral for substance abuse treatment, family/support system counseling, and other specialized mental health services, through the VA or via community care, is made as indicated.
- (d) **Cognition:** Veterans in SCI/D can be susceptible to fluctuations in arousal and orientation due to infection from complications in wound care and bladder management, changes in medications, etc. This requires ongoing monitoring of mental status during treatment by SCI/D Center staff. Additionally, Veterans can present with a complex history of traumatic and non-traumatic brain injuries or neurocognitive dysfunction because of another progressive or degenerative disease process that can impact engagement in rehabilitation therapies or activities of daily living. SCI/D staff including psychology, speech-language pathology, and occupational therapy perform targeted assessment of cognitive function to inform delivery of therapies by staff to the Veteran, provide compensatory strategies to maximize independent function of the Veterans, and help support family and caregivers in optimizing the function and safety of Veterans. SCI/D staff also assist in clarifying questions related to decisional capacity (i.e., medical consent, sexual consent, financial capacity, driving capacity, and independent

- living capacity). Consultation and coordination of services with the RMRVAMC Neuropsychology team or Brain Injury team is done as clinically indicated.
- (e) **Communication** – The SCI/D inpatient unit is assigned dedicated time by a speech-language pathologist who has specialty training in cognitive and communication disorders. Veterans who present with cognitive and/or communication difficulties are provided with a range of diagnostic and rehabilitation treatment services by psychology and/or speech-language pathology, including cognitive screening, neuropsychological assessment, education, and training in compensatory strategies
 - (f) **Community integration:** Based on the specific needs or requests of the Veteran, PT/OT/SLP/recreation therapy staff are available to perform community integration and reintegration therapeutic tasks, both on and off campus, and on an inpatient and outpatient basis. For example, a therapist may accompany a Veteran on a therapeutic outing to a restaurant, movie theater, grocery store, etc. These outings provide opportunities for the Veteran to practice navigating public streets and buildings, using public transit, engaging in transactions with clerks and vendors, instrumental ADLs (managing money, making appointments, performing weight shifts, shopping).
 - (g) **Driving:** The SCI/D Center provides driver rehabilitation for disabled veterans and active-duty service members. Services provided may include evaluation; driver simulation; behind-the-wheel training; equipment recommendation/prescription, assessment, and inspection; caregiver training, and assistance with the state motor vehicle licensing requirements.
 - (h) **Durable medical equipment (DME):** Any medically necessary DME is provided to our patients through VHA funds.
 - (i) **Emergency preparedness:** We assist Veterans in ensuring that their home environments are accessible based on patients' functional mobility for both ingress and egress; we keep a national registry with information about some of their higher-level needs (e.g., whether they require 24/7 mechanical ventilation) so that in case of an environmental emergency we can alert 911 of the life-sustaining support needs of the patient. We participate in the SCI/D Emergency Preparedness Template rollout and are reaching out to all Veterans in our local catchment to offer an opportunity to complete this with them. It is a comprehensive interview designed to guide a conversation with the Veteran regarding a wide range of Emergency Preparedness topics.
 - (j) **Environmental modifications:** A wide variety of environmental modifications are provided to Veterans based on their individual needs. Items needed for modifications can either be provided by the prosthetics department or paid for, to some extent, with VHA funds. Areas addressed by the rehab department that allow for environmental modifications include environmental control units (ECUs), eye-gaze devices and other types of switches, voice command devices such as Siri and Alexa, automatic door openers, ramps, vertical platform lifts (VPLs). Structural changes can be made to the home to improve accessibility and the HISA grant can be used to assist financially. Examples of modifications that can be made to the home environment are installing a roll in shower, switching from carpet to a firmer surface for improved mobility in a wheelchair, widening doors to give vet access to necessary rooms, etc.
 - (k) **Leisure and recreation:** The SCI/D Center has two dedicated certified recreational therapists who provide a wide range of opportunities for developing robust participation in leisure/recreational pursuits. Their focus is on supporting the achievement of therapeutic rehabilitation goals through that participation in leisure and recreation activities. Resources provided to the Veterans based on their individual situations might include rehabilitation sporting equipment such as hand cycles, recumbent cycles, and specialty sport wheelchairs for activities such as archery, track and field, quad rugby, tennis, basketball, marksmanship, skiing. SCI/D recreational therapists also facilitate Veterans' participation in the VA Winter Sports Clinic and the National Veterans Wheelchair Games. Veterans are supported with community partners to provide access to adaptive scuba, blacksmithing, art classes, accessible nature hikes, adaptive mountain biking, barbecues with the PVA, monthly lunches with Soldier Angels on the unit, bocce on the unit, and many more opportunities for leisure and recreation to encourage an active and healthy lifestyle.

- (l) **Mobility:** Mobility needs are addressed by both physical therapy and occupational therapy. PT areas of focus include addressing seating and equipment needs, gait training, transfer training, and reducing pain. Seating needs are addressed when a patient is inpatient by their primary therapist and on an outpatient basis through two outpatient wheelchair clinics. To best serve our veterans we have a rehab engineer and therapists with several certifications in advanced seating and positioning to include RIDE Designs Certification and ATP credentialing. Any DME that is medically necessary will be provided by the VA. To address gait training, multiple therapists have completed training on the following equipment: Andago, Lite Gait, Lokomat, Indego, Ekso. Transfer training to improve independence is of the utmost importance with multiple therapists who are board certified in (or working to be certified in) Neurologic Clinical Specialty (NCS) through the American Physical Therapy Association. To decrease pain and therefore increase mobility, five PTs are trigger point/dry needling certified. TENS and H-wave are other modalities used in the efforts to decrease pain.
- (m) **Occupation:** Supporting a Veteran's participation in valued roles in the setting of a spinal cord injury or disorder is a primary focus of the SCI/D Center's services, whether those roles are as employee, spouse, parent, volunteer, etc. All rehabilitation therapists assess a Veteran's goals with respect to their life roles, and work with the Veteran to focus the treatment plan on achieving those goals to the extent that it is feasible. Additionally, with respect to employment/vocation, the SCI/D vocational rehabilitation specialist can work with Veterans who are interested in modifying their current work situation (e.g., through reasonable accommodations) or pursuing new vocational opportunities.
- (n) **Orthoses:** All needed orthoses are ordered through the VA Prosthetics Service and are provided either in-house with the VA prosthetist/orthotist employees or are outsourced to a community vendor who is a certified prosthetist/orthotist.
- (o) **Personal care assistants:** The GEC Bowel & Bladder Certification Program for caregivers provides extensive training and subsequent remuneration to the caregivers of Veterans who require assistance with managing bowel and bladder function. The Veteran Directed Care (VDC) program provides funding for caregivers. We assist with training of personal care assistants through the Independent Living Practice process. When a Veteran participates in an Independent Living Practice, the team simulates for the Veteran and family member/support system all care activities that will be provided by home healthcare/personal care assistants and practices scenarios in which the care provider does not show up. The SCI/D Home Care Program also facilitates education of personal care assistants.
- (p) **Prostheses:** All needed prostheses are ordered through the VA Prosthetics Service and are provided either in-house with the VA prosthetist/orthotist employees or are outsourced to a community vendor who is a certified prosthetist/orthotist.
- (q) **Seating:** All of our PTs and OTs have a working knowledge of wheelchair seating and positioning. We have 4 PTs and OTs who are specialists in custom wheelchair seating and positioning, as well as overall wheelchair prescription (functions and use of the wheelchairs, measurements for custom ordering). The SCI/D team also has a rehab engineer who can assist with custom wheelchair design and function modification depending on a Veteran's needs. Modifications and repairs are typically performed either by our SCI/D therapists and/or prosthetics wheelchair technicians. Veterans whose wheelchairs require modification or repair can access specialists within the SCI/D Center and/or the Prosthetics department through point-of service or a planned appointment, via self-referral or referral from another clinician. We also offer community care options through local vendors for Veterans who may not be able to physically come to the hospital for medical or geographic reasons.

(3) **Psychosocial:**

- (a) **Adjustment to disability.**
- (b) **Behavioral health.**
- (c) **Substance use.**
- (d) **Family/support system counseling.**
- (e) **Peer support services.**

(f) Sexual adjustment.

The SCI/D Center is assigned dedicated time by clinical psychologists who have training and expertise in the assessment and treatment of behavioral and cognitive issues including adjustment to disability and hospitalization, adjustment post discharge, health behavior change, sexuality and intimacy, and challenges with support systems. Individual and family clinical services are provided, addressing both SCI/D-specific difficulties and co-morbid behavioral health concerns that may impact patients' wellbeing and engagement with treatment in both the inpatient and outpatient setting, and other modalities are also used to provide robust, holistic care. Educational groups are provided to inpatients on behavioral health issues including stress, pain, and insomnia management. Outpatient group programming offers ongoing educational opportunities in these areas, with an emphasis on Veteran-to-Veteran support and facilitating community re-engagement. The psychologists provide direct support to and coordination with caregivers as needed, and they refer to specialty mental health services (e.g., RMRVAMC Substance Abuse Treatment Program, PTSD Clinical Team, Neuropsychology). An SCI/D psychologist coordinates the SCI/D Center's peer mentor "Co-Pilot" program and makes referrals to peer support services outside VA as indicated. Additionally, the SCI/D psychologists work closely with other members of the interdisciplinary team through consultation and co-treatment to enhance clinical care provided to patients and maximize participation in rehabilitation and care programs.

(4) Education and training for:

- (a) Persons served:** Each member of the interdisciplinary team recognizes the importance of tailoring education efforts to the individual Veteran's preferences. Team members work together to support each other in developing educational offerings using multiple modalities (e.g., hands-on demonstration, reading materials, videos). All Veterans are provided 1:1 education geared towards facilitating independence and safety, with topics ranging from transfer training and fall prevention to health promotion and illness avoidance. Additionally, weekly group education is offered to all interested Veterans. Group education classes cover SCI/D-specific topics such as pain management, dietary needs, autonomic dysreflexia, skin preservation, stress/coping management, bladder/bowel management, and medication management.
- (b) Families/support systems:** The family/support system is incorporated into the Veteran's care education throughout the rehabilitation process. A family conference is scheduled early in the Veteran's stay to ensure the family/support system understands care needs and is able to provide/support care needs as appropriate. The family/caregiver(s) are brought to the unit for hands-on education regarding specific Veteran care needs. Care provision education includes such items as bowel management, bladder management, clothing management, turning, padding and positioning, skin care, skin inspection, medication management, tracheal suctioning, and other pertinent Veteran specific cares. An independent living trial is highly recommended for Veterans and their caregivers to ensure that they can manage needs of daily living while inpatient with the immediate assistance of nursing. Additionally, for Veterans coming from our spoke sites, we can coordinate virtual discharge conferences with their local care teams to ensure a smooth transition of care.
- (c) The community:** The SCI/D Center engages with the community through interaction with Veterans Service Organizations, Federal/Congressional Representatives, State Congressional Representatives, local leaders, and community nursing homes, among others. When events are held that are appropriate for community members to attend, they are invited; for example, our SCI/D Center dedication ceremony, our SCI/D Awareness Day, our SCI/D Innovation & Technology Fair, all of which provided information and education regarding SCI/D services and topics. At other times the SCI/D Center attends events held in the community such as the Pueblo Veteran Town Hall meeting. Our SCI/D Home Care team educates staff at nursing homes and home care staff.
- (d) The professional community:** The SCI/D Center invites SCI/D spoke site providers to the 4th Friday journal club every month and to our bi-monthly State of the Unit meetings, SCI/D providers give education to PMRS residents every week, we provide training to PT students and OT students who are in graduate programs and to post-graduate PT residents, we train psychology pre-doctoral and post-doctoral students, our staff delivers education at conferences

such as the National Assistive Technology conference. The SCI team provides annual SCI/D spoke site education sessions with lectures on a variety of SCI topics and hands on educational sessions. Additional education is offered by the SCI team to other clinical services within the Rocky Mountain Regional VA (for example education to the general internal medicine residents regarding SCI topics).

- (5) **Research capability:** Currently, staff are not allocated protected time to engage in research activities. Research that staff members wish to pursue must be completed in addition to all regular clinical and administrative work. As permitted by their regular obligations, the SCI/D Center engages in research in a variety of areas.
- (6) **Transitions across the lifespan:** See sections above regarding fertility, sexual function, and occupation. Additionally, the SCI/D team offers annual examinations following discharge from the hospital to help the Veteran move through the stages of chronic spinal injury. If patients are facing challenges parenting with a disability, SCI/D Psychology provides resources. End-of-life concerns are addressed by the SCI/D team as indicated in collaboration with the Palliative Care team.
- (7) **Case management:** Comprehensive case management services are provided by the rehabilitation nurse case managers (RNCMs) in collaboration with other members of the team. These services include but are not limited to orienting the Veteran to SCI/D services, communicating with family/support system members about the plan of care, identifying the Veteran's care goals and desired discharge location, facilitating and coordinating discharge planning, educating regarding resources and supports that are available, and facilitating transition of care and follow-up.
- (8) **Resource management:** The SCI/D RNCMs and social workers collaborate to provide education, support, and referrals regarding a Veteran's management of resources.
- (9) **Follow-up:** Follow-up care is provided both within SCI/D (e.g., rehabilitation therapies, SCI/D PACT, SCI specialty clinic, musculoskeletal clinic, spasticity clinic, bowel and bladder training, annual evaluations) and within RMRVAMC and/or the community (e.g., wound care, all medical specialties).
- (10) **Health promotion and wellness:** Veterans are offered the opportunity to receive primary care through the SCI/D PACT, there are hospital-wide offerings in virtual/telehealth Tai Chi and meditation, and see "Leisure and recreation" section above.
- (11) **Independent living and community integration:** To support the transition to a community setting, Veterans are provided with opportunities to participate in recreational therapy outings; to practice functioning outside the hospital with the Independent Living Practice; to participate in vocational rehabilitation services; and to engage with a Veteran Peer "Co-pilot."
- (12) **Prevention related to potential risks and secondary health conditions due to impairments, activity limitations, participation restrictions, and the environment:** The SCI/D Center offers group therapy/classes for prevention topics such as shoulder preservation, skin preservation and fall prevention, our ALS Clinic dietitians support nutrition to prevent poor intake/loss; Annual Evaluations focus on prevention of secondary health conditions; Veterans can participate in SCI/D PACT which focuses on prevention.
- (13) **Safety for persons served in the environments in which they participate:** As indicated, home safety evaluations can be conducted by SCI/D occupational therapists and the SCI/D Home Care nurses; respiratory therapy evaluations address safety; SCI/D Veterans in our local catchment are offered the opportunity to complete an Emergency Preparedness Template; SCI/D physical therapists and speech-language pathologists offer virtual appointments to visualize the home setting and make recommendations.