



**U.S. Department of Veterans Affairs**

Veterans Health Administration  
Eastern Colorado Health Care System

**ECHCS: “Spinal Cord Injuries & Disorders (SCI/D) Center – Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP)”**

<b>Scope of Service for “SCI/D CIIRP”</b>	
<b>Effective Date:</b> 12/14/20	<b>Replaces Policy:</b> SCI/D Center SOP-2
<b>Revised Dates:</b> 3/29/22	<b>Policy Owner:</b> Dave Coons, MD

**SCOPE OF SERVICE & LOCATION OF SERVICES**

Vision Statement: The vision of the RMRVAMC SCI/D Center is to become a destination SCI/D Center within the VA system of care.

Mission Statement: The mission of the RMRVAMC SCI/D Center is to provide an excellent, life-long care experience for Veterans, empowering them to optimize functional recovery, well-being, and participation in life through compassionate, evidence-based practice.

Program Goals: The primary goal of the SCI/D Center Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP) is to assist Veterans in attaining an optimum level of functioning, allowing them to participate as fully as possible in valued life roles and activities. This goal is achieved through a transdisciplinary Veteran-centered program, with team-based care provided by trained, licensed, and/or credentialed rehabilitation professionals. The team provides interventions and integrated services to treat the spinal cord injury/disorder, optimize functioning, reduce disability, and prevent secondary complications. Individualized programming, goals and treatment plans are set collaboratively with the Veteran and treatment team, are specifically tailored to the unique needs of each Veteran, and include a strong educational component for our Veterans, their family/support systems, and all staff. Services include but are not limited to: medical and nursing care, therapies (including physical, occupational, kinesiotherapy, therapeutic recreation), psychology, social work, vocational and rehabilitation counseling, fertility and sexual health support (may require community care referral), respiratory care, orthotics, prosthetics, sensory aids, assistive and emerging technologies, pain management, spasticity management, environmental modifications, peer counseling, nutrition education

and counseling, weight management services, rehabilitation engineering, driver training (limited), parenting issues, speech and language pathology, spiritual care, respite care, Whole Health, and advance care planning. Veterans with SCI/D are provided consultative services and care when needed from dental, urology, neurosurgery, orthopedics, general surgery, plastic surgery, internal medicine, critical care, pulmonary medicine, neurology, cardiology, anesthesiology, women’s health, pain medicine, radiology, oncology, palliative care, infectious disease, nephrology, dialysis, gastroenterology, home-based primary care, and mental health services including substance abuse treatment.

Location: The SCI/D Center CIIRP is located on the first floor of Buildings H and K in the RMRVAMC. The RMRVAMC is a tertiary care hospital and includes a full range of specialty services such as neurology, plastic surgery, podiatry, orthopedics, etc. Inpatient SCI/D services may be provided at bedside, in clinic areas, throughout the medical center, on the grounds of the medical center, or in the community.

## **CLIENT POPULATION**

Veterans who may be eligible for admission to the SCI/D CIIRP are those who have:

- Acute traumatic spinal cord injuries (SCI) due to events such as motor vehicle accidents, falls, and acts of violence
- SCI due to non-traumatic causes such as vascular issues, tumors, stenosis, or infections
- Multiple sclerosis (MS)
- Motor neuron disease (MND) such as Amyotrophic lateral sclerosis (ALS)

For any of the above diagnoses, admission is considered for:

- New injury requiring acute/subacute rehabilitation
- Exacerbations of a previous injury/disorder requiring rehabilitation services (once the Veteran is medically stable)
- Wound management

Services are provided to individuals experiencing an injury or disorder from the above etiologies at any level of injury (including patients requiring ventilatory assistance) and completeness (AIS levels A through D). Veterans served on the CIIRP may have a variety of comorbid conditions, including brain injury, emotional/psychiatric issues, and chronic health conditions. Care is provided to Veterans and eligible Active-Duty Service Members who are age 18 through end of life.

Characteristics of Veterans served on the SCI/D Center CIIRP include:

- Activity limitations: Limitations may range from complete physical dependence on caregivers, to independence in basic self-care but requiring mild assistance from others for other activities, to independence with the use of adaptive devices or strategies.
- Cultural needs: Treatment plans and the care environment are tailored to address and support the unique aspects of each Veteran, including, but not limited to, his/her age, gender, sexual orientation, culture, and religion.

- **Impairments:** Care is provided to Veterans who present with a broad range of changes in body structures or functions, both due to acute injury/new diagnosis and to change in function over time/with chronic disease and with disease progression.
- **Intended discharge/transition environments:** The discharge/transition environment is determined by a combination of functional status, medical status, and psychosocial considerations (e.g., payer source for needed level of care, availability of family support). The preference and values of the Veteran are primary considerations, along with the Mission of the CIIRP to support functional independence and participation in valued life roles.
- **Medical acuity/stability:** Veterans must be medically stable to tolerate non-ICU level of care. Procedures regarding the acceptance of patients requiring ventilatory assistance are outlined in the Admission Criteria. Patients with brain injury will be admitted once they are at a level Rancho VI or above.
- **Participation restrictions:** Care is provided to Veterans whose ability to participate in valued activities and roles ranges from limited participation with extensive assistance to full participation with little/no assistance.

Further criteria for admission are outlined in SOP 11SC-02.

See Appendix A for information about the specialized resources and care that are available to Veterans with SCI/D who participate in the CIIRP.

### **HOURS OF OPERATIONS**

Medical and rehabilitation nursing coverage is provided 24 hours per day, 7 days per week. Full rehabilitation therapy services are available on weekdays, Monday through Friday, except for holiday schedules. Recreation therapy services are generally available 7 days per week. Occupational therapy services are available on some weekends.

### **FREQUENCY OF SERVICES**

Medical and nursing care are provided at the frequency needed according to the Veteran’s medical and rehabilitation status. Rehabilitation therapies are typically provided 5 days per week and average three hours per day. Additional therapy may be provided on weekends depending upon patient needs and staff availability.

### **REFERRAL SOURCES**

Referrals for admission to the SCI/D CIIRP are accepted from sources within the RMRVAMC, within the ECHCS, within VISN 19 including spoke sites, from outside VAMCs, from the Department of Defense, and from non-VA community providers and facilities.

### **PAYOR SOURCES & FEES**

The Department of Veterans Affairs is the primary payor for SCI/D care. The Business

Office bills private insurance when indicated. Fees are assessed based on Veteran priority group status as determined by the Business Office.

## HEALTH SYSTEM/DEPARTMENTAL RELATIONSHIPS

Service sharing agreements either exist or are being created with:

1. General Surgery
2. Physical Medicine & Rehabilitation
3. Medicine (Pulmonology – for sleep studies) (*in development*)

Referring services include all services within the medical center, with frequent referrals from inpatient medical units and primary care.

Consulting services include all hospital consultative services. Frequent service collaboration occurs with imaging, respiratory therapy, urology, prosthetics, and medical services. Collaborative, cross-department meetings are held monthly with SCI/D and Urology.

Timeliness of response to orders:

- Medical services: Generally, within 24 hours; available immediately via a rapid response/code blue system if needed. Results to the clinician are available synchronously in the electronic medical record.
- Diagnostic imaging: Generally, within 24 hours of ordering, unless this is a specialty test such as nuclear medicine, which requires higher levels of care coordination. Results to the clinician are available synchronously in the electronic medical record.
- Laboratory services: Generally, whenever clinically indicated for all routine labs (including cystatin C, which is beneficial for renal monitoring in SCI) and specialty labs are available for send-out. Results to the clinician are available synchronously in the electronic medical record.
- Pharmacy services: Generally, within 15 minutes 24/7 and results to the clinician are available synchronously in the electronic medical record.

## DEPARTMENTAL PERFORMANCE QUALITY INDICATORS, FOCUS FOR IMPROVEMENT, AND PERFORMANCE IMPROVEMENT MODEL

The CIIRP maintains a focus on ongoing performance improvement, which initiatives are reviewed monthly at the SCI/D Inpatient Operations Committee as well as during the regular staff meetings of nursing and therapy staff. The performance improvement model used by SCI/D is most closely aligned with a DMAIC approach. Key quality/performance indicators within the CIIRP include uSPEQ Patient Satisfaction survey data, rates of Hospital-Acquired Infections, patient fall rates, surgical site infections, readmissions within 30 days, Functional Independence Measure (FIM) change, and service interruptions.