

# James J Peters VAMC

## Physical Medicine and Rehabilitation Service

### Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP)

#### Frequently Asked Questions

Thank you for considering the JJP Bronx VAMC CIIRP for your rehabilitation needs. We are proud to honor America’s Veterans with high quality health care services. We look forward to serving you.

#### Who are we and what do we do?

Our rehabilitation program is located within the James J Peters Bronx VA Medical Center in the Community Living Center. We provide a safe environment for our Veterans with rehabilitation care and acute medical services all under one roof. Our combination of rehabilitation and medical care ensures the Veteran has his or her needs met through continuous and comprehensive state of the art care.

The goal of James J Peters rehabilitation department is to help our Nation’s Veteran achieve the highest level of independence as possible, rebuild their lives and return to their community as independently as possible. Most of our persons served return home within one to two weeks. We serve young adult through elderly patients with diagnoses such as hip and knee replacements, amputations and stroke. Within a safe, secure and structured environment, you will receive intensive therapy six days a week. Rehabilitation nursing and access to a physician is available 24 hours a day, seven days a week.

#### What types of patients do we treat? How many do we treat?

- 36 Veterans chose us for their care, in 2018
- Most of our persons served came from the greater NY area
- We treated a wide variety of ages, with an average age of 65
- 97% of our persons served were male; 3% of persons served were female
- Of our 36 Veterans served, 92% had joint replacements (e.g., hip and knee replacements) and 8% were persons with limb loss. 97% of our persons served were discharged home, to their community, rather than to nursing homes or other rehabilitation facilities. One person served was transferred to our acute medical unit and then discharged home.

FY 2018	General Total	Ortho	Amputation	Stroke
Patient Number (discharges)	36	33	3	0
Average Age	65	65	73	n/a
Average Length of Stay (days)	6	5	12	n/a
Discharges to the Community	97%	94%	100%	n/a
Satisfaction Rate with Rehab Experience	93%	92%	100%	n/a

FIM and MedTel data

#### Does one need to meet certain criteria for admission to CIIRP?

CIIRP provides care to Veterans admitted with decreased functional ability that requires a level of care provided by an acute rehabilitation stay. Persons admitted to CIIRP typically have limitations in their ability to perform self-care activities such as dressing and bathing; move around; and engage in instrumental activities of daily living such as grocery shopping, preparing meals and doing housework. To qualify for

admission, candidates must be motivated to undergo an inpatient rehabilitation program that provides 2-3 hours of therapy per day; medically stable; alert, able to follow instructions and learn new skills consistently; and, should have rehabilitation goals that can be accomplished within a 1-4 week time frame, on average.

Specific admission criteria:

- Adult Veterans over the age of 18
- Motivated and willing to learn
- Alert and oriented x3 and is able to follow 1-2 step instructions consistently
- Able to tolerate 2-3 hours of daily therapy
- Medically stable
- Achievable, realistic rehabilitation goals that can be accomplished in an average time frame of 1-4 weeks
- The goal of the rehab program is for the Veteran to be eventually discharged to the community from which they came
- Must not be ventilator dependent
- Must not have behavioral problems that require chemical or physical restraints
- Does not have a traumatic spinal cord injury (referral should be made to the SCI clinic)
- Does not have moderate or severe traumatic brain injury or would need a “locked” unit

### **What is the referral process?**

Veterans may be identified and referred for consideration of admission to CIIRP from any inpatient unit or outpatient clinic, other VA or non-VA medical centers, SNF or home care programs. Veterans or their significant others may make direct requests for evaluation for CIIRP admission.

- For *transfer* of person served to CIIRP unit (from a VAMC)
  - The referring physician makes an electronic request form to the PM&R service (“Rehab Inpatient Unit Eval for Transfer”)
  - A physiatrist reviews medical records and/or evaluates the veteran
  - The physiatrist then completes a “Pre-Admission Assessment Form”. In this form, the physiatrist makes his/her recommendation (this may be for admission to the CIIRP unit, or for an alternate plan that may suit the person served better such as subacute rehab, home with services, JJP CLC or SNF)
- For *outside admissions* referral:
  - The VAMC Administrative Medicine department determines eligibility
  - A PRI is submitted to the PM&R Dept. for review. A physiatrist reviews the document and subsequently completes a “Pre Admission Assessment form” as per above. The results of the decision are communicated to the office of the CLC director, which then gets in touch with the referral source to communicate the decision and make necessary arrangements for transfer.
- For persons *NOT* admitted to CIIRP unit:
  - Person served may still benefit from rehab services in the VA continuum of care and may be referred to other levels of care such as maintenance level therapy in CLC, home therapy, and outpatient therapy.

### **How much therapy will I receive in CIIRP?**

Each Veteran will receive an average of 3 hours of therapy a day, 5 days per week, generally Monday through Friday, and a sixth day of therapy on the weekend for 1-2 hours.

## What types of needs are addressed in CIIRP?

The CIIRP Team is committed to ensuring that each individual's needs are addressed. Our goal is to help Veterans develop skills needed to return back to their community more independently by providing support, education and training to Veterans and their families in areas such as:

- Performing activities of daily living, such as dressing, bathing, eating, cooking
- Developing skills needed to walk and transfer, such as balance and endurance
- Psychology counseling to address emotional, illness adjustment and coping needs
- Improve communication skills, such as expression, comprehension and written
- Improve cognitive skills, such as memory, money management, and safety skills

## What if I have specific religious or cultural needs? How will this affect my rehabilitation?

Cultural and religious needs are respected for each Veteran and his or her family/caregiver. Accommodations are made on an individual basis to enhance the Veteran's experience and support full participation in the rehabilitation program. Examples may include accommodations to the schedule, dietary needs and requests, and Chaplin services. All staff members participate in annual cultural diversity and sensitivity training.

The VA core values — *Integrity, Commitment, Advocacy, Respect, and Excellence* — apply across the entire VA organization and define our culture and strengthen our dedication to those we serve. They provide a baseline for the standards of behavior expected of all VA employees. They remind us and others that “I CARE” to provide the best care and services to Veterans, their families, and beneficiaries. At a local level, the JJP VAMC Community Living Center implements a Cultural Transformation Program that emphasizes care centered around individual Veteran preferences and creating a culture of patient-centered care where Veterans feel valued and perceives that his or her specific needs are met in a respectful and caring manner.

The initial assessment performed by each discipline captures the most accurate burden of care via Functional Independence Measure (FIM) scoring. Based upon the results of the initial evaluation, each interdisciplinary team member will create a patient specific plan of care designed to meet each patient's specific goals.

## Who are the rehabilitation team members?

The interdisciplinary rehabilitation team consists of you and your family or caregiver; a physiatrist, a doctor specializing in rehabilitation medicine; nursing and other rehabilitation specialists. The interdisciplinary team make up is determined by Veteran assessment, medical needs, rehabilitation needs and predicted outcomes. We utilize both individualized and integrated team approaches to create custom tailored goals, and to design and implement your treatment program. In 2017, 97% of persons discharged from CIIRP agreed that they were involved in deciding their goals, 100% agreed that they had the opportunity to make important choices and that staff paid close attention to what they said (*Uspeq data*). The rehabilitation doctor monitors the overall team process and outcome. Throughout your stay on CIIRP, the entire team meets formally once per week to discuss progress.

Based upon individual needs, the team may be comprised of individuals from, but not limited to, the following disciplines:

- Physician
- Rehabilitation nursing
- Occupational therapy
- Physical therapy
- Psychology
- Recreational therapy
- Social work
- Speech-language pathology
- Dietician
- Pharmacy services

Support services available may include, but are not limited to:

- Medical/surgical consultation (Psychiatry, ENT, Vascular, Podiatry, Orthopedics)
- Chaplin services
- Laboratory services
- Prosthetic and orthotic services
- Dental services
- Respiratory therapy
- Pain management
- Driver assessment and education
- Caregiver support services
- Referrals to health promotion and disease prevention programs such as MOVE

### **How are family members and/or caregivers involved?**

Family members and caregivers are encouraged to attend and participate in treatment planning, goal setting and the team meetings. If one cannot attend in person, alternatives, such as conference calls, may be made. Family members and caregivers are encouraged to attend and participate in treatment sessions and patient care as appropriate.

### **What type of education will I receive?**

Persons in CIIRP will receive ongoing education throughout his/her stay to maximize achievement of each individual's goals and prepare for a safe discharge to the community. Family members and/or caregivers are encouraged to attend and participate in treatment sessions and patient care activities as appropriate. In many cases, rehabilitation education begins prior to CIIRP admission. In our orthopedic pre-surgical education classes, Veterans receive education on topics such as preparing for surgery; what to expect in post-surgical rehabilitation; durable medical equipment such as raised toilet seats; and, other assistive devices, such as dressing aides. We also offer educational and support services after discharge, for example, our support group for persons with amputation. The VAMC also offers many additional support services, including but not limited to: PTSD support groups; LGBT Veteran support groups; caregiver support/peer mentor support programs; MOVE weight management and wellness programs; and, smoking cessation.

### **What type of education and training does the VA provided to the CIIRP staff members?**

Continuous learning is essential to health care professionals' ability to provide top-notch patient care. We understand that and encourage VA employees to pursue higher education by offering one of the most comprehensive education support programs in the Nation. In-house education is provided, such as in-services, and team members attend professional continuing education courses and seminars. The JJP VAMC and CIIRP's goal is to provide evidence-based, state of the art treatment. Team members are involved in research projects and publications and are actively involved in community events, such as adaptive sports programs. Some of our staff accomplishments include being part of the team that wrote and edited both the "VA/DoD Clinical Practice Guidelines for Upper Extremity Amputation Rehabilitation" and the companion patient manual titled "Within Reach"; authoring chapters for the book: "Fundamentals of Amputation Care and Prosthetics" (Douglas Murphy, Editor); co-authoring several articles that were published in peer reviewed journals; and, travelling to perform international humanitarian work, involving prosthetic care.

### **How long will I be an inpatient in CIIRP?**

Discharge planning will start on the first day of admission. The Veteran is provided general information regarding length of stay for his or her specific diagnosis. Not everyone stays the same amount of time as many factors such as the Veteran's medical and social situations, will impact length of stay and the most appropriate discharge environment. Discharge action plans will be established and reviewed weekly during team meetings in collaboration with the Veteran and family/caregiver. The Veteran and family/caregiver have the right to participate in all discussions regarding discharge and are encouraged to do so at team meetings.

Prior to discharge, we make sure that necessary outpatient follow up appointments are set up in order to smooth your transition into the next step in the VA rehabilitation continuum of care.

### **What types of improvements will I make?**

While results vary, in 2018, 97% of persons served were discharged directly home from CIIRP, to their community, rather than to long term care facilities or to other rehabilitation facilities. One individual was transferred to our acute medical unit, was able to receive rehabilitation in the medical center, and was then discharged to his home. At 3 months post discharge, 100% performed their own self-care maintenance, meaning persons discharged home were able to care for themselves and continue to do so well after they were discharged. Many persons discharged from CIIRP continue to receive therapy as an outpatient. 3 months post discharge, 100% of persons admitted to CIIRP were living in their community. The satisfaction rate for persons reported that CIIRP improved their quality of life was 94%. 94% of persons also reported that their rehabilitation expectations were met. (MedTel *data*).

### **What if I need special equipment at home?**

Prior to discharge, patients will be informed of the durable medical equipment (DME) recommended for discharge, necessary items will be ordered and arrangements will be made for delivery. For persons with planned orthopedic surgeries, this process typically starts prior to one's surgery. As part of the orthopedic pre-surgical education series, Veterans are evaluated for recommended DME and have necessary equipment delivered and installed in their home prior to their scheduled surgery. We have found this helps to familiarize persons with DME and improves use of items.

## **What happens if I get sick or need urgent medical care?**

CIIRP has medical staff on site 24 hours a day, 7 days a week. Our rehabilitation program is located within the James J Peters Bronx VA Medical Center. The James J. Peters VAMC is a tertiary care facility classified as a Clinical Referral Level 1 Facility. It is a teaching hospital, providing a full range of patient care services, with state-of-the-art technology as well as education and research. Comprehensive health care is provided through primary care, tertiary care, and long-term care in areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, geriatrics, and extended care. We provide a safe environment for our veterans with rehabilitation care and acute medical services all under one roof. Our combination of rehabilitation and medical care ensures the veteran has his or her needs met through continuous and comprehensive state of the art care. If necessary, one may be transferred to our acute medical center. In 2017, we had one person served on CIIRP transferred to our acute medical center. This individual was ultimately discharged home.

## **How are the CIIRP program's outcomes monitored?**

The JJP VAMC has adopted the True North Strategy to develop a culture of patient-centered care; be a safer hospital; deliver unsurpassed service and timely access; be the employer of choice; and, promote the best care anywhere. The medical center continuously monitors these areas for performance improvement. Some of the quality measures we monitor are: fall reduction; medication monitoring and infection rates.

The CIIRP program focuses on continuous performance improvement through the monitoring of various program specific markers.

Program Specific Outcomes for CIIRP:

- Length of stay
- Program efficiency
- Discharge to the community
- Veteran satisfaction
- FIM scores (patient functional performance measured upon admission and discharge)
- Independence with self-care activities
- Independence with community mobility and skills

We also measure outcomes 3 months post discharge to monitor our program's durability. For example, we measure if one maintains their discharge level of independence and satisfaction at 3 months post discharge. Some of these measures included:

- Community participation levels
- Satisfaction with CIIRP
- FIM score
- Quality of life

Outcomes found to require improvement will then be evaluated and entered into the continuous quality improvement plan. The JJP VAMC utilizes PDCA (Plan, Do, Check, Act) model and LEAN methodology to improve customer value and performance improvement.

## How does CIIRP know it's doing a good job?

The most important feedback we receive is from you, the voice of the customer, as this is a key indicator of how well we meet your needs. In 2018, 100% of persons surveyed agreed or strongly agreed that they would recommend us to a friend; 100% agreed or strongly agreed that "CIIRP met my needs"; and 95% agreed or strongly agreed they were "satisfied overall with services received" (*Uspeq data*). Our high standards of care have earned us accreditation from Commission for Rehabilitation Facilities (CARF) which means that every three years our program is reviewed to ensure that we meet or exceed high standards of care for our Veterans served.

CIIRP also compares its outcome data to regional and national benchmarks. We measure person served functional gains using the standard Functional Independence Measure (FIM), which measures specific improvement in activities of daily living such as dressing, feeding, and walking from the time of admission to discharge. We are proud that our persons served discharge FIM scores exceed benchmarks. Our length of stay efficiency, which measures how efficient our program is at achieving functional gains for persons served is also higher than regional and national averages.