Discussion Topics

• Physical and Non-Physical Components of SCI/D
• Autonomic Dysreflexia (AD)
• Annual Examinations
• VA SCI/D System of Care
• Long-Term Care (LTC) Needs
• SCI/D Hubs And Spokes
• Referral Process
SCI/D: Not Just a Physical Disability

- Each person reacts differently to crisis and is unique and interdependent within his or her own environment
- Adjusting, adapting, and overcoming are ongoing processes
- Patients with SCI/D have special needs caused by their overall functional deficits and the disruption of neurological regulatory mechanisms (i.e. difficulty in regulating bowel, bladder, & temperature; at risk for skin breakdown; predisposition to AD)
- Risks exist when SCI/D patients receive medical care with a provider inexperienced with these injuries/diseases
- It is important that both SCI/D Veterans, their healthcare providers, and care givers understand the Department of Veterans Affairs (VA) SCI/D System of Care and know the difference between SCI/D Centers (Hubs) and SCI/D Primary care clinics (Spokes)
Autonomic Dysreflexia

• Is an exaggerated response by the autonomic nervous system
• Typically occurs in SCI/D patients with injuries above T5-6.
• Triggered by something your body would find normally painful or otherwise disturbing
• Symptoms: fast, major increase in blood pressure, pounding headache, heavy sweating, flushed or reddened skin, goose bumps, blurry vision, chest tightness
• Steps to follow: (1) sit up or raise your head to 90 degrees (until blood pressure is normal); (2) loosen or take off anything tight; (3) monitor BP every 5 mins; (4) check bladder for drainage; (5) call healthcare professional even if warning signs go away; (6) if warning signs return, repeat steps, call healthcare professional, go to ER
Annual Exams: The Cornerstone of Care

• Annual Exams should be performed at SCI/D Centers or appropriately equipped SCI/D support clinics
• Thorough yearly evaluations encompass:
  – A complete history
  – A physical and functional exam
  – An appraisal of equipment needs
  – Social and psychological assessments
SCI/D LTC Needs

• SCI/D Veterans being treated in (LTC) environments have needs that encompass both LTC and SCI/D Care (i.e. bowel & bladder care, AD, pressure sores)

• The distance from Mental Health Services should be maximized mainly to provide a higher degree of protection from mental health patients who could be unstable and unpredictable
  – Secure Dementia Units are preferable

• Coordination between nursing services and social work services is essential
VA SCI/D System of Care: A Hub and Spoke Model

• SCI/D Center (Hub)
  – Designated INPATIENT care for SCI/D patients
  – Provides a full range of services and addresses the unique aspects of delivering rehab, primary, and specialty healthcare
  – Located within a tertiary medical facility that usually features other services (i.e. neurology, urology, orthopedics, plastic surgery, neuropsychology, gynecology, pulmonary medicine, etc.)
VA SCI/D System of Care: A Hub and Spoke Model Cont.

• Spokes
  – Are the primary care teams used by SCI/D Veterans who do not live near an SCI/D Center
  – Used for temporary quick visits during the year for healthcare needs, supply/prescription refills, minor illnesses (i.e. UTI, diabetes, etc.)
Referral Process

• What you need to know as:
  – Care Providers
  – Administrators

• [www.pva.org](http://www.pva.org)

• Helpline (800) 232-1782
QUESTIONS?
Veterans Benefits Brief

Sherman Gillums Jr.
Associate Executive Director
Veterans Benefits
Eligibility for Benefits

- Definition of a “Veteran”
- Wartime periods and Combat service
- Service Connected vs. Nonservice connected
Range of Benefits

- Disability Compensation
- Pension
- Life Insurance
- Home Loan Guaranty
- Education & Vocational Rehabilitation
- Burial
- Survivors & Dependents
Benefits for “Catastrophically Disabled” Veterans

- Co-pay exemption
- Special Monthly Compensation/Pension
- Auto & Housing Grants
- Prosthetics & Special Aids
- Housing/Structural Alteration
- Adaptive Auto Equipment
State Benefits

- Real Estate Tax Exemption
- Hunting/Fishing/Trapping License
- Special DMV Plates
- Employment Assistance
- Honorary Diplomas
- Education Assistance
- State Veterans Home
Health Care

- Priority Groups 1-8
- Standard Medical Package
- Emergency Coverage
- Mileage Reimbursement
- Specialty Care Services (e.g. SCI/D)
- Long Term & Extended Care
Long Term Care Options

Geriatrics & Extended Care:
  – Community Living Center
  – Contract Nursing Home
  – State Veterans Homes
  – Domiciliary Care
  – Medical Foster Home

Supplemental Care
  – Adult Day Health Care
  – Respite Care
Eligibility & Exemptions

Eligibility based on clinical need, setting availability, service connected status, income, insurance coverage, and hardship circumstances

Exemptions and co-pays for non-exempted outlined in VHA Directive 2008-076 (Based on P.L. 106-117)
Veterans with SCI/D

- 44,000 veterans eligible for SCI/D care; 30,000 currently served in VA’s “hub and spoke” system

- About 400 new cases annually
  - Trauma: Auto, falls, violence, etc.
  - Disease: MS, ALS, DDD, etc.

- Eligibility based on service, catastrophic disability, and/or income
Challenges for Veterans with SCI/D

• Adequacy of SCI/D Long Term Care
  – Skilled Care and Training for Providers
  – Caregiver Support
  – Coordination of Care

• Long Term Care Options Available

• Completion of Annual Examinations

• Knowledge of Entitlements

• Receipt of Maximum VA Benefits
Case in Point: 76-year-old veteran of the Korean War and Hurricane Katrina has been granted a $1.7 million claim by the Department of Veterans Affairs.

The road to his successful claim began 55 years ago when he returned home from the Korean War and began to develop the symptoms of polio. At the time, his claim to VA for benefits was declined.

Then in late 2005, while he was a patient at Memphis VA Medical Center’s Spinal Cord Injury Center, he met a Paralyzed Veterans’ National Service Officer who reviewed the case then prepared, filed and pushed the veteran’s claim to VA.

The wait comes to an end in March 2007 when the veteran received 55 years of back-benefits.
QUESTIONS?
The Model Veterans Home

Mark Lichter
Director
Architecture
Design Terminology

• Accessible Design

• Barrier Free Design

• Adaptable Design

• Universal Design, Inclusive Design
Codes, Statutes, & Criteria
Residential Design Concepts

- Planetree design
- HATCH model
- Neighborhood Concept
- resident centered
- Eden Alternative
- Small House
- GREEN HOUSE
Creating A Home

• Individuality
• Familiarity
• Privacy
• Socialization
• Exploration
• Family
• Nodes
• Scales
  o bedroom > family rooms > home > yard > street > community center > neighborhood > town
Promoting Wellness

*It is the unqualified result of all my experience with the sick that, second only to their need of fresh air, is their need of light; that, after a close room, what hurts them most is a dark room and that it is not only light but direct sunlight they want.*

- Florence Nightingale, *Notes on Nursing*, 1860

- Independence
- Personal Space
- Views
- Fresh Air
- Clean Water
Promoting Wellness

- Daylight
- Artificial Light
- Low Noise
- Color
- Outdoor Spaces

Little as we know about the way in which we are affected by form, by color, and light, we do know this, that they have an actual physical effect. Variety of form and brilliancy of color in the objects presented to patients, are actual means of recovery.

- Florence Nightingale, Notes on Nursing, 1860
The Process

• Cultural Mindset
• Set Goals Early
• Compromise?
• Stakeholder Buy-In
• “Experts”
Building The Right Team To Build The Right Project
QUESTIONS?