SPINAL CORD INJURY AND DISORDERS SYSTEM OF CARE

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Directive defines the policy for the Spinal Cord Injury and Disorders Systems of Care (SCI&D).

2. SUMMARY OF MAJOR CHANGES: This VHA Directive reflects minor changes in VHA policy and innovations and efforts to systematize the Spinal Cord Injury (SCI) "Hub and Spokes" continuum of care within VHA.

3. RELATED ISSUES: VHA Handbook 1176.1

4. RESPONSIBLE OFFICE: The Chief Consultant, SCI&D Strategic Healthcare Group (SHG), is responsible for the contents of this VHA Handbook. Questions may be referred to the Chief Consultant, SCI&D SHG at 206-768-5401. Facsimile transmissions may be sent to 206-768-5258.

5. RECISSIONS: VHA Directive 1176, Spinal Cord Injury and Disorders System of Care, dated May 21, 2002, is rescinded.

6. RECERTIFICATION: This document is scheduled for recertification on or before the last working day of May 2010.

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SPINAL CORD INJURY AND DISORDERS SYSTEM OF CARE

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Directive defines the policy for the Spinal Cord Injury and Disorders (SCI&D) system of care.

2. BACKGROUND: It is the SCI&D system of care's mission to support, promote, and maintain the health, independence, quality of life, and productivity of individuals with SCI&D throughout their lives. These objectives are accomplished through: rehabilitation; sustaining medical and surgical care; patient and/or family education; psychological, social, and vocational care; research; education; and professional training in the continuum of care for persons with SCI&D.

3. POLICY: It is VHA policy that the SCI&D system of care provide a full-range of care for all eligible veterans, who have sustained injury of the spinal cord or a generally stable neurologic impairment of the spinal cord. ***NOTE:*** *Spinal cord injury (SCI) may be used interchangeably with SCI&D for the purposes of this document.*

4. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for approving any proposed changes to the SCI&D system of care including, but not limited to: changes in mission, staffing, bed level, reduction of clinical services, reorganization, and changes in clinical staff.

b. **Chief Consultant, SCI&D.** The Chief Consultant, SCI&D, is responsible for:

(1) Providing national program leadership for SCI&D health care and rehabilitation services.

(2) Reviewing proposed changes with the Chief Patient Care Services Officer (11), Deputy Under Secretary for Health for Operations and Management (10N), and relevant other staff, then forwarding recommendations to the Under Secretary for Health.

(3) Collaborative involvement in designating the SCI Outpatient Support Clinics authorized to provide Comprehensive Preventive Health Evaluations with final SCI&D Strategic Healthcare Group (SHG) determination of SCI Outpatient Support Clinics.

(4) Involvement in the recruitment, concurrence, and appointment of any Chief, Assistant Chief, or Acting Chief SCI Service.

(5) Ensuring that each SCI Service undertakes service level quality improvement activities that monitor critical aspects of care.

c. **Veterans Integrated Services Network (VISN) Director.** The VISN Director, or designee, is responsible for:

(1) Providing a critical juncture in implementation and support of a national SCI "Hub and Spokes" system of care which balances the need for local responsiveness, timely and full access, and national consistency and coordination.

(2) Facilitating smooth and efficient transfers for care between Department of Veterans Affairs (VA) facilities per referral guidelines (see VHA Handbook 1176.1, par. 8).

(4) Ensuring that there is appropriate basic medical care, primary care, and emergent medical care for the SCI&D population.

(5) Supporting all components and services in the SCI&D system and continuum of care (see VHA Handbook 1176.1).

(6) Providing and facilitating necessary communication, resources, and quality improvement efforts to maintain expertise and quality services in the SCI Primary Care Teams, SCI Outpatient Clinics, and SCI Centers.

(7) Facilitating access to services within the designated SCI catchment area.

(8) Ensuring proposed changes to the SCI system of care are appropriately reviewed by the Assistant Deputy Under Secretary for Health and Operations Management (10N), Chief Patient Care Services Officer (11), SCI&D SHG Chief Consultant (11S), and Deputy Under Secretary for Health (10A) before approval by the Under Secretary for Health (10).

(9) Facilitating the education of VHA health care providers regarding the SCI system of care and SCI health care issues.

d. **Medical Facility Director.** The medical center Director is responsible for ensuring that:

(1) An SCI veteran admitted to a VA medical center is offered transfer to an SCI Center within 72 hours for acute medical and/or surgical conditions and non-self-limiting conditions, per referral guidelines.

(2) The VA medical center first contacted for admission proceeds with arrangements for transfer to the nearest appropriate SCI Center. When the first VA medical center contacted does not have an SCI center, arrangements must be offered to transfer the patient directly to an accepting SCI center.

(3) Provision is made for SCI patients to have basic medical and primary care and emergent medical care. ***NOTE:*** *Admission to the local VA facility may take place, but should not be a prerequisite for coordinating arrangements for admission to an SCI Center.*

e. **Chief of Staff or Chief Medical Officer.** The Chief of Staff, or Chief Medical Officer, at each VA medical center without an SCI Center, is responsible for:

(1) Designating SCI Primary Care Teams to provide primary care and consultative services to the SCI population served at the local facility.

(2) Designating a social worker as the SCI Coordinator responsible for organizing services to SCI veterans. ***NOTE:*** *The SCI Coordinator reports programmatic difficulties to the Chief, SCI Service of the appropriate catchment area.*

(3) Notifying the Chief Consultant, SCI&D Strategic Healthcare Group (SHG) of any changes in the SCI Primary Care Team members.

(4) Ensuring that SCI Primary Care Team members are afforded educational funds for national and local SCI training initiatives while considering resource and educational priority constraints.

(5) Providing direct line authority over SCI Centers as independent service lines.

f. **Chief, SCI Service.** The Chief, SCI Service, or designee, is responsible for:

(1) Admitting eligible SCI veterans consistent with the mission, scope of services, diagnostic etiologies, and medical and functional requirements of patients. ***NOTE:*** *Non-SCI utilization criteria are not to be used.*

(2) Providing annual comprehensive preventive health evaluations by an SCI Center multidisciplinary team trained in SCI care.

(3) Providing collaborative involvement in designating the SCI Outpatient Support Clinics authorized to provide Comprehensive Preventive Health Evaluations. ***NOTE:*** *A critical function of SCI care is the prevention or early identification of complications related to SCI.*

(4) Notifying the SCI Coordinator of discharges from the SCI Center.

(5) Designating appropriate SCI Center personnel to enter data into the SCI&D Registry.

(6) Incorporating clinical practice guidelines within the appropriate medical care settings.

(7) Appointing an Independent Living Program Coordinator.

(8) Supervising the clinical and administrative aspects of the SCI Home Care (SCI-HC) Program.

(9) The planning and administration of the urodynamic laboratory, and providing consultation to other services requesting urodynamic studies.

(10) Ensuring that written policies and procedures are developed in compliance with all applicable VHA Central Office and accrediting organization standards and requirements which must be reviewed bi-annually and updated as necessary.

(11) Concurring with appointment of staff to SCI Centers or SCI-HC programs.

(12) Contributing to the annual performance evaluations for all SCI Service staff.

(13) Managing service-level quality improvement (QI) activities that monitor critical aspects of care. An ongoing and continuous evaluation of the program must be conducted to ensure the quality and appropriateness of care provided to patients.

(14) Ensuring that a QI or Total Quality Improvement (TQI) committee meets at least quarterly to identify important aspects of care and to monitor areas of service delivery which are identified as high-risk, high-volume (such as preventive health maintenance program), or problem-prone.

(a) Access to care, patient satisfaction, patient outcomes, and risk management shall be addressed.

(b) A systematic plan must be used for collecting and analyzing data, taking corrective action, and reporting results.

1. The QI plan must comply with VHA Central Office and accrediting organizations' criteria.

2. The QI plan must be evaluated on an annual basis, and the results reported at SCI staff meetings and to the medical center quality management program.

(15) Ensuring that the SCI-HC and the preventive health maintenance program actively participate in the SCI Service QI Program.

5. DEFINITIONS

a. **SCI Center.** An SCI Center provides primary care, or principal care and SCI specialty care with the full spectrum of health care needed by the SCI population. Services include:

(1) Acute stabilization;

(2) Rehabilitation;

(3) Acute and subacute medical and surgical care;

(4) Preventive health care;

(5) Respite care;

(6) Hospice care, as appropriate; and

(7) Extended care consistent with VHA policy.

b. **SCI Center Outpatient Program.** The SCI Center Outpatient Program provides the full spectrum of health care and rehabilitation needed by the SCI population. Every SCI Center must provide an outpatient program of scheduled hours and treatment allowing for unscheduled visits from patients with acute medical conditions. The scope of outpatient treatment at SCI Centers is to be comprehensive and interdisciplinary. Services provided to a particular patient are part of a

continuum of care and when needed, integrate SCI-HC. Any triage to non-SCI providers must include SCI consultation.

c. **SCI-HC (formerly SCI Home-based Primary Care).** SCI-HC, consisting of interdisciplinary services as an integral part of the SCI outpatient services, supports the transition and medical needs of patients to the home setting, decreasing the need for hospitalization when possible. The SCI-HC Program renders important medical, rehabilitation, and preventive services determined necessary to sustain the SCI veteran in the community. Telehealth care may be used as an adjunctive measure to supplement the SCI-HC Program. All SCI centers must provide follow-up care through SCI-HC, under the clinical and administrative responsibility of the Chief, SCI Service.

d. **SCI Support Clinics.** The SCI Program has designated SCI Support Clinics which provide primary care, basic specialty care, and consultative services, within the designated staff's expertise. The designation as an SCI Support Clinic by the Office of the Chief Consultant, SCI&D SHG requires that key health care staff attend a national SCI Primary Care Team training program and be certified by the SCI Center Chief of the catchment area as successfully completing a 3-5 day clinical practicum at the SCI Center or have equivalent clinical training. In the event that uncertified key personnel are assigned to the Support Clinic, they must complete the 5-day clinical practicum at a designated SCI Center and attend a national SCI Primary Care Team training program at the next available cycle. ***NOTE:*** *The designation as an SCI Support Clinic is contingent upon maintaining trained staff as certified by the SCI Center Chief of the catchment area.*

e. **SCI Primary Care Team.** The Chief of Staff, or Chief Medical Officer, appoints the SCI Primary Care Team at each VA medical center without an SCI Center to provide primary care and consultative services to the SCI population served at the local facility. Only providers who have completed the continuing medical education package on SCI, or have equivalent training and experience, can be designated as an SCI Primary Care Team. Frequent contact and communication between the SCI Chief and facilities in the SCI catchment area are expected for educational, consultative, and advisory purposes. Primary Care Teams need to have educational sessions with personnel from the SCI Center on a regular basis.

f. **Referral Guidelines**

(1) Referral guidelines recommend the conditions for treatment by each element of the "Hub and Spokes" system. It is important that all clinicians be aware of the specific conditions that may confront individuals with SCI&D to ensure that they get the right care, at the right time, in the right place. Greater awareness of the specialized health issues facing persons with SCI&D and guidance about the most appropriate sites of care for various health issues are needed to ensure therapeutically appropriate clinical processes. Guidelines are made in order to:

(a) Identify the most appropriate level of care and specific conditions,

(b) Coordinate care through timely access to primary and specialty care,

(c) Readily identify conditions for specialty care at SCI Centers, and

(d) Increase consumer satisfaction with services.

(2) The underlying elements in the referral guidelines include:

(a) An awareness of which sites and/or programs possess appropriate levels of training and resources to provide specific services.

(b) A focus on continuity of care between providers as veterans transition between health care in facilities with and without an SCI Center.

(c) The need for consultation from an SCI specialist if the condition is recurrent or not improving in a reasonable amount of time.

(d) Stabilization of patients needing emergent care before arranging transfer to an SCI Center.

(e) Awareness of the current state of clinical practice and community standards.