

CARF Accreditation Report
for
VA Boston Healthcare - Spinal
Cord System of Care
Three-Year Accreditation



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About CARF

CARF is an independent, nonprofit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF's internationally recognized standards during an on-site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers' demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organizational and program standards organized around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognized benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit www.carf.org/contact-us.

Organization

VA Boston Healthcare - Spinal Cord System of Care
1400 VFW Parkway
West Roxbury, MA 02132

Organizational Leadership

Ronald D. Molyneaux, RN, Accreditation Specialist
Sunil Sabharwal, M.D., Chief of Spinal Cord Injury Service

Survey Date(s)

July 16, 2018–July 17, 2018

Surveyor(s)

Garry L. Woessner, M.A., CCC, M.B.A., CAS, Administrative
Terry Carolan, M.S., PT, NCS, Program
Karen S. Divito, M.S.H.A., Program

Program(s)/Service(s) Surveyed

Home and Community Services: Spinal Cord Specialty Program (Adults)
Inpatient Rehabilitation Programs - Hospital: Spinal Cord Specialty Program (Adults)
Interdisciplinary Outpatient Medical Rehabilitation Programs: Spinal Cord Specialty Program (Adults)

Previous Survey

Three-Year Accreditation
August 24, 2015–August 25, 2015

Accreditation Decision

Three-Year Accreditation
Expiration: September 30, 2021

Executive Summary

This report contains the findings of CARF's on-site survey of VA Boston Healthcare - Spinal Cord System of Care conducted July 16, 2018–July 17, 2018. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

Accreditation Decision

On balance, VA Boston Healthcare - Spinal Cord System of Care demonstrated substantial conformance to the standards. VA Boston Healthcare - Spinal Cord System of Care (VABHS) demonstrates a strong commitment to the delivery of high-quality and highly valued services. Services are advanced by committed and supportive leadership and physicians. The organization delivers high-value rehabilitation services. Resources have been committed to support the qualified team members in their delivery of person-centered care that is highly valued by the veterans and other stakeholders. The leaders and personnel are energetic, are highly motivated, show a clear commitment to performance improvement, and are open and receptive to suggestions and consultation. The staff members are enthusiastic and professional, providing customized comprehensive programming to meet the functional, social, and psychological needs of the veterans served. Medical leadership is highly experienced and engaged in all aspects of the program, including strategic planning, program improvement, and program development and sets high standards for the program. The culture promotes learning, competency, health and safety, and personal responsibility. The programs are dedicated to advancing the field through research and education and offering a desirable employment setting. Veterans served speak highly of the services provided and voice appreciation for how their rehabilitation needs were met. The physical facility provides a warm environment that facilitates functional independence for the veterans served and reinforces their sense of self-worth and dignity. The transitional training apartment is noteworthy. The organization offers families overnight accommodations in a large, attractive building on the campus, which affords an opportunity for caregivers to be engaged in the program. Staff members are dedicated to developing a collaborative relationship with veterans served and focus on achieving positive outcomes. Veteran education is comprehensive, and there are peer support opportunities. The spinal cord specialty program provides a robust suicide prevention program that acknowledges the increased risk of suicide in veterans. Having all therapists do trials and order seating systems is an example of optimal practice, and the effort to have all therapists mentored by the assistive technology and seating team has ensured both quality and the clinical development of staff. Veterans served in the VABHS spinal cord specialty program appear to have a smooth transition from inpatient to the home- and community-based program. The VABHS home and community services spinal cord specialty program is complimented for its implementation of a tool to assess caregiver burden. The organization and its programs have demonstrated a clear commitment to the CARF accreditation process and the CARF standards. There are opportunities for improvement related to documenting specific clinical competencies for staff, ensuring continuous operation of ventilatory-assisted and other critical equipment in the gym and pool areas, maintaining records of

effective operation for all fire suppression equipment, completing written analysis of data and trends related to referrals deemed ineligible and interrupted stays, gathering data on wounds worsened during the inpatient stay, analysis of a sample of clinical records, and written contingency plans for veterans served in the home related to emergencies and disaster preparedness. VABHS appears to have the ability, willingness, and commitment to make improvements in the areas identified.

VA Boston Healthcare - Spinal Cord System of Care appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. VA Boston Healthcare - Spinal Cord System of Care is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

VA Boston Healthcare - Spinal Cord System of Care has earned a Three-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

Survey Details

Survey Participants

The survey of VA Boston Healthcare - Spinal Cord System of Care was conducted by the following CARF surveyor(s):

- Garry L. Woessner, M.A., CCC, M.B.A., CAS, Administrative
- Terry Carolan, M.S., PT, NCS, Program
- Karen S. Divito, M.S.H.A., Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of VA Boston Healthcare - Spinal Cord System of Care and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.
- Observation of the organization's location(s) where services are delivered.
- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.
- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

Program(s)/Service(s) Surveyed

The survey addressed by this report is specific to the following program(s)/service(s):

- Home and Community Services: Spinal Cord Specialty Program (Adults)
- Inpatient Rehabilitation Programs - Hospital: Spinal Cord Specialty Program (Adults)
- Interdisciplinary Outpatient Medical Rehabilitation Programs: Spinal Cord Specialty Program (Adults)

A list of the organization's accredited program(s)/service(s) by location is included at the end of this report.

Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the on-site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organization did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

Survey Findings

This report provides a summary of the organization's strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific program/service standards, CARF assessed conformance to its business practice standards, referred to as Section 1. ASPIRE to Excellence, which are designed to support the delivery of the program(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the program(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.

Areas of Strength

CARF found that VA Boston Healthcare - Spinal Cord System of Care demonstrated the following strengths:

- Recent additions in staffing in areas such as case management and the outpatient department have been positive improvements in the VABHS program and that, along with expanding weekend therapy, enhance the experiences and care of all veterans.
- The organization enjoys an excellent and well-deserved reputation for the provision of quality rehabilitation services. This is reflected in the tributes paid to the organization by the veterans.
- There is an atmosphere of mutual respect and congeniality between the treatment staff members and the veterans. The veterans noted how much they appreciate the staff's ability to address their rehabilitation needs and the manner in which they were educated that is both instructive and respectful.
- VABHS is recognized for achieving the Malcolm Baldrige National Quality Award for performance for its leadership, workforce engagement, and favorable customer and workforce experience outcomes.
- Administration provides admirable support of clinical staff members in maintaining their clinical skills based on current research, peer-review scientific and health-related publications, clinical practice guidelines, and expert professional consultation.
- Succession planning efforts have resulted in significant improvements related to cross-training staff to cover critical functions in the event that key staff members leave the organization.
- A well-established and effective incident reporting system has been developed.
- The organization made a commitment to research and advancing the body of knowledge in rehabilitation.
- VABHS routinely shares its expertise with the professional community in a variety of ways, such as the recently held 26th Annual Spinal Cord Injury Symposium and the 16th Annual Interdisciplinary Spinal Cord Injury conference.
- The availability of a spacious transitional living unit to allow the veterans and families to attempt independent living within the security of the organization is noteworthy.
- The innovative Fisher House contains 20 apartments on campus that allow families to stay for the entire episode of care if desired. The house is beautifully furnished, and outside gardens provide a welcome respite for families to stay and visit with loved ones.
- At all levels of the organization, a strong commitment to safety and security is evident. Committed and talented leadership in safety is in place to manage systems and develop solutions to needs as they are identified, ensuring a safe and secure experience for all stakeholders.
- The organization has invested in equipment that enhances the treatment process, including the use of exoskeleton robotics, Lokomat®, functional electrical stimulation (FES) bike, Bioness®, and SureHands® lifts to name a few.
- There is free wireless internet all over the hospital, and the veterans can use the internet everywhere.
- VABHS has a strong, engaged workforce. The importance placed on providing opportunities for staff to feel engaged and supported at work has contributed to the longevity and the familylike atmosphere that was so often mentioned by staff.

- The commitment, professionalism, and longevity of many of the staff members are indicators of consistency of service delivery. Veterans have the benefit of consistent staff members with low turnover rates and staff retention efforts. These qualities assist personnel in focusing on producing positive outcomes for veterans.
- The number of clinical staff members with advanced specialty credentials is impressive.
- Psychology support of the spinal cord specialty team is a strength of the program, and the integration of psychologists and their interventions into the delivery of care by all disciplines is an example of optimal practice.
- VABHS successfully managed a seamless and effective transition in medical leadership since the last survey.
- A knowledgeable chief medical officer and medical directors are all actively involved in clinical care and direction, administrative decision making, and effective oversight of the rehabilitation process. The medical directors of the comprehensive integrated inpatient rehabilitation program and spinal cord injury programs are engaged and involved in strategic planning, program improvement, and program development and are approachable, involved team members with high expectations for the programs.
- The Other Side of the Bed program allows for medical residents to perceive the rehabilitation experience from alternate roles, and it allows residents to better understand the perspectives of others on the team.
- VABHS has a robust suicide prevention program that acknowledges the increased risk of suicide in veterans as well as veterans with spinal cord injury and has taken comprehensive actions to improve the education of staff in prevention.
- Having all therapists do trials and order seating systems is an example of optimal practice, and the effort to have all therapists mentored by the assistive technology and seating team has ensured both quality and the clinical development of staff.
- The spinal cord specialty program has demonstrated a significant commitment to research to promote the care of veterans with spinal cord injury through a number of peer-reviewed journal articles, books, and clinical practice guidelines that has advanced the care of veterans served with spinal cord injury both inside and outside of the VA system.
- The VABHS home and community services spinal cord specialty program serves veterans within a 100-mile radius in their home, long-term care or assisted living facility, or other areas within their community and is effective at promoting independent living and community integration.
- Veterans served in the VABHS spinal cord specialty program appear to have a smooth transition from inpatient to the home and community services program through involvement of staff in team meetings, introduction of the veteran to the staff who will be providing care, and effective sharing of information between the inpatient and home and community services nurses and therapists.
- The VABHS home and community services spinal cord specialty program exhibits effective collaboration between the VA and private sector providers, making it possible for veterans who live far from the VA to receive local services and improve integration in their own community.
- The VABHS home and community services spinal cord specialty program is commended for its efforts to make sure that all staff members are aware of critical warning signs and symptoms for veterans with spinal cord injury. For example, the social worker has been trained to identify symptoms of autonomic dysreflexia, urinary tract infection, and hypotension so she has been able to notify nursing immediately when in the home by herself.
- The VABHS home and community services spinal cord specialty program is complimented for its implementation of a tool to assess caregiver burden. As a result of this tool, which identified that caregivers often neglected to take care of their own health, the program has added more specific questions and resource

information when talking with caregivers; for example, utilizing respite in the home for short periods of time so that the caregivers can go to appointments or participate in other activities to maintain their own health and wellness.

- The VABHS spinal cord specialty program is commended for its addition of vocational rehabilitation services, provided to veterans in their community setting. As the result of a research trial with vocational services, which was very successful, VABHS received funding to hire a vocational rehabilitation specialist who works collaboratively with the outpatient and home and community services clinicians to assist veterans with return to work.
- The organization does an effective job of collecting and analyzing data and utilizing the resultant knowledge to improve care of veterans and treatment outcomes.
- Satisfaction data gathered from veterans and other stakeholders resulted in significant program improvement, such as adding physical and occupational therapy services on Sunday.
- There has been a marked increase in discharge to home over the past three years and the VABHS team is commended for its effort.
- The spinal cord specialty program dashboard is an outstanding effort to streamline and simplify access to critical outcomes of veterans with spinal cord injury and to allow frontline staff to understand programwide successes and areas of improvement in veteran care.
- The VABHS Clinical Video Telehealth (CVT) service has been developed and utilized for the spinal cord injury population who are in the community quite extensively. In addition to consultations via CVT by the social worker, nurse, or psychologist, the home and community services program has also used the technology for co-treating, such as physical therapy in the home with a veteran, occupational therapy connected via CVT regarding an issue with the veteran's hand, or nurse in the home and wound nurse connected via CVT to assess a wound. Veterans have also been able to use the CVT to participate in adaptive yoga and soon will be able to participate in a support group led by psychology as well.

Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of “aspiring to excellence.” This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate nonconformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather an assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed

- Leadership structure and responsibilities
- Person-centered philosophy
- Organizational guidance
- Leadership accessibility
- Cultural competency and diversity
- Corporate responsibility
- Organizational fundraising, if applicable

Recommendations

There are no recommendations in this area.

Consultation

- Although religious and spiritual beliefs are broadly referenced in the cultural diversity policy, the organization is encouraged to add specificity with how it plans to identify and understand the needs of the veterans served based on their religion, including dietary needs, hygiene practices, cultural mores, and taboos. It is suggested that the organization explore currently available software designed for healthcare institutions that could allow for immediate access to information about the important differences and needs for a broad array of ethnic and religious cultures. It is also suggested that the gaps identified in the cultural competency and diversity plan also be reflected and aligned with the programs' accessibility plan because cultural issues could represent a significant barrier to program access. An example of a resource can be found at www.commisceo-global.com/resources/country-guides.

1.C. Strategic Planning

Description

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

Key Areas Addressed

- Environmental considerations
- Strategic plan development, implementation, and periodic review

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

Key Areas Addressed

- Collection of input
- Integration of input into business practices and planning

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

CARF-accredited organizations comply with all legal and regulatory requirements.

Key Areas Addressed

- Compliance with obligations
- Response to legal action
- Confidentiality and security of records

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

- Budgets
- Review of financial results and relevant factors
- Fiscal policies and procedures

- Reviews of bills for services and fee structures, if applicable
- Safeguarding funds of persons served, if applicable
- Review/audit of financial statements

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

Key Areas Addressed

- Risk management plan implementation and periodic review
- Adequate insurance coverage
- Media relations and social media procedures
- Reviews of contract services

Recommendations

There are no recommendations in this area.

1.H. Health and Safety

Description

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

Key Areas Addressed

- Competency-based training on safety procedures and practices
- Emergency procedures
- Access to first aid and emergency information
- Critical incidents
- Infection control
- Health and safety inspections

Recommendations

1.H.1.

Although the organization maintains a largely healthy and safe environment, it was noted that the main therapy gym and pool area did not contain electrical outlets connected to the emergency generator. Given that the population served in the gym may include veterans on ventilator-assisted equipment, it is recommended that generator-connected outlets be available in the therapy gym to maintain a healthy and safe environment.

1.H.12.e.

Although the van is equipped with a fire extinguisher, the fire extinguisher does not contain a tag with the date it was last inspected. The organization explained that since the van was new within the past year, the fire extinguisher was also new. In order to ensure the effective operation of the fire suppression equipment, it is recommended that, when transportation is provided for veterans, there be evidence of all safety equipment. It is suggested that this fire extinguisher be added to the routine maintenance log of the safety department.

Consultation

- Evacuation route signage is present in the building and placed in appropriate locations. Signage is, however, placed at standing height and printed in small font and may be difficult to decipher in an emergency. Given the nature of the population served, the organization might want to consider placing all emergency signage at wheelchair height and enlarging the signs to provide easy readability to the veterans with mobility, visual, or cognitive impairments. This practice could have the added benefit of promoting the rehabilitation philosophy of the organization regarding accessibility.
- Although the veteran and family orientation checklist is comprehensive, it does not include orientation to the emergency procedures. VABHS is encouraged to review the emergency procedures with veterans and families so they know what to expect in the event of an emergency drill or actual situation.
- The van used for transporting veterans is new and drivers are well trained. In the event that the van driver has become injured or disabled, the organization is encouraged to consider adding a written cue card attached to the windshield or dashboard of vehicles directing emergency responders to the vehicle emergency booklet found in the driver-side storage area. This could be helpful if the driver is unable to speak to direct responders regarding the needs of the veterans riding in the vehicle.
- The van used for transporting veterans includes a single reflective hazard warning triangle to be used in the event that the vehicle becomes disabled. It is suggested that the van be equipped with additional hazard warning triangles or flares that could be spread over a longer distance to provide oncoming cars with ample warning of the presence of the disabled van.
- Given the increasing prevalence of bariatric patients in the general population, it is suggested that the weight limit of all equipment used by veterans be inventoried and made available to the staff. It is further suggested that the organization consider placing a bright label with the manufacturers' suggested weight rating in a conspicuous location on each piece of equipment potentially used by veterans with a larger weight profile, including parallel bars, treatment mats, chairs, beds, and walkers. This could allow staff to immediately recognize that a piece of equipment may be unsafe to use.

1.I. Workforce Development and Management

Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization.

Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served.

Key Areas Addressed

- Composition of workforce
- Ongoing workforce planning
- Verification of background/credentials/fitness for duty

- Workforce engagement and development
- Performance appraisals
- Succession planning

Recommendations

1.I.7.a.(1)

1.I.7.a.(2)

1.I.7.b.

Although specific competencies have been developed for several of the specialty programs, there was no evidence of competencies for each staff member who provides wound care or staff who provide services to veterans with spinal cord injury or those requiring ventilator-assisted care. It is recommended that workforce development activities include identification and assessment of competencies to support the organization in the accomplishment of its mission and goals and to meet the needs of veterans served.

1.J. Technology

Description

CARF-accredited organizations plan for the use of technology to support and advance effective and efficient service and business practices.

Key Areas Addressed

- Technology and system plan implementation and periodic review
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- ICT instruction and training, if applicable
- Access to ICT information and assistance, if applicable
- Maintenance of ICT equipment, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

Recommendations

There are no recommendations in this area.

Consultation

- The organization may consider developing a computer literacy assessment to determine each veteran's desire and capability of using technology after discharge. Once determined, treatment goals may also be developed to teach veterans how to use apps that may enhance their lives in the community, such as making appointments, ride sharing services, online banking, online shopping or grocery delivery, applying for jobs or volunteer opportunities, social media use with relatives, and online peer support groups. This skill, with appropriate safeguards and monitoring, could significantly enhance a veteran's ability to function more independently in the community, allow the veteran to connect with others who share the same challenges, and assist with the prevention of social isolation.
- Innovative technologies are utilized throughout the programs and have become an integral component of the treatment process. The transitional training apartment might be an ideal place to also incorporate commonly available environmental control technology, which could allow veterans and families an opportunity to learn how to use this equipment in their own homes.

1.K. Rights of Persons Served

Description

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

Key Areas Addressed

- Policies that promote rights of persons served
- Communication of rights to persons served
- Formal complaints by persons served

Recommendations

There are no recommendations in this area.

1.L. Accessibility

Description

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

Key Areas Addressed

- Assessment of accessibility needs and identification of barriers
- Accessibility plan implementation and periodic review
- Requests for reasonable accommodations

Recommendations

There are no recommendations in this area.

1.M. Performance Measurement and Management

Description

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and analyzed, and information is used to manage and improve service delivery.

Key Areas Addressed

- Data collection
- Establishment and measurement of performance indicators

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programs and services.

Key Areas Addressed

- Analysis of performance indicators in relation to performance targets
- Use of performance analysis for quality improvement and organizational decision making
- Communication of performance information

Recommendations

There are no recommendations in this area.

Consultation

- The organization completes a 90-day follow-up telephone call to discharged veterans as part of assessing the durability of outcomes. Questions from the FIM™ tool are asked by a contract agency and recorded during this phone call. It is suggested that the program consider enhancing this tool to include carefully worded questions to identify potential mental health issues, such as depression or suicidal ideation, or other issues that could be cause for further intervention.

Section 2. The Rehabilitation and Service Process for the Persons Served

Description

The fundamental responsibilities of the organization are to effect positive change in functional ability and independence and self-reliance across environments, while protecting and promoting the rights of the persons served. The persons served should be treated with dignity and respect at all times. All personnel are able to demonstrate their awareness of the rights of the persons served as well as their own rights. The rehabilitation and service process is delivered by an integrated team that includes the person served. The process focuses on clarity of information, efficient use of resources, reduction of redundancy in service delivery, achievement of predicted outcomes, and reintegration of the person served into his or her community of choice.

2.A. Program/Service Structure for all Medical Rehabilitation Programs

Key Areas Addressed

- Scope of the program and services
- Admission and transition/exit criteria
- Team communication
- Provision of services to any persons who require ventilatory assistance
- Provision of services related to skin integrity and wound care, when applicable

Recommendations

2.A.15.a.

2.A.15.b.

2.A.15.c.

2.A.15.d.

2.A.15.e.(1)

2.A.15.e.(2)

2.A.15.e.(3)

2.A.15.e.(4)

2.A.15.e.(5)(a)

2.A.15.e.(5)(b)

2.A.15.e.(5)(c)

The VABHS home and community services spinal cord specialty program is urged to provide to leadership or have leadership conduct a written analysis at least annually of all denials, of service referrals determined to be ineligible, and of all interrupted services that addresses causes; trends; actions for improvement; results of performance improvement plans; and necessary education and training of personnel, payers, and regulatory agencies. In order to foster growth and optimum use of the home and community services spinal cord specialty program, the program might consider taking a broader look at why veterans are not choosing to receive home and community services. For example, they may not be clinically appropriate, may have preferences such as a prior relationship with another provider, may not have a family member or other caregiver available in their home or their home may not be accessible, or may not fully understand what is available via home and community services. Looking at these factors may help the program identify potential barriers and opportunities to implement solutions to improve access to the program.

2.A.19.a.

2.A.19.b.

2.A.19.i.

As it is not evident that competencies exist, VABHS is urged to establish personnel competencies for any clinicians that provide care to veterans who require ventilatory assistance and a mechanism to demonstrate the level of competency achieved. The therapy gym does not currently have electrical outlets that are connected to generator power supply. It is recommended that emergency plans take into consideration the unique needs of persons who require ventilatory assistance. This could include completing needed changes to the existing wiring so that veterans with devices that require electricity, such as ventilators, could be powered during power failures.

2.A.25.a.(2)

2.A.25.b.(1)

2.A.25.b.(2)

2.A.25.b.(3)

Although nurses receive competency-based training during new employee orientation, similar training does not take place at regular intervals throughout their employment. It is recommended that personnel who provide services to veterans with skin integrity and wound management receive documented competency-based training at regular intervals that includes assessment protocols for skin integrity and wound management; strategies and interventions for skin integrity and wound management that are based on accepted practices in the field and current research, evidence-based practice, peer-reviewed scientific and health-related publications, clinical practice guidelines, and/or expert professional consensus; and education techniques to facilitate behavior change in veterans served.

2.B. The Rehabilitation and Service Process for the Persons Served

Key Areas Addressed

- Scope of the program services
- Appropriate placement in and movement through the continuum of services
- Admission and ongoing assessments
- Information provided to persons served for decision making
- Team composition
- Team responsibilities and communication
- Medical director/physician providing medical input qualifications and responsibilities
- Discharge/transition planning and recommendations
- Family/support system involvement
- Education and training of persons served and families/support systems
- Sharing of outcomes information with the persons served
- Physical plant
- Behavior management
- Records of the persons served

Recommendations

There are no recommendations in this area.

2.C. The Service Process for the Persons Served in Home and Community Services

Key Areas Addressed

- Appropriate placement in the continuum of service
- Admission and ongoing assessments
- Team composition
- Team responsibilities and communication
- Records of the persons served
- Provision of services to any children/adolescents

Recommendations

2.C.11.a.

2.C.11.b.(1)

2.C.11.b.(2)

2.C.11.b.(3)

2.C.11.c.(1)

2.C.11.c.(2)

2.C.11.c.(3)

2.C.11.c.(4)

2.C.11.c.(5)

Although chart audits are completed on a regular basis, the VABHS home and community services spinal cord specialty program is urged to complete a written analysis of a representative sample of records of the veterans served at least annually. The written analysis should include documentation completed in accordance with the

organization's policies, regulatory requirements, and CARF documentation requirements. The written analysis should include performance in relationship to established targets in each area, trends, actions for improvement, results of performance improvement plans, and necessary education and training of personnel.

2.D. The Rehabilitation and Service Process for Specific Diagnostic Categories

Key Areas Addressed

- Provision of services to any persons with limb loss, acquired brain injury, or spinal cord dysfunction
- Personnel demonstrate competency in limb loss, acquired brain injury, or spinal cord injury
- Provision or linkages with other entities for specialty services

Recommendations

There are no recommendations in this area.

Section 3. Program Standards

3.A. Comprehensive Integrated Inpatient Rehabilitation Program

Description

A Comprehensive Integrated Inpatient Rehabilitation Program is a program of coordinated and integrated medical and rehabilitation services that is provided 24 hours a day and endorses the active participation and preferences of the person served throughout the entire program. The preadmission assessment of the person served determines the program and setting that will best meet the needs of the person served. The person served, in collaboration with the interdisciplinary team members, identifies and addresses his or her medical and rehabilitation needs. The individual resource needs and predicted outcomes of the person served drive the appropriate use of the rehabilitation continuum of services, the provision of care, the composition of the interdisciplinary team, and discharge to the community of choice.

The scope and intensity of care provided are based on a medical and rehabilitation preadmission assessment of the person served. An integrated interdisciplinary team approach is reflected throughout all activities. To ensure the transparency of information the program provides a disclosure statement to each person served that addresses the scope and intensity of care that will be provided.

A Comprehensive Integrated Inpatient Rehabilitation Program clearly identifies the scope and value of the medical and rehabilitation services provided. Dependent on the medical stability and acuity of the person served, a Comprehensive Integrated Inpatient Rehabilitation Program may be provided in a hospital, skilled nursing facility, long-term care hospital, acute hospital (Canada), or hospital with transitional rehabilitation beds (Canada). Through a written scope of services, each program defines the services provided, intensity of services, frequency of services, variety of services, availability of services, and personnel skills and competencies. Information about the scope of services and outcomes achieved is shared by the program with stakeholders.

Key Areas Addressed

- Preadmission assessment
- Privileging process
- Appropriate placement in the continuum of services

- Secondary prevention
- Rehabilitation nursing services
- Rehabilitation physician/medical services and management
- Program-specific information-gathering requirements
- Information gathering regarding durability of outcomes

Recommendations

There are no recommendations in this area.

3.B. Outpatient Medical Rehabilitation Program

Description

An Outpatient Medical Rehabilitation Program is an individualized, coordinated, outcomes-focused program that promotes early intervention and optimizes the activities and participation of the persons served. The program, through its scope statement, defines the characteristics of the persons it serves. An assessment process initiates the individualized treatment approach for each person served, which includes making medical support available based on need. The program includes direct service provision, education, and consultations to achieve the predicted outcomes of the persons served. Information about the scope and value of services is shared with the persons served, the general public, and other relevant stakeholders.

The strategies utilized to achieve the predicted outcomes of each person served determine whether the individual program is single discipline or an interdisciplinary service. A Single Discipline Outpatient Medical Rehabilitation Program focuses on meeting the needs of persons served who require services by a professional with a health-related degree who can address the assessed needs of the person served. An Interdisciplinary Outpatient Medical Rehabilitation Program focuses on meeting the needs of persons served that are most effectively addressed through a coordinated service approach by more than one professional with a health-related degree who can address the assessed needs of the person served.

The settings for Outpatient Medical Rehabilitation Programs include, but are not limited to, health systems, hospitals, freestanding outpatient rehabilitation centers, day hospitals, private practices, and other community settings.

Key Areas Addressed

- Program-specific information-gathering requirements
- Personnel requirements
- Team composition
- Types and provision of services
- Analysis of no-shows, cancellations, and dropouts

Recommendations

There are no recommendations in this area.

3.C. Home and Community Services

Description

Home and Community Services (HCS) are person centered and foster a culture that supports autonomy, diversity, and individual choice. Individualized services are referred, funded, and/or directed by a variety of sources. In accordance with the choice of the person served, the services provided promote and optimize the activities, function, performance, productivity, participation, and/or quality of life of the person served.

The Home and Community Services may serve persons of any ages, from birth through end of life. Services may be accessed in a variety of settings including, but not limited to, private homes, residential settings, schools, workplaces, community settings, and health settings. Services are provided by a variety of personnel, which may include health professionals, direct support staff, educators, drivers, coaches, and volunteers and are delivered using a variety of approaches, supports, and technology.

Services are dynamic and focus, after a planning process, on the expectations and outcomes identified by both the person served and the service providers. The service providers are knowledgeable of care options and linkages to assist the person served; use resources, including technology, effectively and efficiently; and are aware of regulatory, legislative, and financial implications that may impact service delivery for the person served. The service providers are knowledgeable of their roles in and contribution to the broader health, community, and social services systems.

Home and Community Services must include at least one of the following service delivery areas:

- Services for persons who are in need of specialized services and assistance due to illness, injury, impairment, disability, or a specific age or developmental need.
- Services for persons who need assistance to access and connect with family, friends, or coworkers within their homes and communities.
- Services for persons who need or want help with activities in their homes or other community settings.
- Services for caregivers that may include support, counseling, education, respite, or hospice.

Key Areas Addressed

- Knowledge and identification of appropriate community service options
- Person-centered individualized services
- Collaboration with the family/support system
- Personnel competencies
- Safety and disaster preparedness
- Education to persons served, family/support system, and other stakeholders

Recommendations

3.C.5.d.

3.C.5.e.

The VABHS home and community services spinal cord specialty program should implement a policy and written procedure that addresses contingency plans if either the family/support system or the service provider is unable to deliver care. This might be a simple written procedure to provide guidance to staff members regarding what to do if they are unable to deliver care either because of unexpected staff-related events, such as traffic issues or sudden illness, or because of veteran/family issues, such as safety issues or a veteran or family medical emergency. It is further recommended that the program implement a policy and written procedure to address unsuccessful delivery of services. This might be a simple written procedure that provides staff members guidance regarding what to do if they are unable to deliver services successfully. For example, if a clinician arrives and starts his or her assessment or treatment and the veteran refuses to participate or an incident occurs that prevents the clinician from successfully completing the service, the staff should know what to do, who to notify, and what to document.

- 3.C.8.a.(1)
- 3.C.8.a.(2)
- 3.C.8.b.
- 3.C.8.c.
- 3.C.8.d.(1)(a)
- 3.C.8.d.(1)(b)
- 3.C.8.d.(1)(c)
- 3.C.8.d.(2)(a)
- 3.C.8.d.(2)(b)
- 3.C.8.d.(2)(c)
- 3.C.8.e.
- 3.C.8.f.
- 3.C.8.g.
- 3.C.8.h.(1)
- 3.C.8.h.(2)
- 3.C.8.h.(3)

The home and community services spinal cord specialty program staff members provide information to veterans regarding home safety. In addition to this information, and in accordance with the choice of the veteran served, the program should also assist the veteran served to develop a disaster preparedness and emergency plan that considers assessment of the current knowledge of the veteran served and the family/support system; an assessment of the physical environment where services are delivered, including accessibility of the environment; identification of modifications necessary to ensure safety in the event of an emergency; community resources, including identification of resources for evacuation, shelter, and recovery and the accessibility of resources for evacuation shelter; and recovery and basic needs in the event of an emergency. The plan should also include the identification of circumstances in which service delivery can be postponed or omitted; provisions for communication by personnel while providing services regarding decisions to continue or discontinue services; and contingency plans for the veteran, family/support system, and personnel.

Section 4. Specialty Program Designation Standards

4.E. Spinal Cord Specialty Program

Description

A person-centered spinal cord specialty program utilizes a holistic, culturally aware, interdisciplinary team approach to address the unique rehabilitation needs of persons who have been diagnosed with spinal cord dysfunction, whether due to trauma or disease. A spinal cord specialty program may be provided in a variety of settings, including inpatient, outpatient, home and community, residential, and vocational settings. Personnel demonstrate competencies and the application of evidence-based practices to deliver services that address the preventive, restorative, supportive, and lifelong rehabilitation needs of the persons served.

The spinal cord specialty program focuses on strategies to optimize outcomes in an effort to prevent impairments or minimize the impact thereof, reduce activity limitations, and maximize participation for the persons served. The program communicates and collaborates with all appropriate healthcare providers and other relevant stakeholders to deliver coordinated care and promote appropriate transitions in the continuum of care.

The program is guided by the individual preferences, strengths, and needs of the persons served and their families/support systems. Throughout the program the person's perception of and adjustment to his or her disability is considered and addressed. A spinal cord specialty program assists the persons served to manage their own health, encourages their appropriate use of healthcare systems and services, and supports their efforts to promote personal

health and wellness and improve quality of life throughout their life span. The program provides ongoing access to information, services, and resources available and encompasses care that advocates for full inclusion to enhance the lives of the persons served within their families/support systems, communities, and life roles.

The program demonstrates the commitment, capabilities, and resources to maintain itself as a specialized spinal cord program. The spinal cord specialty program formally links with key components of care that address the lifelong needs of the persons served. A spinal cord specialty program advocates on behalf of persons served to regulators, legislators, educational institutions, research funding organizations, payers, and the community at large. A spinal cord specialty program translates current research evidence to provide effective rehabilitation and supports future improvements in care by advocating for or participating in spinal cord research.

Key Areas Addressed

- Scope of services
- Identified needs of the persons served
- Peer support services
- Health and wellness activities
- Leadership support of advancing the field of spinal cord rehabilitation
- Organized education program
- Community education and advocacy
- Consideration of life-long follow-up care
- Role as a resource for other spinal cord programs
- Evidence of long-term positive outcomes
- Knowledge and application of clinical research to treatment practices

Recommendations

4.E.27.a.

4.E.27.b.

4.E.27.c.

4.E.27.e.

4.E.27.f.

4.E.27.g.

4.E.27.h.

4.E.27.i.

Currently, the use of competency-based training is inconsistent among personnel and all of the required content areas are not included. VABHS spinal cord specialty program is urged to provide documented, competency-based education to personnel that includes medical/physiological sequelae, function, psychosocial issues, transitions across the lifespan, resource management, health promotion and wellness, resources for independent living and community integration, prevention related to potential risks and secondary health conditions, and safety for veterans served in the environments in which they participate.

Program(s)/Service(s) by Location

VA Boston Healthcare - Spinal Cord System of Care

1400 VFW Parkway
West Roxbury, MA 02132

Home and Community Services: Spinal Cord Specialty Program (Adults)

Inpatient Rehabilitation Programs - Hospital: Spinal Cord Specialty Program (Adults)

Interdisciplinary Outpatient Medical Rehabilitation Programs: Spinal Cord Specialty Program (Adults)