Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

M-2, Part XXIV

January 27, 1994

1. Transmitted is a new part to Department of Veterans Affairs, Veterans Health Administration Manual M-2, "Clinical Affairs," Part XXIV "Spinal Cord Injury Service," Chapters 1 through 8; formerly found in M-2, Part I, Chapter 19.

2. The principal purpose of this revision is to define the VA's Spinal Cord Injury (SCI) Program.

a. Chapter 1: Outlines the general aspects of SCI Services.

b. Chapter 2: Identifies SCI treatment issues.

c. Chapter 3: Outlines SCI care standards.

d. Chapter 4: Outlines duties and responsibilities of SCI staff.

e. Chapter 5: Defines SCI Quality Improvement initiatives.

f. Chapter 6: Defines the Independent Living Program.

g. Chapter 7: Defines the Peer Counseling Program.

h. Chapter 8: Outlines SCI Home Care Program.

3. Filing Instructions

Remove pages	Insert pages
(M-2, Pt. II) 19-i through 19-ii	Cover through iv
19-1 through 19A-1	1-i through 8-11

4. RESCISSIONS: M-2, Part I, Chapter 19, dated October 25, 1989; II 10-82-47, and VHA Circulars 10-88-046, 10-88-072, 10-88-90, 10-89-13, 10-89-60, 10-89-101, 10-89-110, and 10-90-049.

John T. Farrar, M.D.
Acting Under Secretary for Health

Distribution: RPC: 1291 is assigned
FD

Printing Date: 1/94

DEPARTMENT OF
VETERANS AFFAIRS

CLINICAL AFFAIRS

SPINAL CORD INJURY SERVICE

M-2, Part XXIV
January 27, 1994

Veterans Health Administration
Washington, DC 20420

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This Department of Veterans Affairs, Veterans Health Administration manual M-2, "Clinical Affairs," Part XXIV, "Spinal Cord Injury Service," is published for the compliance of all concerned.

John T. Farrar, M.D.
Acting Under Secretary for Health

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RESCISSIONS

The following material is rescinded:

a. Manuals

M-2, Part I, Chapter 19, change 42, dated March 27, 1970
M-2, Part I, Chapter 19, change 53, dated May 23, 1973
M-2, Part I, Chapter 19, dated October 25, 1989

b. Interim Issues

II 10-81-40
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RESCISSIONS

The following material is rescinded:

1. Manual

M-2, Part I, Chapter 19, dated October 25, 1989.

2. Circular

10-89-60

CHAPTER 1. INTRODUCTION

1.01 POLICY

a. The Veterans Health Administration (VHA) will provide a full range of care for all eligible veterans who have sustained injury to the spinal cord or who have other nonprogressive neurological deficit lesions.

b. Members of the Armed Forces who sustain spinal cord injury (SCI) will be transferred directly to one of the designated Department of Veterans Affairs (VA) SCI Centers. Veterans with acute nonservice-connected spinal cord injuries will be admitted directly or will be transferred to SCI centers as soon as transfer can be safely accomplished subject to eligibility. All SCI veterans will be carefully evaluated and an individually tailored interdisciplinary treatment program will be established and documented within ten working days of their admission to the VA medical care facility. Patients with older injuries who develop complications, and require evaluation, medical care or surgical care, will also be immediately referred to SCI centers. The referring medical center will accept the return of the patient when care is no longer required in an SCI center. Sustaining health care (includes treatment for intercurrent illness and follow-up care following initial rehabilitation) and annual evaluations will be provided for all SCI veterans by SCI centers or their associated SCI outpatient support clinics.

c. After maximum hospitalization benefits have been obtained at the SCI Center, the patient will be discharged to a suitable and appropriate environment.

1.02 NATURE OF PROGRAM

a. The comprehensive nature of this program should be reflected in interdisciplinary planning conferences where treatment plans are revised according to the patient's desire, potential, and needs for future rehabilitation.

b. The use of Functional Independence Measure (FIM) will allow objective and quantitative assessment goal setting and follow up. Since patients ultimately remain responsible for their own future after the spinal cord injury, they should take a leading role in the rehabilitation and discharge planning. Preparation for return to productive community living will begin as early as possible. Accordingly, goal setting and long-range planning involving the patient and family must be initiated promptly.

c. A Patient Education Program emphasizing the patient's responsibility in the patient's own health maintenance is a key factor in rehabilitation. Patient education will include such areas as:

(1) Skin care,

(2) Bowel and bladder management,

(3) Sexuality,

(4) Activities of daily living (ADL),

(5) Nutrition,

(6) Medical complications,

(7) Leisure activities and community resources,

(8) Assessments of educational potential,

(9) Vocational counseling, and

(10) Training and assistance in job placement.

d. The patient will be counselled in adapting to the more restricted physical role, and will be assisted in resolving problems involving family, employer, and others.

1.03 SCI CENTERS

a. SCI centers (see App. 1A) will be designated by the Under Secretary for Health, or designee, and will be organized as an independent service under the Chief of Staff.

(1) The SCI Center will have both inpatient and outpatient care, providing the three major types of inpatient care needed by SCI veterans, i.e., acute - initial rehabilitation, sustaining, and long-term care.

(2) Changes in mission and/or number of active beds will not occur without explicit written approval of the Under Secretary for Health.

b. The Chief, SCI Service, will develop a comprehensive program involving among others:

(1) Chaplain,

(2) Dentistry,

(3) Dietetics,

(4) General Surgery,

(5) Geriatrics,

(6) Gynecology,

(7) Internal Medicine,

(8) Neurology,

(9) Neurosurgery,

(10) Nursing,

(11) Orthopedics,

(12) Pharmacy,

(13) Plastic Surgery,

(14) Prosthetics,

(15) Physiatry,

(16) Psychology,

(17) Psychiatry,

(18) Urology,

(19) Recreation,

(20) Social Work, and

(21) Other support services, as necessary.

c. The Chief, SCI Service, at an SCI Center will act in an advisory capacity, providing professional and educational assistance to other VA medical centers, SCI outpatient support clinics, and community facilities which provide care to SCI veterans.

1.04 SCI SUPPORT SERVICES

a. An SCI outpatient support clinic is a designated clinic that is located in a VA medical center without an SCI Center (host medical center) and staffed by the host medical center's staff. The SCI outpatient support clinic provides basic SCI ambulatory and screening services to SCI veterans residing in its catchment area.

b. Recognizing the difficulty of transportation and need to provide an alternative to inpatient care provided at an SCI Center, SCI outpatient support clinics and/or support services may be established at non-SCI VA medical centers.

c. Establishment of an SCI outpatient support clinic must, minimally, meet the following specific criteria:

(1) A physician, a registered nurse (R.N.) and a social worker will receive formal training in SCI veteran care and will be available to staff the SCI outpatient support clinic;

(2) The clinic must be at least 100 miles or 2 hours driving time from a VA SCI Center;

(3) The clinic must project an anticipated workload of at least twenty SCI veterans per month;

(4) The host medical center must be able and willing to establish and maintain an SCI outpatient support clinic; and

(5) The host medical center must be willing to allow personnel to receive and participate in on and off facility formalized training programs.

(6) The SCI outpatient support clinic proposal must receive approval of the Regional Director, and the Director, SCI Programs (117F), VA Central Office, 810 Vermont Avenue, NW, Washington, DC, 20420.

d. A VA medical center which has both an SCI support inpatient unit and an SCI outpatient support clinic will be considered as having an SCI support service.

e. It is important that SCI outpatient support clinics maintain a good working relationship with the SCI Center in whose catchment area they are located. Patients

followed in SCI outpatient support clinics should be referred back to the referring SCI Center if medical complications develop. The SCI Coordinator will provide information, on a monthly basis, concerning all SCI veterans who have received outpatient care to the Director, SCI Programs (117F), VA Central Office, 810 Vermont Avenue, NW, Washington, DC, 20420, and to the Chief, SCI Center (128), in the catchment area in which they are located.

1.05 SCI VETERANS WHOSE MAIN RECORDS ARE MAINTAINED IN OTHER VA MEDICAL CENTERS

a. A number of SCI veterans receiving routine follow-up in non-SCI medical centers travel to the SCI Center for such reasons as annual physical, serious illness, or surgery. These patients might arrive at the SCI Center with life-threatening emergencies, without a medical record being readily available.

b. The SCI Service will be expected to maintain copies of hospital summaries of SCI veterans discharged from the SCI Service. These files must be available to the spinal cord physician-on-call.

DESIGNATED SPINAL CORD INJURY CENTERS

1. VA Medical Center, Albuquerque, NM, is a VA facility which receives patients directly from the Department of Defense (DOD).

2. VA Medical Center, Augusta, GA, is a VA facility which receives patients directly from DOD.

3. VA Medical Center, Brockton/West Roxbury, MA, is a VA facility which receives patients directly from DOD.

4. VA Medical Center, Bronx, NY, is a VA facility which receives patients directly from DOD.

5. VA Medical Center, Castle Point, NY.

6. VA Medical Center, Cleveland, OH, is a VA facility which receives patients directly from DOD.

7. VA Medical Center, East Orange, NJ.

8. VA Medical Center, Hampton, VA, provides long-term care only.

9. VA Medical Center, Hines, IL, is a VA facility which receives patients directly from DOD.

10. VA Medical Center, Houston, TX, is a VA facility which receives patients directly from DOD.

11. VA Medical Center, Long Beach, CA, is a VA facility which receives patients directly from DOD.

12. VA Medical Center, Memphis, TN, is a VA facility which receives patients directly from DOD.

13. VA Medical Center, Miami, FL, is a VA facility which receives patients directly from DOD.

14. VA Medical Center, Milwaukee, WI, is a VA facility which receives patients directly from DOD.

15. VA Medical Center, Palo Alto, CA, is a VA facility which receives patients directly from DOD.

16. VA Medical Center, Richmond, VA, is a VA facility which receives patients directly from DOD.

17. VA Medical Center, St. Louis, MO, is a VA facility which receives patients directly from DOD.

18. VA Medical Center, San Antonio, TX, is a VA facility which receives patients directly from DOD.

19. VA Medical Center, San Diego, CA, is a VA facility which receives patients directly from DOD.

20. VA Medical Center, San Juan, PR, is a VA facility which receives patients directly from DOD.

21. VA Medical Center, Seattle, WA, is a VA facility which receives patients directly from DOD.

22. VA Medical Center, Sepulveda, CA, provides Outpatient Clinic only.

23. VA Medical Center, Tampa, FL, is a VA facility which receives patients directly from DOD.

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Chapter 8

SPINAL CORD INJURY OUTPATIENT SUPPORT CLINICS
(As of September 28, 1993)

1. Trained and Certified

Ann Arbor, MI
Baltimore, MD
Birmingham, AL
Charleston, SC
Dallas, TX
Des Moines, IA
Ft. Myers, FL
Indianapolis, IN
Jackson, MS
Kansas City, KS
Little Rock, AR
New Orleans, LA
Northport, NY
Orlando, FL
Phoenix, AZ
Pittsburgh, PA
Temple, TX
Tucson, AZ

2. In the Process of Being Trained and Certified

Allen Park, MI
Denver, CO
Huntington, WV
Minneapolis, MN
Newington, CT
Oklahoma City, OK
Riviera Beach, FL
Roseburg, OR
Sioux Falls, SD
Togus, ME
Tuscaloosa, Al
Tuskegee, Al
Wichita, KS