



CINDRR Circular

Center of Innovation on Disability and Rehabilitation Research

VA Health Services Research & Development

North Florida/South Georgia Veterans Health System, Gainesville FL
James A. Haley Veterans' Hospital, Tampa FL

July 2015

Patient Safety Center of Inquiry (PSCI) at Tampa Veterans Administration Hospital



Tatjana Bulat, MD, CMD
Director, PSCI

The mission of the Patient Safety Center of Inquiry (PSCI) is to support clinicians in providing safe patient care by designing and testing safety defenses related to the patient, provider, technology, and organization. Specifically, the PSCI goals are to:

1. Prevent injurious falls (specifically focusing on

the most serious injuries: hip fractures and intracranial hemorrhages) and minimize adverse events associated with hazardous wandering

2. Promote the safe use of technology associated with injurious falls and hazardous wandering

3. Promote a culture of safety to support clinicians in providing safe patient mobility

The VISN 8 Patient Safety Center of Inquiry (PSCI) is part of the James A. Haley Veterans' Hospital in Tampa, Florida. The Center has a track record of evaluating and translating patient safety research findings into standard practices

that are disseminated and implemented across the VHA system to improve patient safety.

PSCI evaluates the science and determines when research is ready to be "translated." Translation involves designing and testing clinical tools (e.g., algorithms, protocols, policy templates, resource guides, patient and staff education materials) to facilitate patient safety and reduce adverse events. The PSCI pilot tests these tools at the Tampa VA and then at VISN 8 facilities. Successful program elements are then exported to the NCPS (National Center for Patient Safety) for national implementation. The following are PSCI objectives:

- Evaluate the strength of the evidence to identify knowledge gaps to target for future inquiry and findings that are ready for translation to practice
- Define existing practice patterns and outcomes across the VA and determine possible variations from established best practices
- Identify and implement interventions to strengthen patient, provider, and systems level safety defenses through the design of tools and products to promote patient safety, such as clinical tools, cognitive aids, educational materials, policy reports, VHA information letters, handouts, and/or directives

- Improve technology safety defenses through biomechanics, human factors engineering, and other principles of design
- Evaluate and document the process and outcomes of best practices at the patient, facility, VISN, and VHA level
- Collaborate with NCPS to develop a VHA business case and implementation plan to export evidence into practice.

<http://www.visn8.va.gov/patientsafetycenter/>

After graduating from high school and having no career path in mind, I elected to enlist in the military rather than going to college. My choice was easy; my entire family was Air Force at one time in their lives so I became an Air Traffic Controller, controlling both military and civilian airplanes—and learned a valuable lesson.

While stationed at Lajes Field, Azores, a British Concorde declared an emergency over the ocean. Lajes Field was the closest location with a runway capable of handling the aircraft. As radar controller, I coordinated with the Portuguese facility who was working the aircraft to ensure the most direct path to our small island. Our radar control team had to work hand in hand with the tower controllers to ensure that all of the aircraft under our control were a safe distance from the Concorde as it arrived, and our team also had to coordinate with the emergency department in case of a landing disaster. Just one missing piece of the team could have resulted in a terrible tragedy, but luckily, working together, the operation was a success.

—Valerie Larson, Health Science Specialist, CINDRR, Tampa

Award

Charles E. Levy Receives 2015 Paul B. Magnuson Award

Charles E. Levy, MD, CINDRR Associate Director, Gainesville FL site and Chief, Physical Medicine & Rehabilitation (PM&R) Service, NF/SGVHS, was awarded the prestigious Paul B. Magnuson Award for Outstanding Achievement in Rehabilitation Research and Development at a special ceremony at the NF/SGVHS Research Day on May 15, 2015.

The Paul B. Magnuson Award is presented annually to a VA Rehabilitation Research & Development (RR&D) investigator who exemplifies the entrepreneurship, humanitarianism, and dedication to Veterans displayed by Dr. Magnuson during his career. The award consists of a one-time award of \$5,000 to an individual, with \$50,000 for up to 3 years to supplement ongoing peer-reviewed research, and a celebratory plaque. **This award is the highest honor achievable for VA rehabilitation investigators.**

The establishment of this award honors the life and legacy of Paul B. Magnuson, M.D., who as an orthopedic continuously sought new treatments and devices for assisting his patients as they faced unique situations presented by their disability. As a physician, Dr. Magnuson saw his duty, not only as curing, but also as restoring a patient "to his family, his job, and his life." He was a champion of the underdog and, as an advocate for veterans, was the architect of the Department of Veterans Affairs Health Care System as it is known today. The award was established in 1998 in recognition of the importance of rehabilitation research within the VA Health Care System.

Dr. Levy joined the VA in 1999 as Chief, Physical Medicine & Rehabilitation Service, North Florida/South Georgia Veterans Health System. From 2001 to 2004, he also served as Associate Professor in the University of Florida (UF) Department of Orthopaedics; from 2004 to the present, he served as Adjunct Associate Professor, UF Department of Occupational Therapy. Dr. Levy was appointed Associate Director of the Rehabilitation Outcomes Research Center (RORC) in 2008 and when RORC was awarded a Center of Innovation (COIN) designation, he became Site Co-Director of the Center of Innovation on Disability and Rehabilitation Research (CINDRR). http://www.cindrr.research.va.gov/CINDRRRESEARCH/features/levy_receives_magnuson_award.asp

Director: William Mann, OTR, PhD

Tampa Co-Directors: Gail Powell-Cope, PhD, ARNP, FAAN and Steven Scott, DO

Gainesville Co-Directors: Diane Cowper Ripley, PhD and Charles Levy, MD

Newsletter Editor: Virginia Hessels

Meet the Gainesville CINDRR Co-Director: Charles Levy, MD

Charles E. Levy, MD, is the Chief of the Physical Medicine and Rehabilitation Service at the North Florida/South Georgia Veterans Health System (NF/SGVHS), Co-Director, CINDRR Gainesville, and holds an appointment as an Adjunct Associate Professor in the Department of Occupational Therapy, College of Public Health and Health Professions, University of Florida. He is Director of the OIF/OEF Traumatic Brain Injury (TBI) and Polytrauma teams at North Florida/South Georgia Veterans Health System and is leading the effort at NF/SGVHS to care for OEF/OIF/OND Veterans with mild traumatic brain injury (mTBI) and/or post-traumatic stress disorder (PTSD).

Dr. Levy's ongoing research interests include wheeled mobility and the use of interactive virtual world environments and virtual humans to treat cognitive and affective impairments in returning combat Veterans. Dr. Levy is also active as Chairman of the Advisory Board for the Center for Arts in Healthcare, Research and Education at the University of Florida, and a charter member of the Advisory Board for the College of Orthotics and Prosthetics at St. Petersburg College.

Dr. Levy has testified before the U.S. Congress on the use and development of telemedicine technologies in rehabilitation, and is directing the Rural Veterans Telerehabilitation Initiative (RVTRI), a multi-phase demonstration project using in-home video-conferencing and I-PADs for home telerehabilitation. Dr. Levy is PI on a project using

virtual environments to improve community and family reintegration for Veterans with mTBI. Dr. Levy's work in telerehabilitation has been recognized by the receipt of the 2011 award, VHA Systems Redesign Champion Awards, Outpatient Category, for the VISN8 Rural Veterans Tele-Rehabilitation Systems Redesign Team.

Dr. Levy joined the VA in 1999 as Chief, Physical Medicine & Rehabilitation Service, North Florida/South Georgia Veterans Health System. From 2001 to 2004, he also served as Associate Professor in the University of Florida (UF) Department of Orthopaedics. Dr. Levy was appointed site Co-Director of CINDRR in October 2013, when RORC was awarded a Center of Innovation (COIN) designation.

In addition to the Paul B. Magnuson Award and the 2011 VHA System Redesign Champion Award, Dr. Levy received the 2012 Department of Veterans Affairs Certificate of Appreciation as Mentor within the Physical Medicine and Rehabilitation Service Leadership Mentoring Program.



Charles E. Levy, MD

Research in Progress...

Non-Pharmacologic Management of Challenging Behaviors in Veterans with Dementia

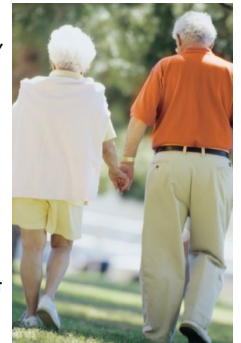
PI: William C. Mann, PhD, OTR

Over 5 million Americans have Alzheimer's disease or related dementias, a progressive and irreversible neurodegenerative syndrome, with prevalence rates expected to reach close to 16 million individuals by 2050. As populations age worldwide, dementia will increase dramatically and reach epidemic proportions. Among Veterans 65 and older, prevalence rates are similar to the population at-large with 7.3% having dementia across all races, except for African-Americans, for whom the rate is 50% higher. Prevalence rates across VISNs range from 5.8 to 9.4% with dementia associated with substantially higher inpatient and outpatient service utilization compared to other VA patients.

A hallmark of dementia is neuropsychiatric symptoms (NPS) which include agitation, apathy, depression, mood lability, and aggressiveness. NPS are associated with increased health care costs, reduced quality of life and daily functioning, heightened family caregiver burden, and nursing home placement. Standard care typically involves pharmacologic agents, but these are at best modestly effective, carry serious risks including mortality, and do not address the behavioral symptoms families consider most distressful or that prompt nursing home placement. Given the devastating effects of the disease and that a cure is not imminent, medical organizations, including the VA, have urged the development and testing of new approaches to manage NPS.

This HSR&D funded study tests the efficacy of a patient-centric intervention designed to reduce the burden of NPS in Veterans with dementia who live at home with family caregivers. TAP-VA is a randomized two-group parallel design study in which 160 racially and ethnically diverse Veterans with dementia and their family caregivers (dyads) are randomly assigned to receive the TAP-VA intervention or telephone support (attention control group). The Tailored Activity Program (TAP-VA) intervention involves 8 sessions over 4 months in Veterans' homes. An occupational therapist conducts a systematic assessment to identify a Veteran's preserved capabilities and deficit areas, previous roles, habits and interests from which to develop and introduce activities tailored to the Veteran's profile. Family caregivers are then trained to incorporate tailored activities into daily care routines.

All dyads are evaluated at baseline and 4-months (main trial endpoint), and then reassessed at 8-months to evaluate long-term treatment effects (baseline to 8 months), including continued activity use, caregiver well-being, and costs. The intervention was pilot tested in an NIMH funded study with 60 community-living individuals with dementia. Findings from the pilot showed statistically significant and clinically meaningful reductions in NPS, specifically agitation and less time being on "duty" by family caregivers. The project ends in November 2015 with a requested extension through July 2016.



The **2016 Safe Patient Handling and Mobility/Falls Conference** will be held April 11-15, 2016 at the Renaissance Glendale, AZ. For more information or to be added to our mailing list, please contact Valerie.Kelleher@va.gov.

This conference will provide participants with cutting edge research, best practices, and lessons learned on the topics of safe patient handling, patient falls, and fall injury prevention. This conference includes diverse learning opportunities, including plenary and concurrent sessions, workshops, "hands on" practice sessions, and a look at new and emerging technologies in the exhibit hall. Presentations will include innovations in safe patient handling, addressing safety legislation, practice tips, technology solutions, effective training techniques, and successful organizational and return on investment strategies.

Mentorship Highlight

Patient Safety Fellow: Anna Ialynytchev, PhD

Dr. Anna Ialynytchev is a Patient Safety Post-doctoral Fellow with the VISN 8 Patient Safety Center of Inquiry at the James A. Haley Veterans' Hospital. She completed her doctorate in Health Services Research at the University of South Florida in 2013. She also received her master's degree in Health Policy and Management from the University of South Florida in 2011 and a bachelor's in Psychology from Boston University in 2008.



Dr. Ialynytchev is interested in improving the quality and effectiveness of healthcare using quantitative methods to analyze large scale data. Her doctoral research published in *Spine* used Florida hospital discharge data to quantify the charges associated with the incidence of lumbar spinal fusion surgery. She also analyzed the demographic and payer effects associated with the incidence of initial lumbar fusions and determined that lumbar fusion surgery was often performed inappropriately, incurring three times the hospital costs as for patients who declined the surgery. Dr. Ialynytchev is currently collaborating with other CINDRR investigators on a study exploring the National VA Safe Patient Handling Program. She is analyzing the impact of this national program on Veterans' healthcare-related outcomes, using Safe Patient Handling Evaluation data and Minimum Data Sets (MDS) 2.0 data to analyze the impact of safe patient handling on Veteran patients' falls and injuries across 141 VA community living centers. Dr. Ialynytchev was recently awarded a two year Health Services Research & Development Fellowship during which she will continue her work to improve patient outcomes within the VA and better inform policy and practice.

In her free time, Dr. Ialynytchev enjoys volunteering with the Health Service Corps where she helps educate families by providing them with free resources and services such as car seats and vaccinations. She enjoys spending time outdoors hiking, kayaking, and bicycling and playing with her dog who loves swimming and playing fetch.

Research In Progress: Partnered Projects, Office of Rural Health Veteran Initiated Electronic Care Coordination (VIECC), PI: Sergio Romero, PhD

The VHA Office of Rural Health and the Health & Human Services (HHS) Office of the National Coordinator (ONC) are collaborating on this project at 9 national sites, including Gainesville. The Iowa City VA site serves as the coordinating center. The Veteran Initiated Electronic Care Coordination pilot began in 2014 to train Veterans to use My HealtheVet's Blue Button technology to create a Health Summary Document to share with their non-VA providers. The Health Summary includes information such as medications, allergies, clinical procedures, and lab results. It is expected that this transfer of health information will allow providers to make more informed treatment decisions resulting in improved outcomes as measured by 1) accurate medication reconciliation and 2) reduction of duplicate laboratories and tests.

Ten Veterans tested educational materials and the health information exchange process in early 2014. Since March 2014, the project has recruited and trained 106 Veterans to create the Health Summary Document and share it electronically or via hard copy with providers outside of the VA. The local VIECC project has partnered with Tallahassee, The Villages, and Lake City clinics to recruit Veterans and providers. The project works very closely with Community Health IT to provide a format for Veterans to be able to share VA health information with participating providers. This partnership allows the project to be able to monitor when and how health information exchange takes place with participating Veterans' non-VA providers.

Project VIECC has applied for sustainment funds for FY16 to continue to recruit and train Veterans. My HealtheVet and the Blue Button system have yet to implement the full functionality needed for Veterans to be able to send their Health Summary Document to a non-VA electronic health record system from their My HealtheVet account. It is anticipated that the project will train Veterans on this new functionality as well as evaluate the quality and impact of this form of health information exchange. This will reduce duplicate labs, ensure accurate medication reconciliation, and ensure that rural and highly rural Veterans receive the best possible, highly coordinated care. In addition, participation in these pilots will create a new avenue of communication between VA and non-VA providers. If continuing evaluation shows that this is an effective approach to rural health information exchange, the educational materials and strategies and HHS lessons learned will be disseminated throughout the US.

Stephanie Nassar, PhD, Receives APA Award



Ottomanelli, Nassar, and Wilson with Winning Poster

Stephanie Nassar, C.S. Wilson, Eni Njoh and Lisa Ottomanelli's poster, Gender Differences in SCI Rehabilitation Outcomes won the **APA Rehabilitation Psychology (Division 22) Women's Issues in Rehabilitation Psychology (Section 2) Award** at the American Psychological Association meeting, Feb 26-March 1, 2015, San Diego, CA. The work was supported by RR&D #O7824R, SCI-VIP: Predictive Outcome Model over Time for Employment.

Stephanie Nassar, PhD, is a Rehabilitation Psychology Post-Doctoral Fellow at the James A. Haley Veterans' Hospital in Tampa, Florida. Dr. Nassar received her Doctorate in Clinical Psychology at The University of Mississippi in Oxford and completed her internship in Clinical Medical/Health Psychology at the University of Florida Health Science Center in Gainesville in 2014. She currently serves as the Rehabilitation Psychology Resident in Spinal Cord Injury/Disorders at JAHVH and is actively involved in clinical research. She has published peer-reviewed articles in journals such as *Mindfulness* and *Journal of Neurotherapy*.

The award was presented to the first author of a poster that best reflected the mission and addressed the needs, interests or other advancements as they relate to women subjects, patients, professionals and/or caregivers. Presenters were evaluated on their research content and methods and also on the effectiveness with which they addressed women's issues both in the poster and in an oral presentation of the work.

CENTER OF INNOVATION ON DISABILITY AND REHABILITATION RESEARCH (CINDRR)

Diane Cowper Ripley, PhD
NF/SG Veterans Health System
1601 SW Archer Road (151B)
Gainesville, FL 32608
Phone: 352-376-1611, ext. 4929
Fax: 352-271-4540
Email: diane.cowper2@va.gov

Gail Powell-Cope, PhD, ARNP, FAAN
James A. Haley Veterans' Hospital and Clinics
8900 Grand Oak Circle
Tampa, FL 33637-1022
Phone: 813-558-3911
Fax: 813-558-3990
Email: gail.powell-cope@va.gov

CINDRR is a multi-institutional research center at the North Florida/South Georgia Veterans Health System (Gainesville, FL) and the James A. Haley Veterans' Hospital and Clinics (Tampa, FL). Scientists at this Veterans Health Administration Center of Innovation conduct research to develop strategies to improve—for Veterans of all ages—inpatient and outpatient rehabilitation services and long-term management of disability, including issues that impact family members.

<http://www.cindrr.research.va.gov>

Upcoming Conference... 2016 Safe Patient Handling and Mobility Conference

with special emphasis on fall, fall injury, and pressure ulcer prevention. **When:** April 11-15, 2016 **Where:** Renaissance Hotel, Glendale AZ.

Who: Nurses, Physical/Occupational/Kinesio-therapists, Risk Managers, & Physicians † Contact Valerie.Kelleher@va.gov for information

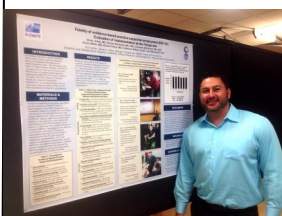
2015 Southern Sleep Society Award and Traumatic Brain Injury Model Systems (TBIMS) Research

The paper "Incidence of Sleep Apnea in Consecutive TBI Admissions at a VA Polytrauma Rehabilitation Center" was selected for the **2015 Founder's Award** by the Southern Sleep Society, the oldest regional sleep medicine meeting in the U.S. This Tampa VA TBIMS study found that more than one-third of a consecutive sample of Veterans and Service Members admitted for inpatient rehabilitation were diagnosed with sleep apnea. The prevalence is significantly higher than expected in the general population and highlights a common comorbidity that may hinder neurologic recovery from TBI.

The VA TBIMS is expanding to study important aspects of chronic TBI health care. A new sub-study, "Improved Understanding of Medical and Psychological Needs in Veterans and Service Members with TBI" (I-MaP), will examine (1) long-term physical and mental health effects, (2) impact of comorbid health conditions on recovery, and (3) chronic rehabilitation needs including accessibility of needed services. I-MaP will utilize the infrastructure of the VA TBIMS which has enrolled over 640 Veterans and service members with TBI for lifetime follow-up across the five Polytrauma Rehabilitation Centers (Tampa, Richmond, Minneapolis, Palo Alto, San Antonio). The TBIMS/IMaP project expansion was made possible through collaboration and funding from the Defense and Veterans Brain Injury Center in the Department of Defense, Veterans Affairs, and National Institute on Independent Living, Disability and Rehabilitation Research.

JAHVH Research Day Poster

Victor Jones is the Tampa VA site clinical research coordinator for the PROMOTE trial, a VA-funded study examining the effectiveness of an evidence-based supported employment model for Veterans with a spinal cord injury. Mr. Jones is a combat service-connected Veteran and is currently a PhD candidate in Educational Psychology. Mr. Jones also performs educational instruction at the James A Haley VA as a Prevention of Disruptive Behavior and Management (PMDB) trainer, educating all physicians and mental health clinicians on the verbal and physical intervention skills necessary for the prevention and management of disruptive behavior. His poster for 2015 JAH Research Day was titled Fidelity of Evidenced-based Practice Supported Employment (EBP-SE): Evaluation of Implementation at the Tampa Site.



Victor Jones with his EBP-SE poster at JAH Research Day, 5/20/15

Slande Celeste, MPH, MCHES, Accepted into 2016 Project Management (PM) Fellows Program

The 14 month fellowship, sponsored by the VA Acquisition Academy and VA Learning University, provides a unique professional development opportunity that teaches leadership, business skills, practical application exercises, and real world project and program management experience under the guidance of a coach and mentor. After completing the training, participants receive the federally-recognized FAC-P/PM certification, which also meets the training requirements for the Program Management Professional certification from the Program Management Institute.

For more information,

<http://www.acquisitionacademy.va.gov/schools/ppm/fellowsFaqs.asp>

Zachary Fisher (1910—1999), The Legacy of the Fisher House



New York real estate developer Zachary Fisher's involvement with the military started with the USS Intrepid. Zachary Fisher learned that after so many years of service the ship was essentially going to be sold as scrap metal. Mr. Fisher said that it was a piece of history and should be preserved, so he worked with the Navy and a few well-connected people and was able to save it from the scrapheap. It was brought to New York around

1981 and became not only a centerpiece honoring the military but the catalyst behind the West Side revival. He had help from some other philanthropists, but Mr. Fisher provided the seed money and it was his determination and drive that really made the purchase possible.

He wanted to do more for the military so he called Pauline Trost, wife of Adm. Carlisle Trost, Chief of Naval Operations for advice. Mrs. Trost often visited troops at Bethesda Naval Hospital and noted that families would come into the lobby with their luggage, no place to put it, and no place to go. She suggested that families of hospitalized servicemen and women needed a place to stay while their loved ones were hospitalized. Mr. Fisher liked the idea and decided to build the first four Fisher Houses – first at Bethesda, shortly after that, Walter Reed, one at Brooke Army Medical Center, TX, and then one at Joint Base Lewis-McChord, WA. Mr. Fisher's number one requirement was that families were not charged for their stay. More and more VA facilities wanted a Fisher house nearby and as the need grew, the Fisher family started the Fisher House Foundation which continues to carry out Zachary Fisher's vision. There are 64 Fisher Houses in operation today; in May 2015, work began on the first Fisher House in Arizona.

Learn more at: <http://www.fisherhouse.org/>