innovative ideas and presented them in the "implement-a-thon," based on popular events in the innovation community called hackathons. Dr. Charles Levy presented the virtual accommodations that he has designed for Veterans with PTSD and/or TBI. More than 50 teams presented their two-minute pitches before breaking into teams to further develop the ideas. By the end of the day, four teams took the top honors. In first place was TECi who pitched their voice-based assistant to help Veterans connect to the services they need. TECi is a "cognitive companion that understands the Veteran and assists them in progressing through recovery and rehabilitation."

In second place was team Calibrating, who pitched a plan to upgrade scanning capabilities to make imaging cleaner. Their key point: "You can’t treat a broken arm if you can’t see it, so you can’t resolve brain issues if you can’t see them." Two teams tied for third place. GrayMatter presented a diagnostic tool that helps monitor sleep. Also in third place, a team from the Tampa VA Medical Center, led by Dr. Steve Scott, James A Haley VA Hospital, won with their Smart Home Innovation.

In her recent pilot study on Home Modification (HM) utilization and HISA grant implementation, Dr. Semeah interviewed 3 groups of VHA HM stakeholders in the North Florida/South Georgia Health System (NF/SG VHS): 10 Veterans with disabilities who received a HM funded by a HISA grant; 9 VA providers who prescribed HMs for Veterans; and HISA Committee members who reviewed and approved prescriptions for HMs. Their preliminary findings are: (1) Providers indicated that, due to Veterans’ health conditions and function limitations, HMs were needed to make their homes accessible for the Veterans to function safely at home; (2) Both providers and Veteran users reported a lack of availability of information about VHA HM services and HISA grants, which may have hindered HM use for eligible Veterans; (3) Veteran users indicated dissatisfaction with insufficient or inappropriate HMs, which negatively impacted their quality of life (QoL) and health conditions; and (4) HISA Committee members noted that the understanding of the intent and goals of HM services was inconsistent among providers, Veterans, and

Continued on page 4
New Post-docs and Patient Safety Fellows
Welcome from Gail Powell-Cope

I am happy to announce our new NIDILRR postdoc (Michelle Henry) and our incoming HSR&D postdocs and Patient Safety Fellows who will begin sometime around July 1. We are very fortunate to have the opportunity to provide mentorship to this fine group of trainees. I look forward to our work together.

As you know, an important aim of CINDRR is to mentor the next generation of rehabilitation researchers who will carry our work and rehabilitation science forward into the future. The goal of the patient safety fellowship is to build knowledge and skills in patient safety for VA healthcare and the wider healthcare community so that healthcare is safer for all. Some of the new fellows are pictured here.

Michelle Henry is the new UF postdoctoral fellow in rehabilitation policy research. Her office is located at Tampa CINDRR. She is interested in studying the effects of the Veteran Choice Act on rehabilitation services.

Racine Brown (HSR&D Postdoc), who most of you know, is currently a project manager at Tampa CINDRR. He is an anthropologist (USF) and his interests are in community reintegration, patient reported outcomes and implementation science.

Vanessa Panaite (HSR&D Postdoc) is a new PhD in clinical psychology from USF and completed her internship at the Hines VA. Her research interests are in the management of depression over time and the role of depression in the course of health outcomes over time.

Courtney Jones (Patient Safety Fellow) has a background in business administration and experience in healthcare through a VA internship. She would like to build skills in patient safety in a hospital setting.

Ann Sarantos (Patient Safety Fellow) is a registered nurse who has experience in acute care and long term care in nursing, administration and quality management. She is interested in falls prevention.

Partnered Projects
Exploring Resource Facilitation Services for Veterans with TBI
PI, Christina (Tina) Dillahunt-Aspillaga, PhD, CRC

Through her research program, Dr. Dillahunt-Aspillaga works closely with adults with mild, moderate, and severe traumatic brain injury (TBI), a population that experiences multiple deficits, and for whom rehabilitation needs are significant. TBI can result in chronic medical, cognitive, physical, and emotional symptoms along with pain and other co-morbid mental health disorders (e.g., post-traumatic stress disorder, PTSD). Community reintegration (CR) is an ultimate rehabilitation outcome for all disability groups including those who sustain injury-related disabilities.

CR, facilitating adjustment to life at home, in the community, and participation in social life roles, is a VA priority. Return to participation in life roles has been labeled broadly as community reintegration (CR). CR is an ultimate rehabilitation outcome for all disability groups including those sustaining injury-related disabilities post-combat. Participation in the community can be especially challenging for Veterans and Service members due to the co-occurrence of TBI, PTSD, depression, severe mental illness, chronic pain, substance abuse, physical injuries, and sleep disorders.

This Q/I study, funded by Veterans Administration Foundation, examines resource facilitation (RF) services for Veterans and service members with TBI. RF is recognized as a best practice of resource service delivery in civilian populations and consists of a partnership that helps individuals and families navigate community resources to improve community re-integration outcomes. Currently, two Q/I surveys are being finalized to send out to VA vocational rehabilitation providers, social work, and community reintegration specialists assessing their knowledge of resource facilitation and the organizations that they use for Veteran referrals.

In addition, a separate survey will be sent to staff at state Brain Injury Associations to capture Veterans that they might serve. Surveys should be sent out soon and Q/I data will hopefully be collected in late July/ early August. This information will be used to inform VA leadership. A separate HSR&D proposal examining RF in Veterans is planned for submission in December 2016.
Research Day 2016

Josh Yarrow, PhD, John Menoski, BS, AS, David Clark, ScD, Micah Flores, PhD, Janis Daly, PhD, and ACOS for Research, Steve Nadeau, MD, were speakers at the Malcolm Randall VA Medical Center Research Day, May 20, 2016.

Adam Haskin, BS; Bridget Cotner, PhD and Marc Silva, PhD, presented their poster “Development of the TBI Rehabilitation Needs Survey for Veterans and Service Members in Chronic Stages of TBI” at the James A. Haley Veterans’ Hospital in Tampa’s Research Day, May 24, 2016.

CINDRR Investigators’ Recent Publications, Presentations, and Awards


Lee, MJ, Romero, S., Pei, Q, Cowper Ripley, DC, Jia, H. Poster presentation: “Using Rasch Analysis to Create an Interval ADL Scale.” 2016 Research Day of VA North Florida/South Georgia Veterans Health System. Gainesville, FL [See photo on next page]
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… 2017 Safe Patient Handling and Mobility Conference**

with special emphasis on falls, fall injury, and pressure ulcer prevention. Where: Renaissance Hotel, Glendale AZ. When: April 10-14, 2017

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

**Research in Progress….Tampa**

**Evaluation of the VHA Safe Patient Handling Initiative, PI, Gail Powell-Cope, PhD, ARNP, FAAN**

In 2008, the National VA Safe Patient Handling and Mobility Program (SPHM) was implemented in all 153 VA Medical Centers. While the impact of SPHM on staff outcomes has been widely examined, there is a paucity of literature on the program’s impact on patient outcomes. Specifically, little is known about the effects of safe patient handling on falls and injurious falls within Community Living Centers (CLCs). Dr. Ialynytchev and her colleagues at CINDRR Tampa, are currently analyzing the impact of the SPHM on Veteran falls in all 141 VA CLC facilities from 2006 through 2011.

They are using Safe Patient Handling Evaluation and Minimum Data Sets (MDS) 2.0 to identify whether a CLC using 1) additional technology (ceiling lifts, etc.), 2) peer leadership, 3) linking facility champion with other staff, 4) intensified staff training, 5) support from key stakeholders, and leading to 6) higher facility scores showing higher implementation has had an impact on lowering Veteran inpatient falls. Data analysis should be complete within the next few months.

Research funding provided by HSR&D to discuss their two stroke projects, VA Post-Stroke Rehabilitation: Comparing Institutional Long-Term Care Settings and Utilizing the RESCUE Stroke Caregiver Website to Enhance Discharge Planning in HSR&D’s website feature Stroke Research in HSR&D.

Studies funded by VA’s Health Services Research & Development Service (HSR&D) address many aspects of care for Veterans either at risk for or recovering from stroke including: Support for caregivers of Veterans recovering from stroke; quality of care for Veterans with stroke, and long-term care quality for post-stroke rehabilitation.” Available at: http://www.hsrd.research.va.gov/news/feature/stroke2016.cfm

**Continued from page 1**

Charlie Jia, PhD, and Connie Uphold, PhD, CINDRR Gainesville investigators, were asked by HSR&D to discuss their two stroke projects, VA Post-Stroke Rehabilitation: Comparing Institutional Long-Term Care Settings and Utilizing the RESCUE Stroke Caregiver Website to Enhance Discharge Planning in HSR&D’s website feature Stroke Research in HSR&D.

Studies funded by VA’s Health Services Research & Development Service (HSR&D) address many aspects of care for Veterans either at risk for or recovering from stroke including: Support for caregivers of Veterans recovering from stroke; quality of care for Veterans with stroke, and long-term care quality for post-stroke rehabilitation.” Available at: http://www.hsrd.research.va.gov/news/feature/stroke2016.cfm

Continued from page 1 committee members, which limited the approval rate of HM requests. These findings provide the foundation for her proposal with Dr. Charlie Jia as PI, that was submitted to HSR&D in June as a 3 year merit proposal.

The proposal is much more ambitious, interviewing 100 Veterans who have received an HM through the HISA program in FY16. The 100 Veterans will be grouped according to their belief that the HM they received provided them with a benefit(s) or provided no benefit. Once arranged into groups, Veterans will be asked a series of questions to probe further into their opinions on the HISA program, the application and follow-up process and the HM that they received to better evaluate the HISA program benefits and barriers.