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

Nov./Dec. 2014

CINDRR Celebrates 10 Year Anniversary of Polytrauma Centers

Polytrauma is defined as two or more injuries sustained in the same incident that affect multiple body parts or organ systems and result in physical, cognitive, psychological, or psychosocial impairments and functional disabilities. TBI frequently occurs as part of the polytrauma spectrum in combination with other disabling conditions, such as amputations, burns, pain, fractures, auditory and visual impairments, post traumatic stress disorder (PTSD), and other mental health conditions. When present, injury to the brain is often the impairment that dictates the course of rehabilitation due to the nature of the cognitive, emotional, and behavioral deficits related to TBI.

The Tampa Polytrauma Transitional Rehabilitation Program (PTRP) is one of only five facilities in the country designed to return a Veteran or Servicemember with TBI or polytrauma to the least restrictive environment in the community. The program helps with meaningful daily activities including return to active duty, work and school, independent living, or supported living. VA PTRPs are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) for residential rehabilitation with brain injury specialty programming. The PTRPs serve Veterans and Servicemembers with brain injury, polytrauma, and other disabling conditions, as appropriate for the needs of the patient.

What is PTRP?
Created in 2005, VA Polytrauma Transitional Rehabilitation Programs (PTRP) are time limited, goal oriented, residential rehabilitation programs that partner with Veteran and Servicemember participants to improve their physical, cognitive, communicative, behavioral, psychological, and social functioning after significant injury or illness. The five PTRPs are located in Minneapolis, Palo Alto, Richmond, Tampa, and San Antonio. The overarching goal of the PTRPs is to help participants return to the most appropriate, least restrictive community setting, by targeting skills necessary for return to home, school, work, or military service, as feasible.

Tampa Polytrauma and Rehabilitation Center

Research In Progress

Eyes Behind the Video Camera: Partnering with Families for Safety

Eyes behind the Video Camera: Partnering with Families for Safety is a two year RR&D Small Projects in Research (SPiRE) which began February 2014. The idea for this project comes from the need to provide home safety assessments for Veterans who live in remote areas not served by professionals who normally perform these evaluations. The goal of the project is to use remote technology to reach all Veterans in need of home safety assessments. Project members will train caregivers to use video cameras as the therapists' eyes to record the home environment and allow VA professionals to perform a remote home safety evaluation.

The specific aims for the project are: 1) to develop and test a pre-discharge tele-home assessment protocol that caregivers can use to record the Veteran's environment for subsequent expert evaluation, 2) to compare on-site home-safety evaluations to home -safety evaluations using caregiver video-recordings of the home, and 3) investigate compliance with recommended environmental modifications and identify compliance barriers and facilitators.

Based on an extensive literature review and feedback from clinicians and experts on architectural design, project team members have developed a protocol for caregivers to use for the recording of the Veteran's home environment. Currently, the team is in the process of testing and validating the protocol with caregivers at the University of Florida Smart House. http://blog.icta.ufl.edu/projects/publications/helal_GTSH_IEEE_Computer_March_2005.pdf.
PI for the project is Dr. Sergio Romero, CINDRR Gainesville.

Meet the Tampa CINDRR Co-Director: Steve Scott, DO

Steven Scott, DO

Dr. Steven Scott is the Tampa Site Co-Director of CINDRR. He is also Chief of Physical Medicine & Rehabilitation Service at the James A. Haley Veterans' Hospital, Medical Director of the Tampa Polytrauma Rehabilitation Center, and Principal Investigator of the Defense and Veterans' Brain Injury Center (DVBIC).

Dr. Steven Scott is a nationally known Rehabilitation Specialist who has dedicated his services and expertise in Chronic Pain Management, Traumatic Brain Injury, and Spinal Cord Injury at the James A. Haley Veterans' Hospital since 1990.

Among many years of awards and honors, he has received the PenFed Foundation Military Hero Award and is a recipient of the Olin E. Teague Award. The PenFed Foundation Military Hero Award was established to honor those who have demonstrated leadership in providing support and services to returning servicemembers and Veterans and their families. The Olin E. Teague Award recognizes an employee or team within Veterans Affairs whose achievements have been extraordinarily beneficial to the rehabilitation of war-injured Veterans.

Dr. Scott recognizes that "those who have served our country have the opportunity to go anywhere in the country for their care and they made the choice to be here," and he feels that "it is an honor and privilege to work with active duty and Veterans who have served our country."

For the past year, Dr. Scott has been involved in the renovation and new addition to the Tampa Polytrauma and Rehabilitation Center which will help Veterans readjust to society in a family-focused facility that combines all of their rehabilitation needs in one place.

At the ribbon cutting ceremony, Dr. Scott noted that the state-of-the-art facility "... fulfills the promise we have made to our Veterans." "If you get injured, we promise we will give you the best rehabilitation care. And that promise is what I see when I look at this building."

Recent Awards

Risa Nakase-Richardson, PhD, FACRM Named 2014 Dr. Joshua B. Cantor Scholar Award Winner

Risa Nakase-Richardson, PhD, FACRM

The Cantor Scholar Award is presented by the Brain Injury Interdisciplinary Special Interest Group (BI-ISIG) to a BI-ISIG member in recognition of outstanding research that is judged to be a significant contribution to the field of brain injury rehabilitation. The award is named in memory of Dr. Joshua B. Cantor, who was well known for his research on life after TBI including the effects of cognitive fatigue, sleep deprivation, exercise, efficacious treatments for depression and cognitive rehabilitation, particularly problem solving and emotional regulation. Dr. Cantor's work was directed towards developing and evaluating interventions that would give solace, meaning, and hope to individuals with TBI.

Dr. Joshua B. Cantor was a board certified rehabilitation psychologist was a long history of clinical research in the area of traumatic brain injury. He had an unfailing commitment to improving the lives of people with brain injury and mentoring psychologists to do the same. Consideration for this award is given to those who demonstrate a solid contribution to the field of brain injury rehabilitation research that demonstrates methodological soundness and/or creativity in research design or intervention content. Dr. Nakase-Richardson was recently named a Fellow in the American Congress of Rehabilitation Medicine (ACRM) and the National Academy of Neuropsychology (NAN).

Recent Publications

Cowper Ripley, D.C., Litt, E. R., Jia, H., Vogel, W.B., Wang, X, Wilson, L.K., Phipps, M.S., Harner, J.A., Graham, G.D. (2014). Using GIS to Plan Health Services for Veterans: the Example of Acute Stroke Care. *Journal of GIS*. 2014 Jun 1; 6:177-184.

Chapman, P. L., Elnitsky, C. E., Pitts, B., Figley, C., Thurman, T., & Unwin, B. (2014). Mental health, help seeking, and stigma and barriers to care among 3- and 12- month post deployed and never deployed U. S. Army combat medics. *Military Medicine, 179*(8), 55–63.

Ye, F., **McCoy, S. C.,** Ross, H. H., Bernardo, J. A., Beharry, A. W., Senf, S. M., Judge, A. R., Beck, D. T., Conover, C. F., Cannady, D. F., Smith, B. K., **Yarrow, J. F.,** & Borst, S. E. (2014). Transcriptional regulation of myotrophic actions by testosterone and trenbolone on androgen-responsive muscle. *Steroids*, 87, 59–66. doi: 10.1016/j.steroids.2014.05.024.

Powell-Cope, G., Quigley, P. A., Besterman-Dahan, K., & **Lind, J. D.** (2014). Perceived benefits of group exercise among individuals with peripheral neuropathy. *Western Journal of Nursing Research, 36*, 855–874. doi: 10.1177/0193945914523493.

Kanach, F. A., Brown, L. M., & **Campbell, R. R.** (2014). The role of rehabilitation in palliative care services. *American Journal of Physical Medicine and Rehabilitation, 93*(4), 342–345.

Mentorship Highlight—Allyson Duffy, PhD, RN, Tampa CINDRR

HSR&D Post-Doctoral Fellow
Allyson Duffy

Allyson Duffy is an HSR&D postdoctoral fellow at James A Haley (JAH) Center of Innovation on Disability and Rehabilitation Research. She graduated with a doctorate in nursing from the University of South Florida College of Nursing August, 2013.

She began her career at the VA as a Patient Safety Fellow in July 2013, and conducted a project in which she interviewed JAH rehabilitation nurses to explore the process that occurs after a patient falls, with a particular focus on the post fall huddle. The post fall huddle is completed by an interdisciplinary team (RN, MD, PT) in which the group, including the patient, discuss the reasons for the fall and ways to prevent a fall from occurring in the future. Findings revealed that nurses felt that they did not have the time and could not gather the team together in order to effectively complete the huddles.

Currently, Dr. Duffy is assisting with qualitative data collection and analysis on the VA Nursing Innovations Center for Evaluation (NICE) project for the Office of Nursing Service to examine the process of documentation of hospital-acquired pressure ulcers. She is also a member of the research subcommittee at JAH to assist in the implementation of the Jean Watson Model of Caring at JAH. This subcommittee will measure outcomes such as patient and nurse satisfaction to evaluate how well the model has been implemented and the potential for further implementation.

Allyson is currently developing a pilot proposal to examine the use of the GetWellNetwork. The GetWellNetwork delivers personalized, diagnosis-specific educational videos via closed-circuit TV to inpatients and their families in the patients' rooms. Her pilot will explore current use of the GetWell-Network by conducting interviews with nurses to obtain their perspectives on the usefulness of the tool and to identify barriers and facilitators to use by nurses, patients, and their families. This pilot will be the first step in the development of a CDA.

CINDRR Technology Focus Group Advances Veteran-Focused Projects through the Use of Technology

The goal of the Technology Focus Group is to improve independence and quality of life for Veterans with disabilities and their families through the use of technology. Specifically, the group aims to advance the use of smart technology to promote health, safety, independence/self management, and support of Veterans with disabilities and their family members/caregivers and to improve access to rehabilitation services and health related resources through the use of distance technologies (tele-rehabilitation). Some key ongoing and recently funded projects include: investigations of the relationship of wheelchair postures and uses to health outcomes; investigations of Veteran and caregiver preferences for electronic information exchange; examining the use of smart home technology for Veterans with polytrauma; using virtual environments and smart home interfaces to enhance activity and participation for Veterans with cognitive impairments; enhancing the safety of locomotion for rural Veterans with dementia; and the use of video cameras to access in-home safety for recently discharged Veterans. Pending studies hope to reduce the costs of quality health care for Veterans by expanding the use of tele-rehabilitation, smart home technologies, and electronic methods of information exchange between Veterans and their VA health care providers.

Recent Presentations

Powell-Cope, G. M. (September, 9, 2014). Implementation Works: Findings From a Six-Year Program of Research in Safe Patient Handling and Mobility. Paper presented at: American Association for Safe Patient Handling and Movement Annual Health Care Ergonomics Conference, Portland, OR.

Cowan, L. & **Garvan, C.** (September 18-19, 2014). Online Survey of VA Wound Providers (expanded data). Poster presented at: South Eastern Region Wound Ostomy and Continence Nurse, Montgomery, AL (funded through ONS).

Powell-Cope, G. M. (March, 27, 2014). Writing and Presentation Skills. Paper presented at: Safe Patient Handling and Mobility Annual Conference, Orlando, FL.

Mann, W. C. (September19, 2014). Opportunities for Cross COIN Collaboration: Cross-Site Mentorship, COIN Directors Meeting, Washington, DC

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.hsrd.research.va.gov/centers/cidrr8.cfm

Upcoming Conference

Safe Patient Handling and Mobility—Transforming Clinical Practice
With a Specialty Track on Fall and Fall Injury Prevention
April 20-24, 2015, Renaissance Glendale, Glendale, AZ — http://www.tampavaref.org/conferences.htm

From Research To Practice

Persons with spinal cord injury (SCI) are at extreme risk for developing pressure ulcers (PrUs). Previously, clinical practice to monitor PrU healing varied across VHA SCI Centers, ranging from using tools with established reliability and validity for non-SCI populations to using locally developed tools lacking psychometric testing.

Audrey Nelson and Susan Thomason from the Tampa VA, were funded through the VA Nursing Research Initiative in 2005, to address this practice gap. In the 3-year longitudinal study, researchers validated and evaluated reliability and sensitivity of a new tool to monitor PrU healing in persons with SCI. A convenience sample of 66 Veterans with 167 PrUs was recruited and assessed weekly for 12 weeks using a 30-item observational scale. A parsimonious set of seven items was identified for the final version of the SCI-PUMT.

Based on the study, an implementation toolkit was developed and the SCI-PUMT was exported to 23 SCI Centers. Initial implementation of the tool was varied. In a QUERI study, Marylou Guihan, from SCI QUERI, found that staff were eager to use the tool but the lack of integration with the electronic medical record was a great barrier for implementation. Once this barrier is overcome and implementation is high at the centers, research can begin to determine the impact of the SCI-PUMT on clinical treatment decisions. Additionally, the SCI/D Centers will be primed to conduct multi-site studies to test the efficacy of different PrUs treatments.

This photograph is of Albert Lehner Somers, grandfather of Gail Powell-Cope. "Abe," as he was called, served in Europe during World War I as a Food Service Specialist. The family story is that he wanted badly to go overseas and at the time he was told that the only position open was as a cook for an all-African-American platoon. He was told that several others refused to serve in that position. Abe accepted the position, went overseas, had a very successful tour of duty, and kept his troops well fed.