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HUNTER  
HOLMES  
McGUIRE  
VA  
MEDICAL  
CENTER

## POLYTRAUMA TRANSITIONAL REHABILITATION PROGRAM (PTRP)

**A comprehensive welcome guide for Active Duty Military,  
Veterans, Families, and Friends**



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## Welcome Message From The Directors

“Welcome to the Hunter Holmes McGuire VA Medical Center Polytrauma Transitional Rehabilitation Program (PTRP). On behalf of your healthcare team, please be assured that we will do all we can to make your stay as positive an experience as possible. The PTRP philosophy is to work together with your treatment team to maximize function, preserve dignity, and provide support and guidance in your recovery. Our goal is to help you to become as independent in your daily activities as possible and to help you return to a meaningful and productive lifestyle. We have prepared this orientation handbook to answer questions that you may have about the program. If you have any other questions, our staff will be glad to help you.”

Sincerely,

*William Robbins*

William Robbins MD  
PTRP Medical Director

*Paul M. Sander*

Paul Sander  
PTRP Program Director

## **Our Mission**

The Polytrauma Transitional Rehabilitation Program (PTRP) at the McGuire VAMC provides a progressive return to independent living through a comprehensive residential rehabilitation program focusing on home, community, and vocational re-integration for active duty service members and veterans who have sustained brain injury due to trauma or other conditions.

## **Our Philosophy**

The PTRP rehabilitation team assists service members, veterans and their families in becoming as independent as possible in their daily lives through treatment, education and teamwork. Our rehabilitation team is actively involved in teaching and research activities to help improve the treatment results for all persons we serve.

## **SECTION 1: Information About the Richmond PTRP**

### **DESCRIPTION OF SERVICES**

The PTRP Team provides an interdisciplinary program that is customized to help transition each patient back to their community at an optimal level of function through the rehabilitation process. PTRP is the “bridge” between in-hospital treatment and return to community participation.

- Performance is discussed during interdisciplinary team meetings that occur every two weeks with the goal of treatment being to increase patient function while keeping physical and cognitive challenges from becoming lifelong impediments. Patients and families/caregivers work with a team of rehabilitation professionals to set and work toward realistic treatment goals.
- The PTRP team provides specific evaluation of challenges and residual strengths, and designs rehabilitation treatment that is customized to individual injuries and challenges related to trauma and/or illness
- The PTRP team also manages associated medical and surgical conditions through consultation with other healthcare specialties as needed
- Patient potential and achievements are specific to each individual situation and depend on many different factors including the medical/surgical issues involved, as well as the severity of the initial trauma or injury and ability to actively engage and participate in treatment.
- Rehabilitation attempts to promote healing and optimal function by facilitating the body’s own natural healing process.

## WHO IS ELIGIBLE TO RECEIVE TREATMENT?

Any Active Duty Service Member or Veteran who:

- Is at least 18 years of age
- Is fully oriented to situation and alert
- Has impairments that restrict community re-integration (areas such as employment, school, independent living, cognition and/or psychological adjustment) as a result of traumatic brain injury
- Would benefit from a 24-hour-per-day, 7-days-per-week, structured and supportive in-patient living setting
- Is medically stable
- Is clean and sober without a recent history of substance abuse
- Does not exhibit behaviors posing risk/safety threat to self or others or exhibit behaviors that require an alternative mental health treatment environment
- Has the potential to successfully participate in groups and to benefit from individual therapy sessions
- May need supervision or prompting with basic self care and with taking medications
- Is willing to participate in the program and to adhere to all facility rules
- Has goals that can be addressed by the program

## WHAT SERVICES ARE AVAILABLE?

- **Cognitive Rehabilitation:** attention, language, memory and problem-solving...
- **Health and Wellness:** physical fitness, nutrition, stress management, leisure skills and education...
- **Psychosocial Services:** individual and group therapies, cognitive counseling, family counseling, adjustment counseling
- **Medical Services:** general medical/rehab medicine, vision and hearing assessment and treatment, pain management

- **Living Skills:** home maintenance, kitchen management, money management, parenting, time management, routines of daily living development
- **Community Integration:** volunteering, return to school, return to driving, public transportation training, shopping, leisure skills, community social skills

## **WHAT IS THE GOAL OF PTRP?**

The goal of the program is to help you to care for yourself, transition into the community and be successful in your personal, professional and scholastic endeavors.

## **WHAT CAN YOU EXPECT?**

- To be treated with dignity and respect
- To be supported in your personal rehabilitation goals
- To be assisted as needed
- To be updated on a regular basis regarding your progress

## **WHAT ARE YOUR RESPONSIBILITIES?**

- Maintain your personal area (clean and organize personal space, make bed, wipe down sink and counter, furniture surfaces organized and free of clutter, clothes and footwear stored in closet or baggage, pick up trash)
- Attend all scheduled individual and group sessions and meetings
- Be polite to everyone
- Stay up and out of bed, except for scheduled “rest” times
- To help set long and short term rehabilitation goals
- To do your best to meet these goals
- To complete all assignments given in therapy
- Participate in PTRP house responsibilities which are delegated to PTRP residents at house meetings, which include clean kitchen, clean common living areas, prepare meals, etc.

## **COMPUTER USE**

The Polytrauma building is wired for Wi-Fi accessibility. Participants are encouraged to use this service with their own laptops or with PTRP laptops which are available for check-out through the Recreation Therapy service.

## **PARTICIPATION: “YOU NEED TO BE A PART OF THIS...”**

Active participation in rehabilitation is an important, indispensable part of your recovery. The PTRP has numerous staff and resources to assist you in achieving your goals. Members of the treatment team will ask about your goals and share their recommendations for a treatment plan based on evaluations done with you in the first few weeks of your stay on PTRP. You are a vital member of the treatment team and all effort will be made to develop your treatment goals in a collaborative manner. In order to achieve the goals you set, participation in treatment is essential. This means attending scheduled appointments, completing assignments, and following basic codes of conduct, and following relevant and applicable codes of military conduct. Occasionally, you may find your motivation or desire to participate in therapy diminish. If this should occur, the treatment team will assist you in identifying any obstacles to participation in treatment and develop a plan to assist you in overcoming these. Such assistance might include a formal behavioral plan outlining specific responsibilities and steps to be taken by both you and staff members. This plan will be reviewed regularly and adjusted to ensure you resume full participation in your rehabilitation program. If such a plan does not result in increased participation, then the team will meet with you to discuss alternative treatment options, which could include discharge from PTRP or disciplinary action (if active duty).

## FREQUENTLY ASKED QUESTIONS

- **Why am I here?**
  - You are here to learn how to become as independent as possible in your every day life and to get back to doing things that you enjoy and find valuable.
  
- **Will rehabilitation work for me?**
  - Rehabilitation is very personalized. A lot depends on your physical condition, your specific challenges, and how much effort you put into therapy.
  
- **Will I ever be normal again?**
  - “Normal” can mean different things to different people. The goal of rehabilitation is to help you to become the best that you can be.
  
- **How long will I be here?**
  - Length of stay will vary according to individual rehabilitation needs and progress toward goals.
  
- **When will I see my doctor?**
  - You will see your doctor during the initial evaluation and for subsequent follow-up appointments in the weekly PTRP Medical Clinic during your rehabilitation. One of the doctors will be available to see you at other times if there is a need.
  
- **What is a Family Conference? Should I attend it?**
  - A Family Conference is a time when your rehabilitation team gets together with you and your family to talk about your rehabilitation goals and the progress that you are making toward them. There is an Admission Family Conference to discuss evaluations and the proposed rehabilitation plan of care, and a Discharge Family Conference to prepare for discharge and to discuss the discharge plan of care. There may be other Family Conferences in between these two, as needed. Other case managers and stakeholders may also be invited to participate. If family is unable to attend physically,

they will be given the option to participate in a telephone conference.

- **How long are therapy sessions?**
  - Therapy sessions including group sessions and individual therapy sessions usually last between 30 and 60 minutes and run throughout the day. You will receive a schedule each week on which all of your therapy appointments will be marked.

## GENERAL PTRP “HOUSE RULES”

1. Keep your private room and common areas clean and neat.
2. Residents are encouraged to gather and socialize in the common areas. However, residents are not permitted to enter into another resident’s room. Your room is to be considered a strictly private space assigned to you for the course of your stay in the program. Only you, authorized family members, and treatment staff are permitted to enter your room.
3. No food is to be kept in your room. Personal food items should be labeled with name and date and stored in the PTRP kitchen pantry/refrigerators/freezers.
4. There is no smoking or use of any tobacco products (including chew, snuff, or dip) in the building. A smoking area is provided behind the building in a gazebo. A smoking cessation program is offered.
5. You are expected to perform all daily and weekly Room Responsibilities.
6. You are expected to attend the weekly House Meeting. Household responsibilities will be assigned to all residents and general information updates/issues will be discussed and addressed at that time.
  - a. You are expected to perform all Household Responsibilities as assigned. These are assigned weekly in the House Meeting.
7. Clean up after yourself in the kitchen. Do not leave dirty dishes in the sink. Please load the dishwasher or hand-wash dishes, cutlery and utensils.
8. You are expected to participation in the Self-Medication Program.
9. Follow all Pass and Visitor Policies.

These “house rules” were developed with **your safety, comfort, and privacy** in mind. if you have a problem or a concern about following them, please speak with the PTRP social worker or your lead therapist.

## **SELF-MEDICATION PROGRAM**

Part of being in the PTRP program involves learning the ability to take your own medication. With regard to the PTRP Self-Medication Program, each patient will be evaluated and a level of independence score will be designated that indicates how well the patient is performing in terms of knowledge, understanding and capability for taking their own medication. Medication will be provided and supplied with a level of supervision based on this rating.

When the patient is admitted to the PTRP building, all medication will be ordered as an outpatient and the patient will pick up their medications at the hospital pharmacy, as needed. The nursing staff and the PTRP pharmacist will review the medications with the patient and a key will be provided for a medication lock-box in the medication room behind the nursing station. The key will be unique to the assigned medication lock-box. All medications will be stored in the lock-box unless a doctor's order permits the patient to have a particular medication, such as eye-drops or a skin cream, kept at bedside. At the time of admission, each patient signs a security agreement that states they will concur with the program and will be responsible for the security of their lock-box key, which will be returned at the time of discharge.

Each patient will then be responsible for coming to the nursing staff whenever they need to take a medication. The nurse will unlock the cabinet in the medication room and pull out the lock-box designated for the individual patient. The patient will then sit down with the nurse and will unlock their lock-box using their key and remove the medications that are needed. They will initial a medication record sheet that indicates what medications were removed and when they were removed. Once a week, at the weekly PTRP medical clinic appointment, the doctor will re-order medications if needed for refills and the patient will go to the main hospital and pick them up at the Outpatient Pharmacy. They will return to the PTRP building and place the medications into their lock-box for storage. The level of supervision for medication retrieval and management will depend on the level of independence in the Self-Medication Program.

You must not take any medication or substances that have not been authorized and prescribed by your treating physician while you are in the program both in the building and while out on pass. The program maintains the right to perform random drug and alcohol testing on blood

and urine samples at any point while you are in the PTRP program. The use of alcohol, illegal substances, drugs or any unauthorized medication may be cause for immediate dismissal from the program.

## **SECTION 2: Preparing for Your Admission**

### **What to Bring With You**

Please bring the following with you:

#### **Medical Information:**

- A written list of all current medicines including over-the-counter medicines, vitamins, and supplements. Please note that when you arrive on the unit, nursing staff will supervise you taking your medicine as noted in the section above on the Self-Medication Program.
- A list of contact information for important people the PTRP staff may need to contact (family/support persons, providers) on your behalf.
- A record of your immunizations including tetanus and any vaccines such as Hepatitis B and PPD Mantoux (TB testing) if possible. This will help the vocational rehabilitation process if you will be involved in programs for returning to work.

#### **Identification:**

- If you are on active duty status, please bring your military ID. Otherwise, please bring any government-issued ID such as your driver's license or personal identification (ID) card for identification purposes. Please sure to keep your ID with you throughout your stay in PTRP.

#### **Personal Items:**

- Bring clothing based on your goals.
- If you are active duty and have access to your uniforms, you should bring one set of utility uniform and one set of PT gear.

The following list includes some general ideas:

- Workout clothes
- Sweat shirt
- Jacket

- Underwear
- Bathrobe
- Swim trunks
- Flip flops/ sandals
- Tennis shoes
- Jeans
- Several changes of clothing (jeans, polo shirts, t-shirts)
- In the PTRP, patients participate in many community re-integration outings that are called TCEs (which stands for “Therapeutic Community Experience”). TCEs are often outdoors, so it is important to bring the following items to cover many different types of weather conditions:
  - Baseball cap
  - Water bottle
  - Bug spray
  - Sunscreen
  - Umbrella/poncho
  - Sunglasses
  - Beach towel

***Bed linens and towels are provided.***

***Laundry:*** Washers and dryers are available on site for PTRP patients to use independently to do your laundry. If you need assistance with laundry tasks, therapists will include laundry duties in your therapeutic plan of care. Staff will be available to provide assistance as needed. Laundry soap is provided. If you have personal preference for detergent you may purchase your own. You may also choose to bring the following suggested items:

- Laundry bleach (color safe)
- Fabric dryer sheets
- Mesh laundry bag or laundry basket

You may bring recreational items such as:

- Cell phone
- Lap top computer
- DVDs/CDs
- iPod/MP3 player

- CD Player

Bring these items at your own risk. There is a small locked drawer in your room where you can lock up valuable items.

#### Personal hygiene products:

You *will* need to bring your own personal hygiene products:

- Soap
- Shampoo
- Shaving cream
- Razors
- After shave
- Toothbrush
- Toothpaste
- Floss
- Mouthwash
- Eye glasses or contact lenses with appropriate solutions
- Females should bring personal hygiene products

#### **Pre-Admission Information**

The results of your pre-admission evaluation are shared with you and your family members as they may be available. **This is a voluntary program.** Procedures for non-voluntary discharge and discharge against medical advice (AMA) are discussed with you and your family at the time of admission. You will also be shown how to keep your personal items safe.

When you come to the rehabilitation unit, you will receive a tour of the Polytrauma building and you will be introduced to your treatment team.

You and your family will meet many people here. The rehab process involves many treatment team members from different rehabilitation disciplines.

Some of the members of your PTRP clinical team are listed here:

- Dr. William Robbins, Medical Director
- Christine Gentry and Sherri Pearson, Occupational Therapists

- James McDonald, Social Worker / Case Coordinator
- Candy Dunavan, Nurse Case Manager and Admissions Coordinator
- Vacant, Nurse Manager
- Dr. Suzzette Chopin, Neuropsychologist
- Dr. Patricia Jones, Psychologist
- Susan Borghard, Physical Therapist
- Jaclyn Fitzsimmons, Speech-Language Pathologist
- Curtis Robb, Recreational Therapists
- Alicia Frazier and Ariston Bautista, Kinesiotherapists
- Dr. Shaheen Mustafa, Psychiatrist
- Nancy Prussing, BROS / Vision Rehab Specialist
- TBD, Vocational Rehabilitation

Your doctor and team members will review the rehabilitation program and will share what outcomes they expect for you to achieve. You and the team will work together to set treatment goals. You will be assigned a lead therapist from the treatment team who will meet with you weekly to review your treatment plan and goals. Your lead therapist will serve as your main point of contact with the treatment team.

You will receive a personalized weekly schedule of therapy appointments soon after you arrive and an updated weekly schedule each week of the program. You will have both individual treatment sessions as well as group sessions where treatment is done together with other residents in the program. You are expected to take part in your therapy and to be on time for your therapy appointments unless you are sick and have obtained permission from the doctor to be excused from therapy.

The weekends provide an opportunity to continue to work on your own on specific assigned short-term goals. Each week your lead therapist will meet with you prior to the weekend to help you to set weekend goals for yourself that you will be expected to work on. If you are going out on a pass over the weekend with someone who will be responsible for your welfare while you are away, that person will be expected to provide written feedback on a form provided by the nursing staff regarding the progress you made with completing weekend goals. If you are remaining on site during the weekend, then the weekend nursing staff will help to remind you to work on these goals and will provide a report to the team on the progress that you made over the weekend in your work on these goals.

You and your family will learn about your diagnoses and treatment. You can speak with your nurse or lead therapist to learn more.

The average length of stay in the program is around 75 days. It may be shorter or longer depending on your needs.

Your treatment plan and goals are discussed by the team at conferences that occur at least once every two weeks. An estimated length of stay is determined at your first team meeting and will be communicated to you by your lead therapist.

### **Wellness and the Development of Healthy Habits**

A major part of the program will include an emphasis on health maintenance and wellness including building good practices associated with a healthy lifestyle and empowering yourself to take control of your health and implement strategies for keeping yourself healthy. This includes considerations such as making good food choices, obtaining regular physical exercise and getting adequate amounts of sleep as well as developing effective strategies for stress management.

Six dimensions for improvement of wellness and general well-being include **physical health, social functioning, emotional health, intellectual functioning, spiritual health, and vocational / recreational participation.**

#### 1. Physical Health:

Each person admitted to PTRP will meet with the nutritionist to discuss their dietary needs and healthy food choices. Physical exercise will also be a very important component of the treatment program and will include recommendations regarding a balanced daily physical exercise routine customized for each individual's particular needs and capabilities. Your treatment team includes a Physical Therapist, Occupational Therapist, Kinesiotherapist, and Recreational Therapist, all of whom may assist you in developing an exercise program designed to address your physical mobility, fitness and wellness goals. A major emphasis will also be placed on developing good sleep habits since obtaining sufficient good-quality sleep will be very important for your recovery and your

ability to fully participate and benefit from the treatment being offered. If you are interested in smoking cessation, please let staff know and we will include a smoking cessation goal as part of your treatment program.

2. Social Functioning:

Working well with others and being able to manage the important relationships in your life is an important part of daily life that can be affected by an injury. We offer group activities, individual counseling and training as well as the opportunity to apply different strategies to the mission of learning to work together with staff and other patients in various activities to help improve your social skills and ability to operate cooperatively and effectively with others.

3. Emotional Health:

Having ways to cope with life's challenges and manage stress in constructive ways is another important skill that will be addressed as part of the program. A variety of group activities including yoga and gardening (during the growing season) and various recreational activities are offered to help with relaxation and stress reduction. Our program provides individual and family counseling aimed at facilitating adjustment to injury as well as stress management, relaxation training, and training in various strategies to help reduce symptoms of emotional distress.

4. Intellectual Functioning:

A good deal of the program focus will be on helping to improve memory and thinking ability. Strategies to help compensate for difficulties with intellectual functioning will be taught. Group and individual sessions with a variety of different members of the treatment team will be involved in addressing this general goal.

5. Spiritual Health:

Recognizing that one's spiritual well-being is an important aspect of overall satisfaction with life is an important issue in holistic

rehabilitation. Everyone is encouraged to take advantage of the nondenominational Spiritual Group that is offered each week with our hospital clergy in the Conference Room as well as, when feasible, the religious services that are offered on the hospital campus.

#### 6. Vocational / Recreational Participation:

A major part of the PTRP program focuses on helping you to be more independent when you are out in the community. Our recreational therapists will help you to learn how to plan your leisure time and all staff are involved in facilitating your ability to participate in recreational and self-management activities in the community. Everyone admitted to the program is also seen and evaluated by our Vocational Rehabilitation Specialist and our Vocational Psychologist to help address interests related to working, when this is a realistic goal, as well as getting involved in volunteer activities in the community.

Learning how to identify and maintain a balance of different types of activities and interests in your life is an important aspect of wellness and good health. We will work together with you to help you to build upon and develop your strengths and help you with strategies to address and manage the challenges affecting your physical, emotional, and intellectual functioning and well-being.

#### **Brain Injury and Polytrauma Education**

Another major component of the PTRP treatment program is education about brain injury and recovery from brain injury. We offer general education about a variety of topics related to brain injury in groups and personalized education in individual sessions. Everyone meets with representatives from the **Department of Veterans and Defense Brain Injury Center (DVBIC)** to review educational materials made available through DVBIC during the first week of your admission and your caregivers are invited to attend this session as well. We also invite you and your caregivers to look at the website of the Polytrauma System of Care at [www.polytrauma.va.gov](http://www.polytrauma.va.gov) where there are links to a wide variety of web-based sources of important information covering different topics related to

brain injury as well as information about prevention of and recovery from injury.

Some of the topics that may be addressed as part of your treatment program in both group and individual sessions include the following:

- a. Brain anatomy and function.
- b. Different causes of brain injury.
- c. Behavioral challenges related to brain injury.
- d. Treatment of memory and thinking difficulties.
- e. Improving your ability to communicate and refining your social skills.
- f. How to locate resources in your community.
- g. Setting, managing and respecting Boundaries.
- h. Medical complications.
- i. Sexuality after brain injury
- j. Different risks associated with brain injury including areas like substance abuse, anger management, and impulse control.
- k. Standing up for yourself (self-advocacy and empowerment).
- l. Psychological issues, stress management and adjustment following brain injury.

### **Your Personal Health Information Packet**

One of the things that will be discussed with you by the PTRP Social Worker or Ms. Barbara Bauserman, the Polytrauma Family Education Nurse, during your stay here is your **Personal Health Information Packet** which is a form that you can fill out, take with you, and use as your own Portable Health Information Profile. This packet is provided for your personal use. It can be used as a supplement to the **MyHealthVet** world wide web-based patient portal accessible through a computer with internet connection, to which you also will be introduced. The information written into this packet is intended to provide you and those involved in your care with an organized way to keep track of your stay here and to carry over essential health information into your next stay or transition following discharge. If you should have any questions about filling this packet out, please feel free to ask any one of your treatment team members to assist you in filling in any blank spaces.

## **Discharge Criteria:**

The veteran or active duty service member will be discharged from the PTRP when the individual:

- Has reached their realistic goals within the scope of the program
- Is no longer able or willing to take part in the program, or is no longer following the program and facility rules
- Has behavior posing a risk or safety threat to self or others or displays behavior that requires alternate services or a different treatment environment
- Is active duty and the Department of Defense (DOD) requests discharge through the command
- Becomes medically or mentally unstable

Written transition instructions are given to you and your family on the day of discharge from the program. You can also request a copy of your medical records from your stay in the program to take with you.

These written discharge instructions include:

- Activity restrictions
- Diet
- A list of medications
- Contact information for points of contact and providers who will be assuming responsibility for your care
- Follow-up medical and therapy appointments
- Recommendations

These instructions can be viewed by your VA providers anywhere in the United States. These instructions can also be faxed to other facilities if you will not be receiving follow up services at a VA hospital or clinic.

## **Intended Discharge Environments**

Patients are discharged to the least restrictive available environment in which they can safely function and in which adequate supports and continuing outpatient treatment options are available. Environments should ideally promote opportunities for continuing recovery and provide for a reasonable quality of life. Whenever possible, contingency plans will be

developed and identified should circumstances following discharge change significantly such that alternative arrangements may be necessary to address health, safety, or other needs related to maintaining or improving your function and general welfare. Active duty service members may return to active duty or to a Warrior Transition Unit to complete a medical board evaluation process with the military. This is ultimately the decision of the command. Veterans may be discharged to independent community living, to the care of their family or friends, or to a supported living environment.

### **Post-Discharge Follow-up**

We seek to keep track of where our patients are discharged and to stay in touch with how they are doing. This helps us evaluate our program outcomes both in the short term and the long term. Before you leave the program, we will ask you for contact information so we can stay in touch and monitor your progress after discharge. If your contact information should change, we would appreciate it if you could contact our program at 804-675-6169 to let us know your new contact information. We will also ask you and your family to evaluate your experience in the program. Approximately six months after discharge we will attempt to contact you through the contact information that we have available to find out how you are getting along and to obtain a report on the progress you have made since discharge or any particular challenges you are facing. You are welcome and invited to contact us to let us know how you doing at any point after your discharge from the program.

## SECTION 3: HOSPITAL INFORMATION

### MAIL

Resident letters and packages should be addressed to:

Richmond VA Medical Center  
Polytrauma Transitional Rehabilitation Center - Building 514  
Attention: Patient Name / Room Number  
1201 Broad Rock Blvd.  
Richmond, VA. 23249

### TELEPHONES

**Cell phones are permitted only in designated areas inside the Richmond VAMC. Texting and phone calls must be performed outside of treatment sessions.**

Telephones are located in every patient room and have a unique 4-digit extension assigned. There is no charge for local calls. Long distance calls can be made with the use of a calling card.

Patients can be contacted from outside by dialing the medical center's main telephone number **804-675-5000**. When the automated message comes on, dial the resident's 4-digit telephone extension. If you are calling from a rotary phone, you will need to remain on the line until a VA operator answers. The operator will then connect the call.

**Please be aware that therapy sessions are scheduled throughout the day.** If your loved one does not answer the phone, it may be because he/she is in therapy, or out of the building participating in an activity in the community.

### PATIENT DINING

Breakfast and lunch are prepared by the residents (with or without assistance from staff). Dinner is provided by the hospital. The PTRP kitchen is closed from 11 PM to 5:30 AM. The PTRP kitchen is for use by PTRP and STAR residents only.

### HOSPITAL FOOD POLICY

It is the Richmond VAMC policy to ensure that all food supplies given to patients are safe, wholesome and sanitary. Food safety is a primary

concern since you may be a risk for food borne illness. All PTRP staff members will comply with the hospital procedure for receiving, sharing, and storage of food brought to patients by family members or friends.

Guidelines for food for individual Veterans or Active Duty Service Members:

- Your family and friends can bring food items for you. The food items must be approved by your doctor, dietitian or nurse.
- Food should be kept in the refrigerator if needed. Shelf stable items do not have to be in the refrigerator.
- Food should be stored in a covered container. The container must be marked with your name and date.
- Perishable items should be discarded after 24 hours unless marked with a manufacturer's expiration date. Shelf stable items may be kept longer than 24 hours. Some perishable items, such as ketchup and salsa may be kept longer than 24 hours.
- Nutrition and Food Service is not responsible for the storage, safety, quality and labeling of food brought in from outside sources or food served to groups of patients as part of an organized function.

### **Foods That are Allowed**

You and your family can bring these foods. Be sure to take into account any diet limits you may have.

- Cake
- Donuts
- Pastries
- Ice cream and popsicles
- Cookies
- Fresh fruit and vegetables (wash these prior to eating)
- Snack type foods (i.e. potatoes chips, corn chips, etc.)
- Hot foods and meats cooked and held appropriately (see above)
- Cold foods held appropriately (see above)

### **Foods that are not allowed**

- Food prepared with raw eggs such as Caesar Salad
- Unpasteurized juices
- Unpasteurized dairy products and foods prepared with unpasteurized dairy products
- Rare or undercooked meats

- Any hot or cold food not held within appropriate temperature guidelines

**VISITOR DINING**

The hospital cafeteria is located on the first floor of the main hospital and is open to patients and families/visitors. A list of local restaurants can be obtained from the Reception Desk in the Front Entrance.

**CANTEEN / CAFETERIA HOURS:**

Monday to Friday: 7:00 AM - 2:00 PM

**STARBUCKS HOURS:**

Monday to Friday: 6:30 AM - 6:00 PM

**RETAIL STORE / PX**

The retail store is located on the first floor mall of the main hospital.

Retail store hours:

Monday – Friday: 8:00 AM - 4:30 PM

Saturday: 9:00 AM - 4:00 PM

**BARBER SHOP**

The barber shop is located on the first floor, in room 1M-160.

Barber Shop hours:

Monday, Tuesday, Thursday, & Friday: 8:00 AM - 1:00 PM

Wednesday: 9:00 AM - 1:00 PM

- Haircut \$9
- Shave \$4
- Chipper shave \$4
- Mustache trim \$2
- Eyebrow arch \$4
- Beard clipper \$4
- Clipper edge \$5

**BANKING**

1<sup>st</sup> Advantage Credit Union branch and ATM are located on the first floor next to the north mall (retail store) entrance.

1<sup>st</sup> Advantage Credit Union branch hours:  
Monday – Thursday: 9:00 AM - 4:30 PM  
Friday: 8:30 AM - 4:30 PM

### **RELIGIOUS SERVICE WEEKLY SCHEDULE**

- Protestant Worship Service: Sunday at 10:00 AM
- Christian Prayer and Praise: Wednesday at Noon
- Islamic Juma Prayer Service: Friday at 1:15 PM
- Catholic Mass: Saturday at 10:30 AM

### **CHAPLAIN**

There is a chaplain on call 24 hours, 7 days a week.

**After business hours**, dial 0 and have the operator page the on-call chaplain.

**During business hours**, call the Chaplaincy Office at:

804-675-5000 ext. 5125

### **COMMON LIVING AREA CURFEW**

- Lights out in common living areas:
  - Sunday – Thursday: 11:00 PM
  - Friday and Saturday: Midnight

### **AVAILABILITY OF INTERPRETERS**

**Information regarding the availability of interpreters for different languages to assist with translation is available from your Social Worker.**

### **IMPORTANT HOSPITAL RULES**

- Drugs, alcohol, knives or any other dangerous weapons, ammunition and hazardous materials such as flammable liquids are not permitted on hospital grounds.

- Use of audio and/or video recording devices in or on the grounds of the facilities is forbidden without the consent of all parties involved.
- Pets may not visit the PTRP unit. Guide dogs or service animals are allowed.
- Everyone entering buildings on the facilities grounds may be subject to inspection of all packages, luggage, and containers in their possession.
- Smoking is allowed only in well marked outside areas. Please smoke only in these areas. Do not smoke while you are walking on VA property.
- Smoking is not allowed inside any hospital buildings.

**Smoking in places other than the marked smoking areas puts you and others in danger.**

## **SECTION 4: YOUR PTRP REHABILITATION TEAM**

### **YOUR PTRP REHABILITATION TEAM MEMBERS**

#### **PHYSIATRIST / MEDICAL DIRECTOR**

The Physical Medicine and Rehabilitation doctor that takes care of you if you have had an injury or major change in your health status that keeps you from functioning the way you have in the past is called a Physiatrist. Some of these health problems include stroke, amputation, spinal cord injury, general weakness, recovery after surgery, and brain injury. The physiatrist is the rehabilitation team coordinator and plans your therapy and nursing care. The doctor will take care of your general medical problems as well as your rehabilitation needs in conjunction with the rehabilitation team while you are in the program. The doctor may also ask for assistance from healthcare providers from other medical specialties outside the team when specialized medical expertise is required.

#### **PTRP PROGRAM DIRECTOR**

The PTRP Program Director is responsible for all non-clinical administrative activities of the PTRP program and general operations in the PTRP building. He is in charge of providing the members of your rehabilitation treatment team with assistance for administrative issues that impact your care. The Program Director will help to get you oriented to the building and basic program operations during your admission process. The PTRP Program Director receives administrative aid from the PTRP Program Support Assistant who also serves as the Front Entrance receptionist and coordinator.

#### **NEUROPSYCHOLOGIST AND CLINICAL PSYCHOLOGIST**

The Neuropsychologist specializes in understanding how an injury or medical condition affects your brain and your ability to function and think. He/she provides neuropsychological assessment which involves measuring cognitive skills such as attention, memory, problem-solving as well as personality and emotional functioning. With regard to cognitive, emotional and behavioral function, he/she will help to identify your personal strengths as well as the challenges that have arisen due to the effects of the injury on brain function. He/she will help you, your team and your family to understand the best ways to manage your injury, help you to best respond

to these challenges, and predict your future level of function. The Neuropsychologist may also provide rehabilitation psychology services such as counseling and education to assist you and your family in coping with and adjusting to the long-term effects of your injury or medical condition.

The Clinical Psychologist specializes in providing individual and family counseling to help you and your family to cope with and adjust to the challenges and changes that have occurred. He/She will also help you understand how an injury or medical problem can impact your functioning at work, home and in social settings; and help you learn to anticipate potential areas of challenge and identify strategies to maximize your success in these areas.

### **PSYCHIATRIST**

The PTRP Psychiatrist evaluates every patient on admission to assess psychological and emotional adjustment, and to review any behavioral health concerns and any medications that have been prescribed in relationship to sleep, mood or anxiety difficulties. Each patient is followed as needed intermittently by the PTRP Psychiatrist after the initial admission assessment.

### **TRANSITIONAL REHABILITATION LICENSED PRACTICAL NURSE (LPN)**

The Transitional rehabilitation LPNs are available 24/7 to give you medical support and guidance. They provide quality nursing care, encourage you to be as independent as possible, and help you to set and achieve your rehabilitation goals. These nurses are actively involved in teaching you and your family about your medical condition and how to manage your challenges. They are involved in assisting you with the self-medication program. They also help you and your family to develop practical problem-solving skills to overcome obstacles that you may face at home.

### **TRANSITIONAL REHABILITATION REGISTERED NURSES (RN)**

Transitional rehabilitation registered nurses (RNs) are also available. The RNs fill two different roles. The first is that of a nurse manager. The second is that of a nurse case manager. The Nurse case manager works to gather clinical information on patients referred to the program and

manage the process of receiving patients into the program. The Nurse manager works to assist the LPN staff and makes sure that they receive the needed guidance and oversight to help them to perform their duties on a daily basis.

### **SOCIAL WORKER / CASE COORDINATOR**

The Social Worker helps you and your family to evaluate social, financial, emotional, and overall support needs to ensure successful strategies for treatment at this facility. An appropriate discharge plan and discharge destination will be developed in collaboration with the PTRP Social Worker. The Social Worker will assist you with gaining access to community resources and various referrals, as needed. The Social Worker coordinates and runs the Family Conferences and is the main person on the team involved in discharge planning and support.

### **LEAD THERAPIST**

A lead therapist will be assigned to you when you arrive in the program. He/She will meet with you weekly to discuss weekly goals and goals for weekend/therapeutic passes. Your Lead Therapist is the main person on the team who communicates with you regularly regarding the rehabilitation plan of care and works with you on goal-setting and revision. The Lead Therapist will provide you with regular updates on how you are progressing in the program and on discussions that have occurred when the PTRP team meets to discuss your strengths and challenges, your goals, and your rehabilitation plan of care.

### **PHYSICAL THERAPIST**

Physical Therapists (PT) treat and assess physical impairments related to your injury or illness. The therapist will work to improve your strength, balance and ability to walk and get around at home and out in the community. Most importantly, they help you to become more independent with your mobility.

### **OCCUPATIONAL THERAPIST**

Occupational Therapists (OT) evaluate and provide treatment designed to improve functional independence and safety in daily life activities and roles. Daily living skills include, but are not limited to, activities such as money management, medication management, household and yard management,

meal planning and preparation, and grocery shopping. Occupational therapists also address cognitive challenges such as memory problems, poor judgment/safety, and reduced problem-solving ability in order to increase independence in a wide variety of environments (clinic, home, work, and community) through the implementation of compensatory strategies, environmental supports, and/or assistive technology to support cognitive function.

## **SPEECH-LANGUAGE PATHOLOGIST**

Speech-Language Pathologists (SLP) evaluate and treat individuals with cognitive-communication difficulties such as difficulties with memory, attention, problem-solving, reasoning, verbal expression, and auditory comprehension. Speech-language pathologists help individuals offset their limitations by teaching and training individuals to effectively utilize compensatory strategies and cognitive assistive devices (e.g. alarms, digital watches, smart-phones, smart-phone apps, etc). Speech-language pathologists work with other professionals on the team to facilitate functional use of these cognitive devices and compensatory strategies outside of the clinic (at work, in the community, and at home). Additionally, speech-language pathologists evaluate and treat swallowing and speech difficulties like difficulties with expressing oneself when speaking, or with clearly understanding what other people are saying.

## **RECREATIONAL THERAPIST**

Recreational Therapists (RT) facilitate re-integration into the community by helping you to develop a healthy, satisfying leisure lifestyle. The focus of therapy is to develop and adapt leisure skills, to help you participate in various recreational activities, help you to organize your leisure time, to decrease barriers, and promote health and wellness during individual / group sessions and during therapeutic community experiences (TCEs).

## **VOCATIONAL REHABILITATION SPECIALISTS**

Vocational Rehabilitation Specialists offer services to help prepare you to re-enter the work-force, either in returning to the military if you are active duty, or in your local community. Vocational services may include, but are not limited to, assessment and evaluation of vocational potential, situational assessment, job exploration, job development, resume writing assistance, interviewing skills training, application completion skills, and job placement.

The Vocational Rehabilitation Specialist can also assist with connecting you, if eligible, to educational support & training.

### **CERTIFIED DRIVER REHAB SPECIALIST**

Our driver rehabilitation specialists plan, develop, coordinate and implement driving services for individuals including testing in driving simulators and on-the-road driving evaluations.

### **MILITARY LIAISON**

Military Liaisons are available on site to provide support to active duty service members from all branches of the military, and their families/friends in areas concerning military protocol, finance, and personnel actions. The Military Liaisons serve as the link to the military command for all active duty service members.

### **KINESIOTHERAPIST**

Kinesiotherapists (KT) will evaluate and treat individuals to address enhancing strength, endurance and mobility. They provide therapeutic exercises and exercise programs that include strengthening exercises, endurance exercises, functional mobility training, flexibility and range of motion exercises, aquatic exercise activities, balance and coordination activities, neuromuscular re-education and work conditioning exercises. Together with Recreational Therapy, the Kinesiotherapists assist you with involvement in adapted athletic activities both on the hospital campus and in the community.

### **BLIND REHABILITATION OUTPATIENT SPECIALIST (BROS)**

Vision difficulties and problems with visual-motor coordination and scanning are evaluated and addressed with the assistance of the BROS specialist. BROS performs a wide array of vision services including assessment and training of visual skills, evaluation for eyeglasses and eye protection, as well as living skills and orientation and mobility training in the community as they relate to your vision. The BROS specialist on the team is your liaison to the medical vision specialty clinics in the main hospital where additional vision assessment and services can be provided.

## **SECTION 5: SAFETY and SECURITY**

### **Department of Veterans Affairs (VA) Police/Security Department:**

The VA Police will provide for the maintenance of law and order the protection of all patients, visitors, employees, government and personal property.

### **Therapeutic Passes:**

A therapeutic pass must be requested by the patient and/or a caregiver through notification of the patient's Lead Therapist or Social Worker by completing and submitting the Pass Request Form (Attachment C). This must be done by noon on Wednesday. The Lead Therapist or Social Worker will present the therapeutic pass request to the treatment team for consideration for approval or disapproval during the Thursday morning Behavioral Rounds meeting of the team. Therapeutic passes are not permitted on the first weekend unless:

1. Caregiver is residing at the Fisher House and the patient can stay at the Fisher House without leaving the hospital grounds during the weekend.
2. Patient has been living at home with caregiver, post injury, for at least 3 months without incident (e.g. drinking, running away, fighting, and/or getting into some other type of trouble)
3. Patient has successfully completed a therapeutic pass with a caregiver while inpatient on the Polytrauma Rehabilitation Center unit on Ward 2B.

The interdisciplinary team will discuss the request for the therapeutic pass. Passes will be granted only after medical clearance by the attending physician is received and should not be granted if the patient has previously scheduled medical or therapy appointments. Also, a pass may not be granted if it interferes with therapeutic goals or progress in the program. Passes are not authorized until a physician places the order in the patient's medical chart. In addition, if an individual is an Active Duty Service Member, the Military Liaison may have to clear the request with Command and obtain Command approval for distant travel from the treatment site.

Family and/or significant others must accompany the patient while on pass and assume responsibility for continuous supervision of the patient while they are away from the facility. Residents will not be granted passes with other patient's family and/or significant others.

### **Visitors:**

Visiting hours are 8:00 AM to 9:00 PM daily. However, visiting hours will not interfere with the resident's therapeutic daily schedule. Visitors must be accompanied by the resident they are visiting. Children 12 years of age and under are permitted to visit, but must be attended and supervised at all times by a responsible adult other than the resident. Children 12 years of age and older must also be supervised at all times by an appropriate adult other than the patient.

- Visits from non-family members must take place in the ADL room. Visitors are not allowed in the patient's room unless pre-approved by the PTRP team.
- All visitors are to sign in and out on the visitation log located at the nurse's station. A valid picture identification must also be shown to the PTRP nursing staff on duty.
- All children must be accompanied by a responsible care provider at all times.
- The Hunter Holmes McGuire VAMC is not responsible for the care or treatment of visitors.
- Residents are responsible for conveying rules of the PTRP Visitor Policy.
- Visitors are expected to abide by the rules of the patient's contract to include no cursing or inappropriate comments, remarks, or consumption of drugs or alcohol.
- Patients and their visitors are responsible for any damages to Richmond VAMC property.
- Visitors are to abide by the visiting hours of 8:00 am to 9:00 pm daily.

- There are no overnight guests allowed. No exceptions. Visitors that may need overnight lodging will be provided a list of local hotels.
- The number of visitors with a resident at any one time may be monitored by the onsite nurse. If the patient is told that too many visitors have been allowed to visit at any one time, the patient will be asked to correct the situation. Failure to comply could risk their residency status.
- Noncompliance with the Visitor Policy may result in discharge from the PTRP program.
- These rules may be changed if any of them are felt to negatively affect the patient's progress or success in the program. Changes will be decided by the treatment team.

### **Personal Transportation:**

**Patients' vehicles are not to remain parked on the Medical Center grounds for more than 48 hours.** When medical conditions prevent a patient from removing a vehicle, either the patient or Health Benefits Section (if the patient is unable) will make arrangements to have a relative remove the vehicle from the grounds. Patients in the PTRP program are not permitted to drive their own vehicles while they are in the program for liability reasons. They are also not allowed to be driven in the personally owned vehicle of another patient or the family members of another patient.

### **Emergency Drills:**

All residents will participate in PTRP Emergency Drills. Follow the directions of the PTRP staff. In case of a real fire or other emergency requiring evacuation of the building, exit the building immediately from the closest emergency exit to your location. Staff will direct you to the location on the parking lot adjacent to the building where all staff and patients will gather so that all can be accounted for.

### **Resident / Staff Identification:**

Employees are required to wear their photo identification card at all times. In addition, residents will be required to have some form of federal identification (i.e. valid driver's license, Military ID) in order to participate in

some of the vocational rehabilitation experiences. Residents must have a valid driver's license in order to participate in an on-the-road driver's evaluation.

## SECTION 6: ADDITIONAL INFORMATION

### Polytrauma Transitional Rehabilitation Orientation Checklist

Admission Date: \_\_\_\_\_ Orientation Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Name/Relationship of person receiving orientation: \_\_\_\_\_

Instructions: Place a check-mark in each box after each topic has been reviewed.

#### Clinical Care Coordinator:

- Polytrauma Transitional Rehabilitation Program Handbook
- Instructed on how to use the handbook.
- Important phone numbers provided with a brief description of team members
- Orientation and tour of the Polytrauma Transitional Rehabilitation Program (PTRP) building
- Meet and greet, brief overview of PTRP building
- Rehabilitation schedule
- Communication boards
- Therapy rooms
- Laundry Room
- ADL room
- Patient's room
- Group therapy room
- Kitchen/Pantry
  
- Admission and discharge information
  
- Visiting Hours, pass procedure, visiting children, mail, library, telephone, dining, television, barbershop
  
- Patient's Rights and Responsibilities
- Grievance or Complaint process flow chart
- Safety
- Emergency exits and Fire Drill procedure

- Infection control precautions
- Brain Injury and Rehabilitation Resources
- Family Assessment Skills Training
- Patient/Family Goal Setting

\_\_\_\_\_  
**Print name of Patient**

\_\_\_\_\_  
**Signature of Staff**

\_\_\_\_\_  
**Date**

## **Patient Rights**

Veterans Health Administration (VHA) is pleased you have selected us to provide your health care. We want to improve your health and well-being. We will make your visit or stay as pleasant for you as possible. As part of our service to you, to other Veterans and to the nation, we are committed to improving healthcare quality. We also train future healthcare professionals, conduct research and support our country in times of national emergency. In all of these activities, our employees will respect and support your rights as a patient.

- You will be treated with dignity, compassion and respect as an individual. Your privacy will be protected. You will receive care in a safe environment. We will honor your personal and religious values.
- You or someone you choose have the right to keep and spend your own money. You have the right to receive an accounting of VA held funds.
- Treatment will respect your personal freedoms. In rare cases, the use of medication and physical restraints may be used if all other efforts to keep you or others free from harm have not worked.
- As an inpatient resident you may wear your own clothes and keep personal items depending on your medical condition.
- As an inpatient you have the right to social interaction, and regular exercise. You will have the opportunity for religious worship and spiritual support. You may decide whether or not to participate in these activities. You may decide whether or not to perform tasks in or for the Hospital.
- As an inpatient resident you have the right to communicate freely and privately. You may have or refuse visitors. You will have access to public telephones. You may participate in civic rights.
- As a resident you can organize and take part in resident groups in the facility. Your family also can meet with the families of other residents.
- In order to provide a safe treatment environment for all patients and staff you are asked to respect other patients and staff and to follow the facility's rules. Avoid unsafe acts that place others at risk for accidents or injuries. Please immediately report any condition you believe to be unsafe.

## **Information Disclosure and Confidentiality**

- You will be given information about the health benefits that you can receive. The information will be provided in a way you can understand.
- You will receive information about the costs of your care, if any, before you are treated. You are responsible for paying for your portion of the costs associated with your care.
- Your medical record will be kept confidential. Information about you will not be released without your consent unless authorized by law (i.e., State public health reporting). You have the right to information in your medical record and may request a copy of your records. This will be provided except in rare situations where your VA physician feels the information will be harmful to you. In that situation, you have the right to have this discussed with you by your VA provider.
- You will be informed of all outcomes of care, including any injuries caused by your medical care. You will be informed about how to request compensation for injuries.

## **Participation in Treatment Decisions**

- You, and any persons you choose, will be involved in all decisions about your care. You will be given information you can understand about the benefits and risks of treatment. You will be give other options.
- You can agree to or refuse treatment. You will be told what is likely to happen to you if you refuse treatment. Refusing treatment will not affect your rights to future care but take the responsibility for the possible results to your health.
- Tell your provider about your current condition, medicines (including over the counter and herbals) and medical history. Also, share any other information that affects your health. You should ask questions when you don't understand something about your care.
- Being involved is very important for you to get the best possible results.
- You will be given, in writing, the name and title of the provider in charge of your care. As a partner in the healthcare process, you have the right to be involved in choosing your provider. You also have the right to know the names and titles of those who provide your

care. This includes students, residents and trainees. Providers will properly introduce themselves when they take part in your care.

- You will be educated about your role and responsibilities as a patient. This includes your participation in decision making and care at the end of life.
- If you believe you cannot follow the treatment plan you have a responsibility to notify the treatment team.
- You have the right to have your pain assessed and to receive treatment to manage your pain . You and your treatment team will develop a pain management plan together. You are expected to help the treatment team by telling them if you have pain and if the treatment is working.
- As an inpatient you will be provided transportation necessary for your treatment plan.
- You have the right to choose whether you will participate in any research project. Any research will be clearly identified. Potential risks of the research will be identified and there will be no pressure on you to participate.
- You will be included in resolving any ethical issues about your care. You may consult with the Medical Center's Ethics Consultation Service and/or other staff knowledgeable about health care ethics.
- If you or the Medical Center believes that you have been neglected, abused or exploited, you will receive help.

## **Complaints**

- You are encouraged and expected to seek help from your treatment team and/or a patient advocate if you have problems or complaints. You will be given understandable information about the complaint process available to you. You may complain verbally or in writing, without fear of retaliation. Please see Appendix E for further details on the process for registering complaints.

## **Privacy and HIPAA**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) gives you control over your medical records. The highlights include the following:

- We will tell you how we use your personal health information (See Notice of Privacy Practices)
- You can look at and request changes to your health information
- You have a choice to be excluded from the patient directory, if you are staying in the hospital
- Staff members have access to only the information they need to know in order to do their jobs (the Minimum Necessary Rule)
- We will tell you of the complaint process if you have concerns.

We value your privacy and the privacy of other patients. If you have any questions about HIPAA, you can contact the hospital's Privacy Officer at extension.

## **Patient Responsibilities**

Your compliance with the following list of patient responsibilities is necessary to assure that you receive the highest quality of care. It also shows the importance of your contribution to your care.

You are responsible for:

1. Following all of the Medical Center's safety rules and posted signs.
2. Being considerate and respectful to all medical center staff and other patients.
3. Cooperating with your treatment staff. If you have any questions or disagree with your treatment plan, you are responsible for discussing it with your treatment staff.
4. Trying to prevent any injury to yourself, other patients, visitors and staff members by your own actions and to be responsible for the safe-keeping of clothing, money, and personal possessions you choose to keep with you while you are at this facility.

5. Keeping all of your scheduled diagnostic or treatment appointments on time.
6. Avoiding interference with the treatment plan of other patients, particularly in emergency situations.
7. Assisting staff by alerting them when another patient is having any difficulty.
8. Telling your visitors to be considerate of other patients and medical center staff and to observe the visiting hours.
9. Being understanding and patient if you encounter delays.
10. Making sure you understand what medications you must take following discharge from the medical center and whether you are scheduled for follow-up visits.

## **SECTION 7: APPENDICES**

### **Appendix A: Participant Expectations Contract**

As a participant in the PTRP program you will be expected to adhere to the following rules and regulations:

- ▶ Treat everyone (other patients, staff, and visiting family members) with respect. Cursing, yelling, name calling, or bullying is disrespectful, and will not be tolerated. For active duty service members, you will be expected to be in full compliance with the military rules of conduct specific to your branch of the service.
- ▶ No person, on or entering VA premises, other than VA Police, will be permitted to possess firearms and/or any object classifiable as a potentially dangerous weapon.
- ▶ Alcohol is prohibited while you are enrolled in the program. Taking drugs that have not been prescribed for you by the physicians is prohibited. You may be subject to random urine drug screens.
- ▶ Use of tobacco products (cigarettes, chewing tobacco, etc..) is restricted to outside of the building perimeter (including the courtyard).
- ▶ Physical intimacy or inappropriate fraternization between patients is not allowed and may be cause for dismissal.
- ▶ You will have your own private room assigned to you. No other patients are allowed in your room. You are not allowed to enter another patient's room.
- ▶ In the common areas, lights out is 2300. You may engage in quiet activity in your room after 2300 (e.g., use of headphones for listening to music or watching a movie on computer).
- ▶ Follow all directions regarding the self-medication program. A major part of the program is learning to become independent with taking your own prescribed medications.

- ▶ House rules are for the good order, morale, and safety of all of our patients. Follow all posted and assigned house rules (i.e., clean kitchen, housecleaning, preparing meals, smoking at least 30 feet from the building, etc.).
- ▶ Complete daily personal hygiene and self-care activities so as not to be offensive to other patients and for your own health benefit. For active duty service members, you are to remain in compliance with your relevant branch of service requirements with respect to personal hygiene, appearance and self-care. (i.e. shower daily, shave, brush teeth, haircut, dressing appropriately, etc...)
- ▶ Keep your room sanitary (including, but not limited to):
  - washing your linens/making your bed
  - picking up and putting trash in designated trash or recycling receptacles
  - cleaning your personal bathroom; mirror, sink, and toilet
  - not keeping food stored in your room
- ▶ Participation in scheduled group and individual therapies is mandatory and conditional to remaining in our program. Modification of scheduled therapies may be considered under special circumstances if coordinated through the Medical Director.
- ▶ Participation, time management, and assignment completion are critical components to the recovery process and rehabilitation. Your opportunity to benefit depends on your full participation in the activities which have been scheduled for you as part of the program. Be on time for therapies and complete assigned tasks and homework; including developing your therapeutic weekend pass goals.
- ▶ Talking or texting on cell phones during individual and group treatment is not allowed. Phones will be turned off at the beginning of each therapy.
- ▶ Energy drinks and other highly caffeinated beverages can be a barrier to good sleep hygiene and are strongly discouraged. If the consumption of these drinks is determined by the Medical Director to be disrupting sleep and/or treatment, or a significant threat to your health, they will be prohibited.

- ▶ Pass requests must be submitted by Wednesday at 1200 and are subject to review and approval by the clinical team and military liaisons.
- ▶ Inform program staff of your whereabouts at all times using the specified sign-out procedures, and do not leave the premises without obtaining specific permissions to do so.
- ▶ Active Duty Service Members: The choice of whether or not to wear your military uniform, up until the last 2 weeks of the program, is your decision. As you approach your discharge date from this program, your treatment will be focusing on a successful return to your community, which for most of active duty service members will be a military installation. Two business weeks prior to your discharge date you will be required to wear your active duty uniforms as your daily dress and to present yourself in accordance with the appropriate and relevant military regulations.
- ▶ This is a hospital setting where patients who are veterans as well as active duty service members are treated together. Active duty service members of different military ranks and genders reside and participate in group therapies and various activities together in the same building. It is important that communication between patients and staff is performed in a respectful manner that is comfortable for you. Please let your Lead Therapist know how you would like to be addressed by both staff and by the other patients with whom you are billeting and are receiving treatment.
- ▶ Report any problems, issues and/or concerns to your case manager and/or Lead Therapist.

I, \_\_\_\_\_, understand, accept, and agree to the above stated expectations as part of the Richmond PTRP program.

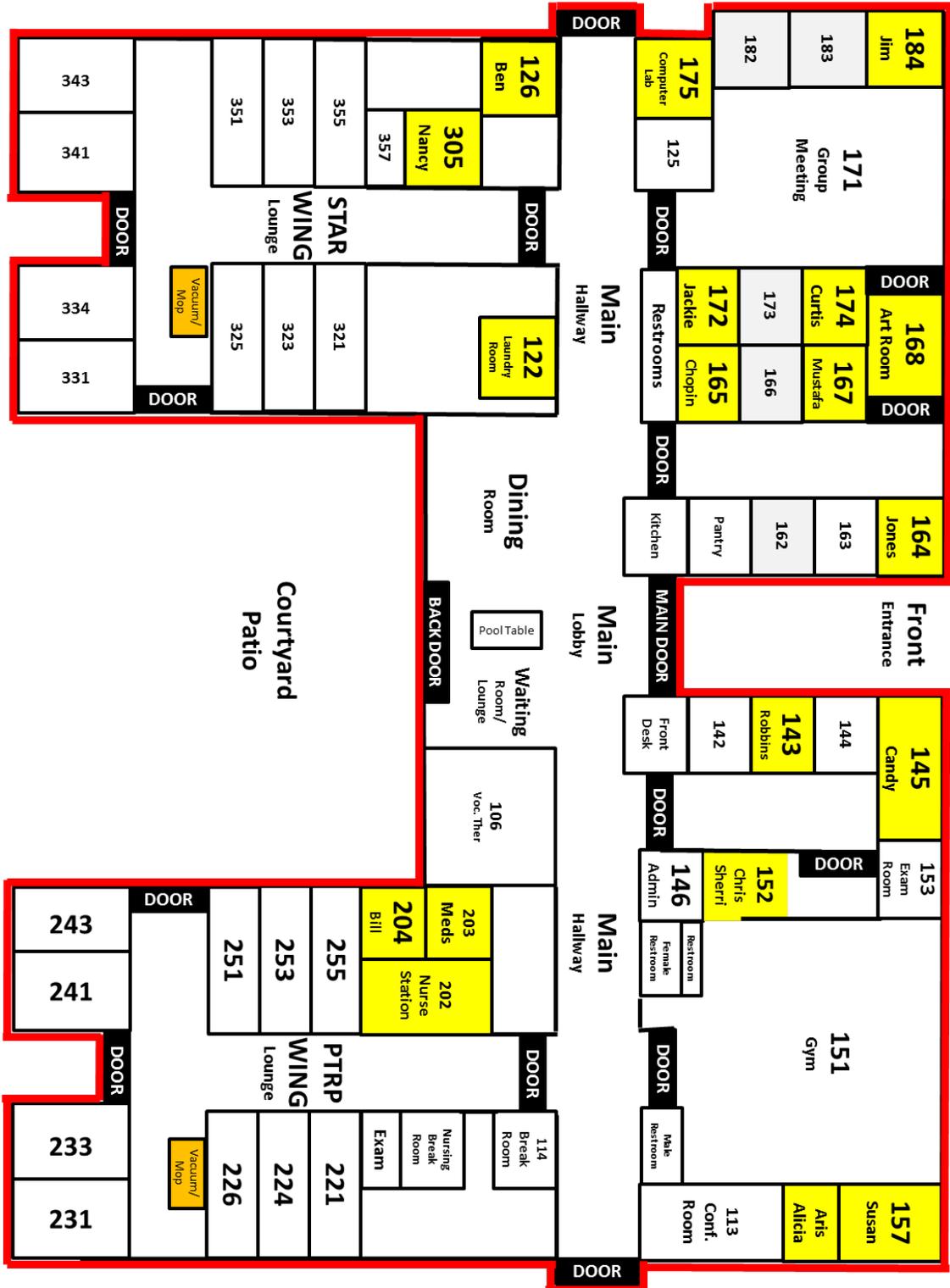
\_\_\_\_\_  
PTRP Participant

\_\_\_\_\_  
Date

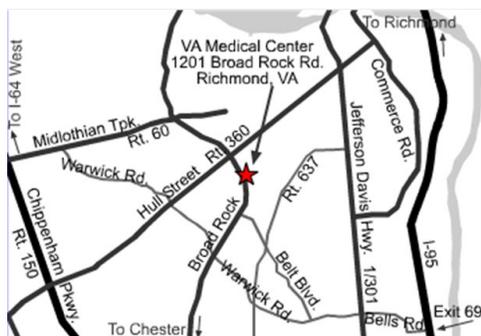
\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## Appendix B: Map of PTRP Building (Building #514)



## Appendix C: Directions to McGuire VA Medical Center



### Directions to Hospital:

- From I-95 North or South, take exit 69, (Bells Road) and merge to your right.
- At the traffic signal, turn left onto Bells Road and continue, crossing over Jeff Davis Hwy.
- At the second traffic signal, turn right onto Belt Blvd.
- Proceed to the second traffic signal and turn right onto Broad Rock Blvd.
- Turning right at the next traffic signal will lead you to the main entrance of the medical center.

### Taxi-cab Information

Veteran's Cab Association - (804) 276-8990

Yellow Cab Services - (804) 222-730

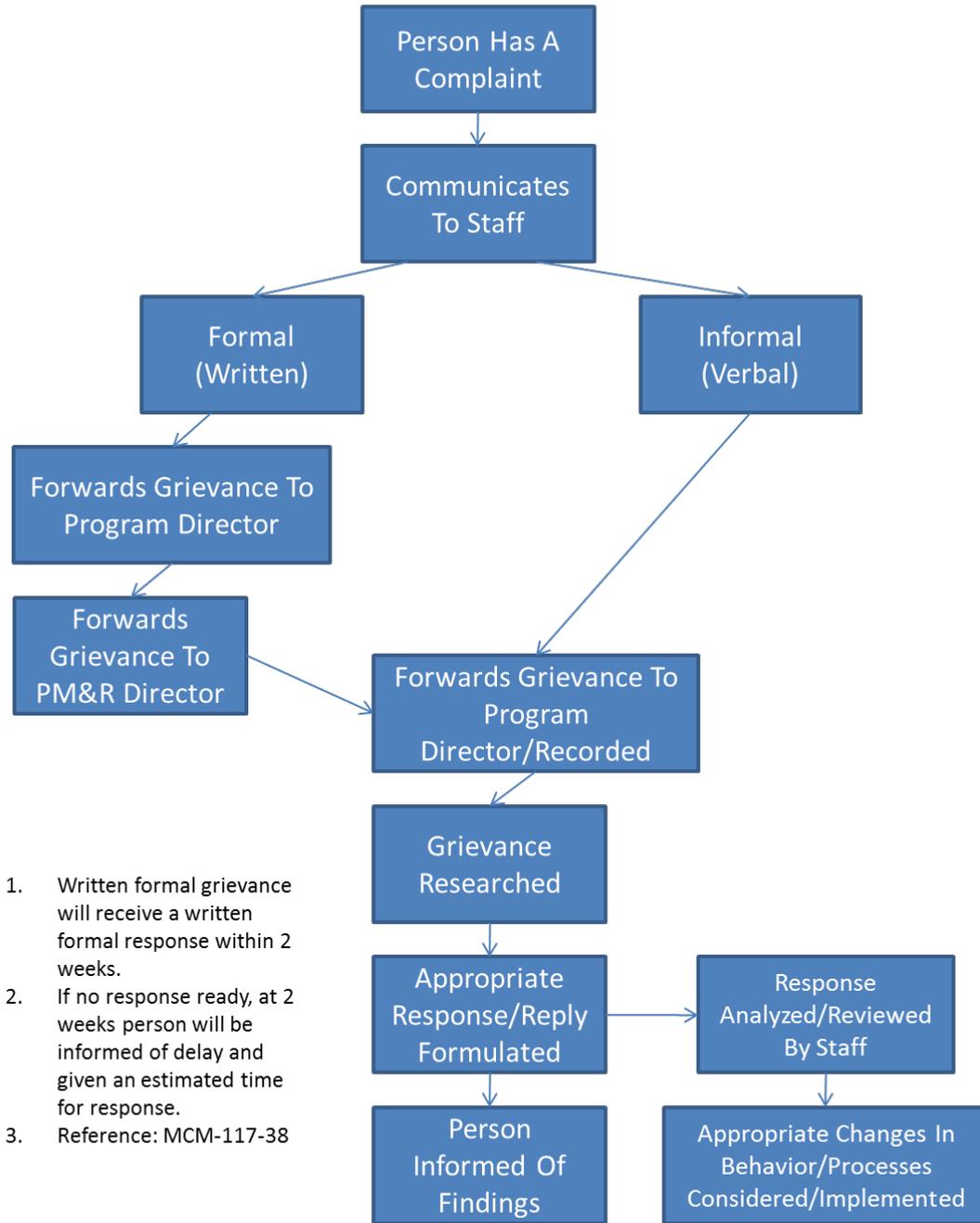
### Directions to PTRP (Building 514) Polytrauma Transitional Center

Once on the main hospital grounds, follow Hunter Holmes Drive (via the main gate) or South Drive (via the South Drive gate) around to 5th Street. Once you reach 5th Street, turn right onto 5th Street and drive approximately 300 yards, the Fisher House (will be on your right), and PTRP, building #514, will be on the left with the sign out front saying Polytrauma Transitional Center.

There is plenty of patient and staff parking set-aside on the side of the building.

## Appendix D: Complaint Process

### Complaint Process



# Appendix E: Statistical Summary of Outcomes Following Treatment in the PTRP Program

## Clinical Outcomes

The Polytrauma Transitional Rehabilitation Program (PTRP) conducts quarterly measurements of program effectiveness. This information is utilized for continuous quality improvement efforts and to provide feedback to interested parties about the effectiveness of our services. One instrument we use to measure outcomes in the PTRP program is the Mayo-Portland Adaptability Inventory, a tool developed to evaluate various changes in physical, cognitive, emotional, and behavioral functioning that can occur following brain injury. We measure MPAI at admission and then again at discharge and then measure the change. For Fiscal Year '16, PTRP participants demonstrated an average improvement of 8.58 T-score points on the total MPAI score.

### FY16 Effectiveness

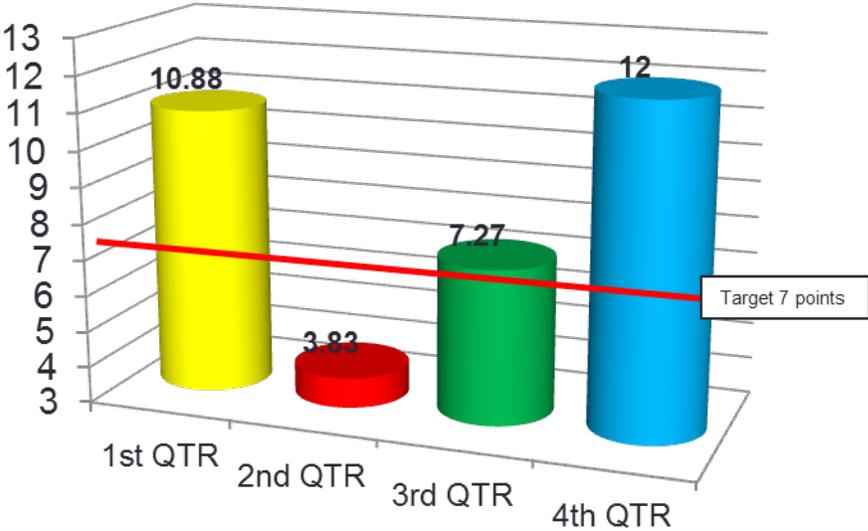


Figure 1: Change in total MPAI score for each of the four quarters of Fiscal Year 16. Units are in normalized T-score points.

## Participant Satisfaction

In addition to evaluating progress toward goals and overall functioning as a measure of progress in rehabilitation, the PTRP seeks to obtain the level of satisfaction individuals report with regard to the treatment received. Just prior to discharge, PTRP program participants complete an anonymous satisfaction survey. Select questions are identified to determine overall level of satisfaction with the program, and how pleased individuals are with the progress they have made toward goals as a result of their participation in the program.

For the fiscal year of 2016, the following results were obtained with regard to satisfaction with the PTRP program:

<u>Statement</u>	<u>Percent respondents who agreed</u>
I was pleased with progress toward goals.	93%
I would recommend this program.	100%

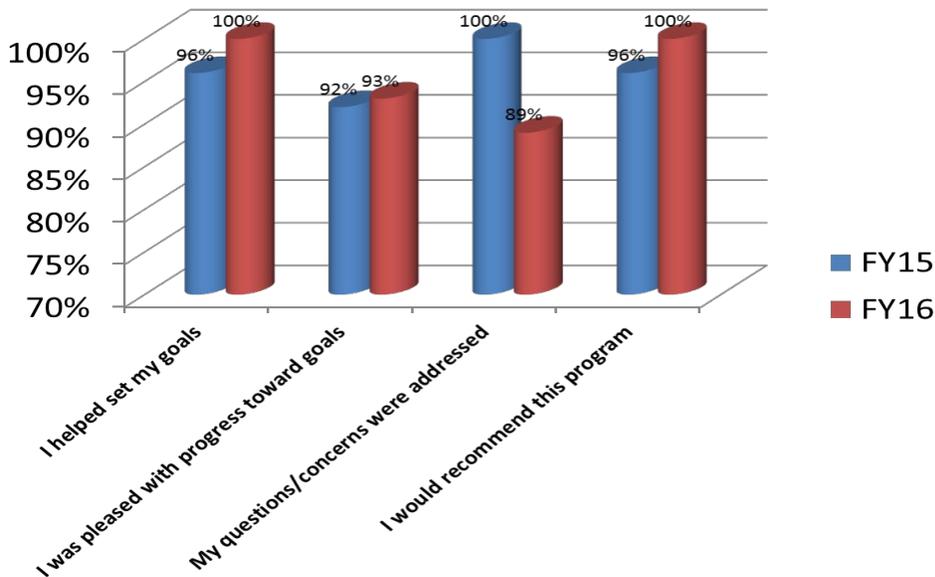


Figure 2: Percent responses of respondents who agreed with the indicated statements. Data for Fiscal Year 16 with comparison to Fiscal Year 15.