



**VA Palo Alto Health Care System
Blind Rehabilitation Services
Western Blind Rehabilitation Center
Scope of Service FY 2017**

A. Service Philosophy:

1. WBRC Mission Statement:

The Western Blind Rehabilitation Center serves Veterans and Active Duty Service Members (ADSM) with vision impairment through a comprehensive evidence-based rehabilitation program that promotes independence and community reintegration through excellence in clinical care, education, and research as integral components of the Blind Rehabilitation Services Continuum of Care.

2. WBRC Vision Statement:

The Western Blind Rehabilitation Center will be an internationally recognized leader in comprehensive vision rehabilitation services by developing and implementing individualized treatment programs; education and research will address the evolving needs of all stakeholders.

B. Rehabilitation Setting

The Western Blind Rehabilitation Center (WBRC) is a regional 27-bed residential facility located at the Menlo Park Division of the VA Palo Alto Health Care System. Approximately two hundred men and women of all ages participate in the program each year. Training is provided Monday – Friday from 8am-4pm with opportunities for leisure education in the evening and on the weekends. In addition, Rehabilitation Nursing is provided 24 hours a day, 7 days a week to all patients. Schedules are individualized for the Veteran based on program type.

C. Profile of Patients Served:

More than three quarters have usable vision for which specialized treatment is provided. Adjusting to and managing visual impairment is the major objective of the program. The WBRC provides comprehensive inpatient blind rehabilitation to patients mainly from the northwestern region (VISN 19-22), but also from the remaining US and its territories. Program participants come from diverse demographic areas ranging from urban to rural settings and multiple socio-economic

levels. Demographic characteristics from FY 2016 of program participants (Reference FY 2016 uSPEQ):

- **Age:** Ranges from 22-95 years old with an average age of 70
- **Gender:** Male 90%, Female 10%
- **Race:** Caucasian (48%), African American (6%), Asian (<4%), (<6%) Native American, (<6%) Pacific Islander, (10%) Hispanic, and (20%) other or declined to answer
- **Sexual Orientation:** Less than 5% of patients served at the WBRC identify as LGBT
- **Socio-Economic Status:** Reported household income ranges from \$9,000-\$40,000 with an average income of \$14,181. Less than 5% of Veterans admitted to the program are homeless.
- **Spiritual Beliefs:** WBRC patients participate in organized religions such as Catholicism, Protestant, Baptist, Lutheran, 7th Day Adventist, Judaism, Buddhism, and Jehovah Witness. There are also a small portion of program participants that are agnostic or atheist.

Majority of patients served have other major medical conditions as well as visual impairment. Complications due to diabetes, heart disease, TBI, renal failure, musculoskeletal conditions, and respiratory problems are commonly seen. Because of this frailty, some patients have significant ambulation deficits that require the use of a support cane, walker, wheelchair, or power scooter.

D. Scope and Complexity of Patient's Needs:

Historically the patient population has been increasing in age since the end of the Vietnam conflict, resulting in a population of patients with a wide variety of age related illness, e.g. PTSD, hearing loss, neuropathy, in addition to their visual-impairment. As a result of OIF/OEF/OND, there is a new emerging population of DOD service members with severe war related injuries which commonly results in the compromise of more than one system e.g. TBI and loss of vision. These active duty service members with multiple injuries are referred to as Polytrauma patients and represent a drastic change to the historical trends seen in previous years.

Provision of Blind Rehabilitation is needed to restore the patient's ability to function independently in all aspects of daily activities including self-care, accessing printed material, traveling in their communities, using technology, and for our younger participants returning to the work force. The rehabilitation process also improves their quality of life, instills confidence, promotes wellness, and helps prevent injuries due to falling. Meeting these needs can decrease the need for nursing home care, reduce

falls that may result in hospitalization, and decrease the need for mental health services to treat depression related to disability.

E. Financial Responsibility

Financial responsibility of the patient is communicated to the patient by the VIST Coordinator. The VA is payer for 98% of patients admitted to the WBRC; they are not required to make a copayment due to their priority group status and/or income.

F. Visual Impairment Services Team (VIST)

A vital component to the success of VAPAHCS Blind Rehabilitation Services (BRS) is a seamless and cohesive continuum of care. BRS model of care encompasses an array of rehabilitative services that extend from the patient's home to low vision clinics and inpatient care at the WBRC. The Visual Impairment Services Team (VIST) Coordinators are case managers who have responsibility for the coordination of services for visually impaired Veterans and ADSM. VIST Coordinator duties include providing and/or arranging the provision of appropriate treatment in order to enhance functioning; for example, referrals to the WBRC, Blind Rehabilitation Outpatient Services (BROS), and VICTORS.

While a referral can come from an external provider, the vast majority come from internal VA providers, but the patient has to initiate the formal assessment and referral process through the VIST Coordinator. When the VIST Coordinator assesses a patient and finds them to be a candidate for inpatient blind rehabilitation, an application including a VIST assessment with psycho/social evaluation, a recent medical history and physical, eligibility materials, and supporting documents is submitted to the WBRC.

Not all patients are capable of receiving rehabilitation training in the inpatient setting because of cognitive deterioration, inability to perform basic ADLs, medical instability or family situation. When this occurs, the VIST Coordinator will refer to Blind Rehabilitation Outpatient Specialist (BROS) or community agencies. BROS are multi-skilled professionals who perform a wide array of blind rehabilitation services including assessments and visual skills, living skills and orientation and mobility training. The BROS offer pre/post Blind Rehabilitation Center training, and also instruct those who may not be able to travel to a Blind Rehabilitation Center.

G. The WBRC offers the following inpatient comprehensive blind rehabilitation programs:

1. **Regular Blind Rehabilitation:** The Regular Program is designed to provide patients basic training and adjustment skills to enable them to return to an

independent, safe and successful lifestyle. Patients participate in a comprehensive treatment plan based on patient's expressed goals and clinical assessments, which includes: Orientation and Mobility, Living Skills, Visual Skills and Manual Skills. The patient receives intense individualized training for approximately 5 hours a day, 5 days a week. Program length averages 6 weeks; however this will vary depending on the patient's needs.

2. **Comprehensive Neurological Vision Program (CNVR):** CNVR is the first inpatient program within the VA to address visual impairment and associated cognitive disorders caused by brain injury. CNVR specifically addresses neurological visual impairment as a result of brain injury. Causes of neurological visual impairment includes stroke, motor vehicle accidents, gunshot wounds, blast related trauma, falls, brain tumors, and toxic exposure.

Clinical evaluation and treatment are planned with consideration to the individual patient's mental and physical endurance, capabilities, and interests. Emphasis is placed on realistic, success oriented therapy goals. The CNVR team provides one-on one therapy as indicated. This may include: Neuro-optometry evaluation and treatment, neuropsychological testing and therapy, speech and language therapy, neurological vision rehabilitation, recreation therapy, treatment in the areas of activities of daily living, orientation and mobility, manual skills, computer access training, and use of other electronic aids, and a family training.

3. **Computer Access Training (CAT):** The CAT program focuses on training participants to effectively and efficiently operate a computer device, using specialized access software and equipment, to meet individualized goals. This includes assessing the ability of the person served to use large print, synthetic speech, voice recognition, or Braille access devices in order to perform word processing functions and other computer-related activities. Patients participating in a CAT Program can be consulted to other skill areas or services as deemed appropriate.
4. **Dual Program:** A dual program is typically indicated when a patient is admitted with the need to participate in both the Regular Blind Rehabilitation and the CAT program consecutively. Dual program is offered when a patient is enrolled in educational or vocational programs, needs the skills to return to work, or other extenuating factors, like excess disability.
5. **iProgram:** The iProgram is an advanced technology program which addresses the basic functions of mobile computing needs of the patient by providing training on the built-in accessibility programs for a smartphone or tablet computer.

6. **Two Week Vision Rehabilitation Program (TWVRP):** The TWVRP addresses limited, specific goals as indicated. Full participation in the TWVRP requires stated goals in a minimum of three core disciplines: Visual Skills: Low Vision Therapy, Orientation and Mobility Training, Computer Access Technology, Living Skills Training, Manual Skills Training and Nursing: Health-Education Self Care and Medication Management.
7. **Matter of Balance (MOB):** Matter of Balance is an evidence based fall prevention program for older adults which address the fear of falling, fall prevention measures, and simple exercises to promote health and balance. The program was developed through research by the Roybal Center for Enhancement of Late-Life Function at Boston University. It is designed to reduce the fear of falling and increase the activity levels of older adults who have concerns about falls.
8. **Specialty Programs:** Patients admitted for a specialty program may be admitted for one need, such as power mobility, OCR (Optical Character Recognition) technology, electronic travel aids and/or GPS. Patients that present unique needs may also be admitted for a special individualized program that includes a combination of portions of the programs noted above.

H. BRS Inpatient Services:

1. Once the application is accepted and the patient is admitted to one of the inpatient programs, they are assigned a treatment team, and one of the team members is designated as Patient Coordinator who oversees the patient's progress. The treatment team reviews the VIST assessment and then conducts more detailed assessment related to each skill area to establish with the patient their goals for their individualized treatment plan. As the needs of the patients change so do the techniques and approaches. Treatment plans are dynamic as patients present a wide age range and needs anywhere from active duty, student, employed, retired to in a nursing home. The WBRC inpatient program is a voluntary program for all participating Veterans. AD SM are under orders to be admitted to the inpatient program.
2. A half-time Physical Medicine and Rehabilitation M.D. is assigned to the WBRC to conduct WBRC Admission H&P exams, write orders (including discharge orders), and is available to assess the patient in the instance that a medical issue may arise. The WBRC MD provides review of medical history and record as needed prior to admission at request of WBRC Admission Review Panel.

3. The goal of Nursing Service at the WBRC is to assist Veterans and ADSM with visual impairment in attaining and maintaining maximum function of their health and wellness. This is achieved through the promotion and provision of education and the development of needed skills to manage the effects of sight loss with additional comorbid medical diagnosis.
4. Psychological Intakes and Cognitive Evaluations are conducted with patients, as appropriate, in order to provide guidance to the treatment team as to the most effective teaching approach and the types of emotional supports needed by the patient during his or her admission. The Social Worker coordinates the Family Training Program (if prescribed by the team), gathers resources for discharge planning and ensures that there are no social needs that will interfere with the success of the patient's rehabilitation.
5. Recreation Therapy provides assessment and treatment based programs to ensure patients have an active lifestyle and uses their adaptive skills in real life environments.
6. Optometry provides comprehensive low vision evaluation and assessment for prescription of devices that will enhance residual vision that the patient can be retrained to use.
7. Chaplain Services: Spiritual care and treatment is designed to address the spiritual needs and concerns of all Veterans. Treatment is provided by clinically trained chaplains who represent many faith groups and minister to patients of many religious traditions as well as people who do not profess to have faith. Chaplains have board certified clinical skills and have been approved by their faith denomination bodies to serve in hospital settings.

I. Description of Outpatient Programs Offered:

1. **National Program Consultant (NPC):** There are 5 National Program Consultants. All are stationed at the larger Blind Rehabilitation Centers (BRC). One of the 5 NPC's is stationed at the WBRC. Their role is to provide support and training to the VIST Coordinators and Blind Rehabilitation Outpatient Specialists (BROS). The NPC reports to VACO though the Chief of BRC who locally supervises them. They also are well versed in patient's benefits and will assist WBRC patients with information regarding service claims related to loss of vision.

2. **Visual Impairment Service Team (VIST) Coordinator:** The VIST Coordinator is responsible for the identification, assessment and case management of all patients in the VAPA HCS service area. The VIST Coordinator also acts as a subject matter expert in blindness and conducts in-services for other departments and answers consults regarding visually impaired patients. VA Palo Alto Health Care System (VAPAHCS) has two VIST Coordinators that cover the general Veteran population, as well as Veterans and ADSM with Traumatic Brain Injury (Polytrauma).
3. **Visual Impairment Center to Optimize Remaining Sight (VICTORS):** Blind Rehabilitation Outpatient Specialists (BROS) are assigned to the Optometry outpatient program that serves visually impaired patients when they cannot participate in an inpatient program due to extenuating factors. Staff assigned to this program will also serve inpatients on other medical wards when they are not yet ready for admission to the WBRC to ensure they receive Blind Rehabilitation Services in a timely matter.

J. WBRC objectives are to provide:

1. **Individual-Centered Service Planning, Design and Delivery.** The WBRC interdisciplinary team, in collaboration with the patient, develops a comprehensive rehabilitation plan, which incorporates the person's expressed goals along with their identified needs as assessed by professional staff members. Patients can expect to receive uniform, sufficient, and timely information concerning their application status, admission date, patient rights, and the services being provided by WBRC staff.
2. **Comprehensive Inpatient Blind Rehabilitation Services.** The WBRC functions as part of a seamless service delivery system by providing an inpatient rehabilitation model that provides comprehensive adjustment services.
3. **Safe Access in a Comfortable Physical Environment.** The WBRC facilitates the learning of new skills and promotes emotional adjustment to a patient's disability by housing the patient in a self-contained physical facility that is architecturally accessible, conducive for safe training practices, and free of attitudinal barriers.
4. **Peer Support Environment.** Peer support is critical to the adjustment process. The residential setting of the WBRC maximizes the opportunity for blinded patients to interact and support each other, unlike their home community where they are often isolated from other blind individuals. This peer interaction, along with the comprehensive training program, allows participants to effectively function under

the condition of blindness while they strive to achieve their best possible personal reorganization skills.

5. **Family Training and Education.** Family training and involvement is an integral part of the WBRC's program. The purpose of this training is to provide family members or caregivers the opportunity to:
 - a) Learn about the ramifications of sight loss;
 - b) Gain insight into the rehabilitation process;
 - c) Become more knowledgeable about the patient's adjustment to sight loss;
 - d) Receive counseling in adjustment to sight loss as it relates to social interaction.
 - e) Receive education about caregiver stress and be referred to resources.
6. **Prosthetic Issuance.** BRC staff recommends assistive devices based on established patient goals, justification of need and the ability of the blinded Veteran to effectively utilize the device.
7. **Community Education.** The WBRC serves as a resource to an area usually comprised of multiple Veterans Integrated Service Networks (VISNs) and provides educational in-service programs to internal and external stakeholders.
8. **Research.** WBRC collects outcomes data to measure the effectiveness and efficiency of the program in order to monitor and make decisions relative to continuous quality improvement. The WBRC will also collect satisfaction data relative to the quality of the services being delivered. NOTE: As newly developed products for the blind are identified, WBRC staff will conduct evaluations to determine their effectiveness and appropriateness for integration into the training program.
9. **Academic Affiliations.** Affiliations with university programs are established and maintained in an effort to provide a training experience for postdoctoral fellows, interns, practicum students, and residents aspiring to work in the area of blind rehabilitation and vision rehabilitation.

K. WBRC Program Goals:

1. Ensure patients actively participate in developing their individualized treatment plans based on assessment results, strengths, areas of improvement, desired outcomes and motivation to enhance independence.
2. Maximize a patient's adjustment to vision loss in order to enhance their quality of life and ensure a smooth transition back into the home environment.

3. Deliver exceptional and personalized care that improves Veterans' health and well-being.
4. Provide timely, comprehensive blind rehabilitation services within a full continuum of care.
5. Seek input and be responsive to the person being served, as well as their families and other stakeholders.
6. Develop self-advocacy skills to assist in fostering independence.
7. Provide education and training to family members or caregivers, as well as other stakeholders, in order to facilitate the transfer of skills from the BRC program to the community.
8. Ensure patients are aware of how to access supportive resources in their community post discharge.

L. Practice standards/ guidelines:

VA Preferred Practice Patterns
VHA BRS Handbook 1174.04
VHA VIST Handbook 1174.03
VHA National Consultant Handbook 1174.02
CARF - Standards for Blind Rehabilitation