

# Medical RehabConnection

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The *Medical Rehab Connection* provides CARF news and updates from around the world along with information about upcoming educational events, valuable resources, standards updates, and more.

### In this issue:

October is [Health Literacy Month](#). Health literacy is defined, in part, as the degree to which individuals have the capacity to obtain, process, and understand health information needed to make appropriate health decisions. This important topic is of great interest to the Medical Rehab unit at CARF, and is addressed by the CARF standards. This newsletter issue provides some relevant information about health literacy provided by the Rehabilitation Institute of Chicago.

In addition, we are sharing the perspectives of Orlando Health Rehabilitation Institute on treating victims of the Pulse Nightclub shooting; a special offer from National Stroke Association; and, in celebration of Veterans Day, an article highlighting the relationship between CARF and the VA.

## The importance of health literacy:

### Selected resources for patients and clinicians

*By Anne Deutsch, RN, Ph.D., CRRN and Allison Todd, B.A., CCRC  
Rehabilitation Institute of Chicago*

#### Health literacy

Engaging patients and families in their healthcare can lead to improved healthcare quality and safety.<sup>1,2</sup> For clinicians who seek to improve engagement with patients and their families, knowledge about health literacy is important.

Health literacy refers to an individual's ability to obtain, process, and understand health information. It also includes an individual's ability to use health information effectively in order to make appropriate health decisions. (Visit the Centers for Disease Control and

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Prevention website for more information: [www.cdc.gov/healthliteracy/learn/index.html](http://www.cdc.gov/healthliteracy/learn/index.html).)

Low health literacy has been linked to poor health outcomes, such as higher rates of rehospitalization and higher healthcare costs.<sup>3</sup>

According to the National Assessment of Adult Literacy (<https://nces.ed.gov/naal/index.asp>), approximately 9 out of 10 adults may lack the skills needed to manage their health and prevent disease. Almost 14 percent of adults have below basic health literacy. Only 12 percent of adults in the US are considered to have proficient health literacy.

Healthcare is a complex topic and is unfamiliar to many individuals. Even highly educated individuals will often find themselves out of their element in a healthcare setting. Clinicians should provide patients with educational materials that are developed so that individuals can understand and act upon the health information. Fortunately, many resources are available.

### Consumer-focused educational materials available for clinicians and patients

A number of projects and initiatives have created consumer-focused materials that may be used by clinicians, patients, and families. One example is the Model Systems Knowledge Translation Center (MSKTC - [www.msktc.org](http://www.msktc.org)), which is operated by the American Institutes for Research in collaboration with the Center for Chronic Illness at George Mason University and BrainLine, and funded by the National Institute on Disability, Independent Living, and Rehabilitation Research. The MSKTC works to create free resources, and help others create resources, that support individuals living with spinal cord injury ([www.msktc.org/sci](http://www.msktc.org/sci)), traumatic brain injury ([www.msktc.org/tbi](http://www.msktc.org/tbi)), and burn injury ([www.msktc.org/burn](http://www.msktc.org/burn)). Even if you are not part of a model system of care, you can access many of these resources.

The SCI, TBI, and Burn sections each contain a range of resources specific to that diagnosis using plain language and considering health literacy. For example, supporting the Spinal Cord Injury Model Systems, and individuals with spinal cord injury, the MSKTC offers factsheets, slideshows, videos, and multimedia modules that cover an array of topics pertinent to living with or caring for someone with a spinal cord injury. The content of these resources is reviewed and edited by Model Systems clinicians and researchers and tested with consumers with spinal cord injury. Specific topics addressed include living with physical symptoms of spinal cord injury, using assistive technology, and engaging in activities.

A listing of MSKTC spinal cord injury products offered:

## SCI Products Available on MSKTC.org/SCI as of March 2016

### SCI Factsheets

- Autonomic Dysreflexia
- Bladder Management Options Following Spinal Cord Injury
- Bowel Function After SCI
- Depression and Spinal Cord Injury
- Driving After Spinal Cord Injury
- Employment after Spinal Cord Injury
- Pain after Spinal Cord Injury
- Pregnancy and Women with Spinal Cord Injury
- Respiratory Health and Spinal Cord Injury
- Safe Transfer Technique
- Sexuality & Sexual Functioning After Spinal Cord Injury
- Skin Care and Pressure Sores (6 Part Series)
- Spasticity and Spinal Cord Injury
- Spinal Cord Injury and Gait Training
- The Wheelchair Series: What the SCI Consumer Needs to Know (3 Part Series)
- Surgical Alternatives for Bladder Management
- Understanding Spinal Cord Injury—  
Part 1: The Body Before and After Injury
- Understanding Spinal Cord Injury—  
Part 2: Recovery and Rehabilitation

### SCI Research Database

Nearly 600 studies conducted by SCI Model Systems researchers

### SCI Slideshows

- Employment after Spinal Cord Injury
- Pain after Spinal Cord Injury
- Safe Transfer Techniques
- Gait Training after SCI

### SCI Hot Topic Module

- Managing Pain after Spinal Cord Injury

### SCI Systematic Review

- SCI and Measures of Major Depression
- SCI and Sleep Apnea

### SCI Quick Research Reviews

SCI Quick Research Reviews of Model Systems publications are frequently posted on the MSKTC Web Site

## Resources for developing consumer-focused educational materials

For clinicians and health educators who are interested in developing their own consumer-focused education materials, several resources provide guidance:

- **Toolkit: Writing for Your Audience** (*provided by MSKTC*)  
[www.msktc.org/Knowledge Translation Writing for Your Audiences](http://www.msktc.org/Knowledge_Translation_Writing_for_Your_Audiences)
- **Toolkit for Making Material Clear and Effective** (*provided by Centers for Medicare & Medicaid Services*)  
This extensive toolkit includes directions on its use, guidelines for writing and graphic design, guidance on collecting consumer feedback on your materials, and more.  
[www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/index.html?redirect=/writtenmaterialstoolkit](http://www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/index.html?redirect=/writtenmaterialstoolkit)
- **Health Literacy: Develop Materials resource page** (*provided by the the Centers for Disease Control and Prevention*)  
This collection of tools, standards, and other resources covers the creation of high-quality patient education materials for multiple patient groups across multiple media types.  
[www.cdc.gov/healthliteracy/developmaterials/index.html](http://www.cdc.gov/healthliteracy/developmaterials/index.html)
- **Clear Communication resource page** (*provided by the National Institutes of Health*)  
This initiative focuses on providing information that is accessible to all patient audiences and incorporating plain-language approaches. The site provides links to various resources, including Clear Health factsheets that cover an array of common health topics and issues that can be readily provided to your patients.

[www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication](http://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication)

- **Continuing Education Courses** (developed by the Agency for Healthcare Research and Quality)

These two courses examine the challenges that exist in caring for patients with low health literacy and offer strategies for improving communication in patient care. Free Continuing Education credit is issued by OptumHealth (opportunity expires 12/15/2016).

1. An Updated Overview of Health Literacy

[www.optumhealtheducation.com/health-literacy-activity1](http://www.optumhealtheducation.com/health-literacy-activity1)

2. Improving Health Literacy by Improving Communication Skills

[www.optumhealtheducation.com/wellness/health-literacy-activity2](http://www.optumhealtheducation.com/wellness/health-literacy-activity2)

- **Topic: Health Literacy resource page** (developed by the Agency for Healthcare Research and Quality)

Toolkits, guidance, and resources to promote the use of health literacy precautions both on an individual clinician and organization level.

[www.ahrq.gov/topics/topic-health-literacy.html](http://www.ahrq.gov/topics/topic-health-literacy.html)

## Summary

Given the prevalence of limited health literacy, educational materials provided to patients should be developed using plain language and presented so that the learner can understand and act upon the health information. The following quote from Joseph Pulitzer nicely summarizes this message: "Put it before them briefly so they will read it, clearly so they will appreciate it, picturesquely so they will remember it and, above all, accurately so they will be guided by its light."

## References

1. Carman KL, Dardess P, Maurer M, et al. Patient and family engagement: a framework for understanding the elements and developing interventions and policies. *Health affairs*. Feb 2013;32(2):223-231.
2. Agency for Healthcare Research and Quality. *Guide to Patient and Family Engagement in Hospital Quality and Safety*. <http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/index.html>. 2013.
3. Jaffee EG, Arora VM, Matthiesen MI, Hariprasad SM, Meltzer DO, Press VG. Postdischarge Falls and Readmissions: Associations with Insufficient Vision and Low Health Literacy among Hospitalized Seniors. *Journal of health communication*. 2016;21(sup2):135-140.

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## More health literacy tools

Health Literacy Consulting's monthly [What's New e-newsletter](#) is a good source of information and resources about health literacy. Some highlights from the September and October issues include:

- **Health Information Technology (Health IT) and Health Literacy**

Podcast interviews of health IT experts about the intersection of health IT and health literacy.

<http://healthliteracy.com/2016/09/01/health-information-technology-health-it-and-health-literacy>

- **Using Visuals to Teach In-Person**

Tips on how to use demonstrations, drawings, or photographs to convey healthcare concepts and instructions.

<http://healthliteracy.com/2016/10/01/how-to-use-visuals-when-teaching-in-person>

- **Health Literacy Month website**

The theme for Health Literacy Month 2016 is “Be a Health Literacy Hero.” This website contains information and tools to identify and solve health literacy problems. Efforts in this area can be pursued year round, not just during October.

<http://www.healthliteracymonth.org>

## Lessons from the Pulse Nightclub shooting

*By Jason T Atienza, MD, MBA; medical director and managing physician; ORMC/Orlando Health Rehabilitation Services*

The Orlando Health Rehabilitation Institute, an acute inpatient rehabilitation facility at Orlando Regional Medical Center (ORMC) and part of Orlando Health, participated in caring for the victims of the Pulse Nightclub shooting on June 12, 2016, in Orlando, FL. A total of 35 survivors were admitted at ORMC, and of these patients, 6 were eventually admitted to our rehabilitation facility.

When patients began to arrive the night of June 12, we immediately offered acceptance into the rehabilitation program regardless of funding source or current discharge plan. Our facility leadership quickly arranged meetings with the physician, therapy, nursing, and support staff in preparation to receive them. Despite the heightened attention and often overwhelming number of visitors, we also asked the team to treat the patients no differently than any others. We strive to afford all of our patients a great sense of normalcy and return to their prior level of function and felt this to be an important part of their recovery.

We had an Employee Assistance Program representative meet with our team to offer support to the care providers. Our leadership arranged for constant availability of neuropsychology services to both patients and staff. Leadership also reminded our team about the importance of protecting patient privacy, with the use of aliases as needed. For all media inquiries, we directed questions to our hospital media relations department. We also coordinated with the ORMC patient experience team regarding visits from celebrities and allowed patients the opportunity to meet with them if they chose. Our therapy and nursing team gave maximum effort in protecting the three-hour therapy requirements for these patients, and our team of social workers and discharge planners provided the patients and families with discharge support—especially for the unfunded patients—by arranging follow-up care and medications. After completing our coordinated inpatient rehabilitation program, all patients we admitted eventually returned to the community in improved medical and functional condition.

The primary lessons from this experience revolve around the importance of team communication. Our inpatient rehab team was in constant communication with the acute trauma service, with potential medical and family issues being relayed to us regularly. This allowed for a seamless transition of care. Our rehab team members, allied health, and support services staff were also in constant communication with each other during all stages of the rehab process. Regular communication with the administrative, patient experience, and media relations teams allowed for the best possible outcomes for these patients and their families. Most importantly, our team members communicated with the patients and families through every step of the rehabilitation course. If faced with a large-scale emergency situation such as the Pulse Nightclub shooting, our advice to other facilities is to keep communication among all components in the continuum of care a paramount focus.

## CARF and the VA

*By Bill Wenniger, Rehabilitation Planning Specialist*

The Department of Veterans Affairs (VA) has a long history of providing rehabilitation services. The VA's medical rehabilitation programs are diverse in nature and encompass a wide variety of patient impairments. The VA began a formal relationship with CARF in the late 1990s when the two organizations entered into an agreement that VA programs would seek CARF accreditation. The relationship between CARF and the VA continues to expand into the multitude of rehabilitation and health and human service programs offered by the VA. The first programs to become accredited were VA Comprehensive Integrated Inpatient Rehabilitation Programs. Since that time, the VA has added significant diversity to its medical rehabilitation programming, and the quality measures for these programs are the CARF standards.

There are 167 medical centers in the VA system and hundreds of outpatient clinics. These medical centers are aligned in Veterans Integrated Services Networks (VISNs). Each VISN has a CARF accreditation coordinator who assists with the accreditation process at each site. In addition, the system has a CARF steering committee with membership across the spectrum of services, including medical rehabilitation, spinal cord injury, mental health, and homelessness. This structure assists individual programs with the accreditation process.

The original mandate in the 1990s was to have the inpatient rehabilitation units in the VA system accredited, which amounted to about 50 facilities. After September 11, 2001, the VA needed to enhance rehabilitation services provided to veterans with brain injury and limb loss. Over the following decade, the VA created the Polytrauma and Amputation Systems of Care. There are five regional Polytrauma Centers (Tampa, Florida; Richmond, Virginia; Minneapolis, Minnesota; San Antonio, Texas; and Palo Alto, California) and seven regional Amputation Centers (Tampa, Florida; Richmond, Virginia; Minneapolis, Minnesota; San Antonio, Texas; Palo Alto, California; Bronx, New York; and Seattle, Washington). There are other tiered teams at the remaining VA medical centers that further round out the system of care and enable provision of services or referral to the appropriate facility to meet veterans' individual needs.

CARF accreditation for rehabilitation programs helps to promote quality of care. The VA currently has CARF accreditation in 36 hospital inpatient rehabilitation programs, 8 skilled nursing inpatient rehabilitation programs, 5 traumatic brain injury hospital inpatient rehabilitation programs, 6 outpatient traumatic brain injury medical rehabilitation programs, 5 brain injury residential rehabilitation programs, 26 amputation inpatient and outpatient system of care programs, 3 stroke care programs, 18 interdisciplinary pain programs, 44 spinal cord injury and disorders system of care programs, and 4 assistive technology programs.

The VA continues to encourage programs to follow CARF's accreditation principles and commit to ensuring that the rehabilitation services provided are of the highest quality. Information on various VA rehabilitation programs can be found at [www.rehab.va.gov](http://www.rehab.va.gov).

## **Stroke Center Network discount for CARF affiliates**

CARF International and National Stroke Association have long been mutually focused on the improvement of care and support of individuals who have had a stroke and their caregivers. National Stroke Association representatives sat on the initial CARF International Standards Advisory Committee to develop the first set of Stroke Specialty Program standards.

Now, National Stroke Association has offered to reduce by 20 percent the first-year and annual renewal membership fees for the Stroke Center Network™ (SCN) for CARF-accredited organizations.

The SCN program addresses the educational and patient support needs of stroke professionals in the United States. This program is a facility membership program representing thousands of stroke professionals across the continuum of stroke services. More recently the program has focused on enhancing the professional education and support delivered to post-

stroke providers. What the SCN offers strongly aligns with the CARF accreditation requirements as related to professional education and training.

Many CARF-accredited Stroke Specialty Programs are already members of National Stroke Association's SCN. When asked what benefit they found in being an SCN member, one of these facility educators responded, "Ability to stay current, have up-to-date patient education materials, and opportunity for clinical staff to learn."

To learn more about becoming an SCN member and to discuss and assess how being a member may be a cost-effective choice for your facility's needs, contact Sharon Januchowski at (303) 754-0914 or [sharonjanuchowski@stroke.org](mailto:sharonjanuchowski@stroke.org).

**More information from National Stroke Association:**

- [Stroke Center Network](#)
- [Improve Your Skills](#)
- [Educate Your Patients](#)

## CARF needs you!

We ask our accredited organizations to seek feedback from their stakeholders, and CARF embraces this same philosophy. We are interested in hearing your thoughts, ideas, and suggestions about this newsletter.

If you are interested in contributing to this newsletter please contact either Chris MacDonell at [cmacdonell@carf.org](mailto:cmacdonell@carf.org) or Kelly Silberschlag at [ksilberschlag@carf.org](mailto:ksilberschlag@carf.org).

If you have feedback or would like to contribute to future newsletters, please contact [Kelly Silberschlag](#).