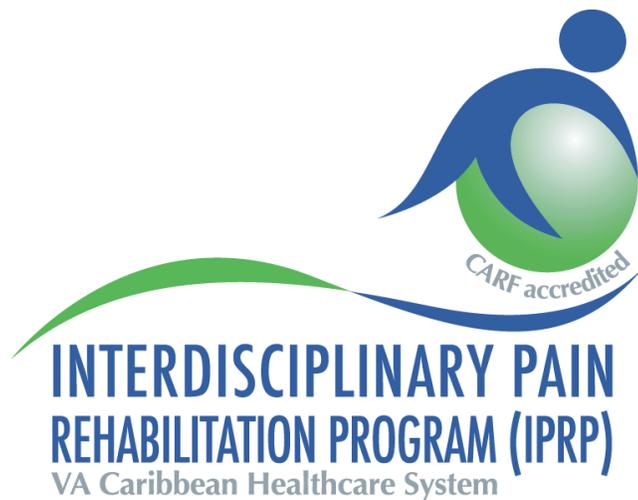


VA Caribbean Healthcare System
Department of Physical Medicine & Rehabilitation
Interdisciplinary Pain Rehabilitation Program



Patient's Orientation Manual

Telephone: (787) 641-7582
Ext Clerks: 11887 / 11334
Case Manager: 11343 / 11260

WELCOME TO THE INTERDISCIPLINARY PAIN REHABILITATION PROGRAM

You have received this booklet because you have been admitted to our Interdisciplinary Pain Rehabilitation Program (IPRP) within the VA Caribbean Healthcare System (VACHS). We are pleased that you selected our program for your rehabilitation. Our program has been recognized as having high standards of quality and is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), and The Joint Commission (TJC). In addition, our facility is a place of training and investigation for resident physicians and allied health professions students.

The purpose of this booklet is to provide orientation to you and your family/caregiver about the services and regulations impacting your participation with us. We work together as a team, in which **you and your family are important members**. You and your family/caregivers will be involved in the development of your treatment plan, in all required therapeutic interventions and, in the discharge process. We are committed to having you and your family members learn all about your rehabilitation, in order to acquire the necessary skills for successful pain management.

PROGRAM OVERVIEW

The Interdisciplinary Pain Rehabilitation Program (IPRP) consists of a group of healthcare professionals of diverse disciplines that merge their knowledge and expertise to offer alternatives for pain control. The team understands that chronic pain can affect the quality of life of patients, relatives, and caretakers. The program offers outpatient services directed towards treatment, orientation, counseling, and education of patients and caretakers about the most effective techniques for pain management.

The purpose of the Interdisciplinary Pain Rehabilitation Program is to reduce the perception of pain of the participant, to enhance his/her level of independence, to promote the level of physical activity, to reduce the emotional stress associated with chronic pain, and to improve the general wellbeing of the participant.

Mission:

Honor America's veterans by providing integrated and comprehensive patient centered care pain rehabilitation services to improve the quality of life of those having chronic non-malignant pain.

Vision:

To be a state of the art, integrated pain rehabilitation care program for veterans, leading the healthcare community into education and research.

Values:

- ◆ **Integrity:** All disciplines providing services to our population will adhere to the highest professional standards.

- ◆ **Commitment:** We shall work diligently to fulfill our responsibilities in order to meet the population served and the organizations goals.
- ◆ **Advocacy:** Every human being has the right to have the highest quality of life and to be self sufficient within his/her capabilities. We shall advance the interest of our population served.
- ◆ **Respect:** We must treat all patients, families, visitors and staff with respect, dignity and professionalism.
- ◆ **Excellence:** We are committed to provide quality rehabilitation services through adequately trained staff and state of the art technology

The setting where treatment is mainly provided is the Pain Program area, located on the first floor of the main building, San Juan VACHS, office C-125. Other treatment facilities include: physical therapy gym, occupational therapy clinic, recreational therapy areas, interventional rooms for procedures, living skills laboratory, education center classrooms, prosthetic laboratory, and patient library. The program operates Mondays through Fridays from 7:00 AM to 4:30 PM. On average, selected disciplines provide four to six individual/group sessions during a six to eight month treatment period.

We take honor in serving adults (18 years or older), eligible veterans from Puerto Rico, the Virgin Islands and a minimum from the continental U.S., in addition to military active persons and their spouses (covered by CHAMP-VA). The **most common impairment** treated is chronic low back pain. Other conditions often treated are cervical pain, peripheral neuropathy, and Fibromyalgia. **Referral sources** are mostly from Primary Care Service and PM&R services.

Female veterans, younger veterans from recent conflicts, non-Hispanics from other cultures, and persons with religious beliefs other than Christian, may present with **special needs** due to diversity or cultural issues. Clients with traumatic brain injury, spinal cord injury, and the elderly may also present special needs. Please, communicate with your case manager or any other team member, if you feel you have a special cultural need that is not been addressed to your satisfaction.

The most common **activity limitations** are in the areas of physical, occupational, social, and recreational activities. **Participation restrictions** range from limited tolerance to walking, sitting or standing, limitations in performance of activities of daily living, and reduced participation in community activities due to social isolation.

The population served displays a **variety of psychological and behavioral conditions**. These patients might present with mood and adjustment disorders, disturbed behavior episodes, and problems with family/support system dynamics. Among the most common psychiatric disorders prevalent in chronic pain patients are major depression and anxiety disorders.

The person served should be **medically and psychiatrically stable** for admission to the IPRP (see Admission Criteria). Minor medical complications such as hypoglycemia episodes, high blood pressure, minor cuts or falls, are managed by the IPRP staff physiatrists. When a major

medical or psychiatric complication arises, or the person served becomes medically unstable, he/she will be referred to the appropriate service within the VACHCS.

PROGRAM ADMISSION CRITERIA

The initial consult to our program is placed by primary care physician or other healthcare professional.

Patients who present at least one of the following will be admitted to the program:

1. Nociceptive pain that persists for more than six months, e.g., somatic, visceral, myofascial or joint pain.
2. Neuropathic pain for more than six months even after dosage/regimen changes and optimization, e.g., allodynia, needles and pins, burning, stinging, electrical shock-like or numbness.
3. Unsuccessful management of chronic non-malignant pain after consults considerations to any the following services;
 - PM&R
 - Neurology
 - Rheumatology
 - Psychology/psychiatry
 - Neurosurgery
4. Unsuccessful management of chronic non-malignant pain after treatment with any of the following:
 - Pharmacologic treatment
 - Physical therapy
 - Occupational therapy
 - Interventional Pain procedures
 - Surgery considerations

In addition to the above, patients should:

1. Be medically stable.
2. Be psychiatrically stable for a period of at least three months.
3. Not actively abusing alcohol and/or using illicit drugs.

PROGRAM TRANSITION AND DISCHARGE CRITERIA

Transition Criteria

Patients who present at least one of the following will be transitioned to another level of care:

1. Patients who have an unexpected change in medical condition and require evaluation and additional work-up by his primary care provider or any sub-specialist.

2. Patients who achieve maximum benefits from the outpatient pain rehabilitation treatment and require other levels of care, for instance: inpatient pain rehabilitation treatment, neurosurgery or interventional pain treatment.
3. Patients who become medically/psychologically unstable and require additional medical and diagnostic interventions will be transitioned to an acute medicine/psychiatry ward.

Discharge Criteria

Patients who present at least one of the following will be discharged from the program:

1. Patients who have achieved the goals of the care plan.
2. Patients who have achieved maximum benefits of the rehabilitation treatment.
3. Patients who are non-compliant with treatment recommendations.
4. Patients who refuse further treatment.
5. Patients who become medically and/or psychiatrically unstable.
6. Patients who do not comply with the pain program agreement.
7. Patients unable to attend scheduled appointments. Example: traveling, hospitalization, surgery.

Discharge/Transition Planning

The person served is discharged from program when goals are accomplished or no further benefits from program are expected (see Transition and Discharge Criteria Attachment). A **discharge/transition** environment of information and communication is intended for all persons served. Discharge planning is initiated during the initial interdisciplinary meeting. A follow-up interdisciplinary meeting is conducted with the person served to discuss his/her advance in plan of care, review treatment goals, and establish a discharge date from program. The person served and/or caregiver is informed about the discharge planning, and time is allowed to clarify doubts concerning treatment plan.

The **transition planning** is an ongoing process, started during the initial assessment, when the person served is informed about his/her condition/time/events for transition of services during the program to other levels of care. For instance: the person served may be referred to inpatient pain rehabilitation treatment, neurosurgery or interventional pain treatment, among others.

Discharge Against Medical Advice

If the patient decides to leave the program, he/she must communicate his/her wish to any team member who will then refer patient to pain staff physician. The patient will be counseled regarding risks of discontinuing treatment plan, especially if there are medical conditions that require immediate medical management. An alternate plan may also be formulated with the patient

for him or her to receive appropriate care. This information is also shared with primary care physician and/or healthcare provider who placed the consult.

SERVICES PROVIDED

The interdisciplinary team is integrated by the following health professionals:

- (a) Medical Director**
- (b) Case Manager**
- (c) Psychiatrists**
- (d) Pharmacist**
- (e) Psychiatrist**
- (f) Clinical Psychologist**
- (g) Physical Therapist**
- (h) Occupational Therapist**
- (i) Recreational Therapy**
- (j) You: The Person Served/Participant.** Your participation in the program is of vital importance for the success of the treatment provided. Communicate your goals and concerns as a member of the team.
- (K) Your Family and/or Support System.** Participate in the education program. Communicate their goals and concerns as members of the team.

Additional services offered include living skill training, home evaluation, patient/family education, chaplain services and, case management. Dependent of the need of those served, the program makes arrangements for chemical dependency counseling, diagnostic radiology, driving training, vocational rehabilitation and consultation to sub-specialties as needed.

The services provided for families/support systems are dependent on the needs of the person served, and are arranged by the case manager of the unit. These support services might include social work interventions, chaplain services, psychology support or Home Improvement and Structural Alterations (HISA) consultation.

Portable Profile

The portable profile is a written tool that will help you gather all the relevant medical information that you might need for your own reference, as well as to be shared with other service providers. The Case Manager will provide you with a portable profile and will teach you how to use it to your benefit.

Coordinator for Patients from the Virgin Islands

A coordinator for patients who are Virgin Islands residents is available to assist and provide assistance during your visit or stay. Call extension 31227.

Program Outcomes and Performance Improvement

We strive to provide you and other veterans with the highest quality of service. Throughout your treatment, please, stop by the Program Outcomes Boards to see the latest results of our interventions and patient satisfaction.

In order to improve our services to better serve veterans we invite you to provide us with information and recommendations. You may do so by filling out our patient satisfaction survey prior to your discharge. Program personnel will call you approximately 3 months after your discharge to gather information about your health and functional status. Also, you may be invited to participate in discussions focus groups to provide us with additional information to improve our services.

Program procedures:

Initial Appointment with the Interdisciplinary team: Treatment is initiated with a general orientation about the program. You will be asked to read and sign the Program Agreement and to complete a questionnaire (WHYMPI), which helps us define your physical and emotional needs. If you agree with the alternatives of treatment offered by the program, further evaluations and interviews will take place individually with each team member.

The interdisciplinary team will then meet to determine patient's admission to the program, and if so, identify patient needs and establish a treatment plan. Appointments will be scheduled to start the plan of treatment. You will be notified about these follow up appointments by mail. The physiatrist will discuss with you the treatment plan during the first follow up appointment, and you will be able to suggest modifications if deemed necessary, according to your specific requirements.

Interdisciplinary meetings: Participants and team members meet about 3 months after the initial evaluation to discuss and evaluate the progress of the treatment. The team gathers regularly to explore goals reached and to identify pending needs. In some occasions, the Participant will be able to be present to speak of the achievements, to present suggestions and any other needs. The team commits to keep confidentiality of each case. Nevertheless, the progress of the participant's treatment will be documented in a computerized progress note.

Discharge: Upon discharge patient continues his/her treatment with the primary care provider.

Types of Program Interventions:

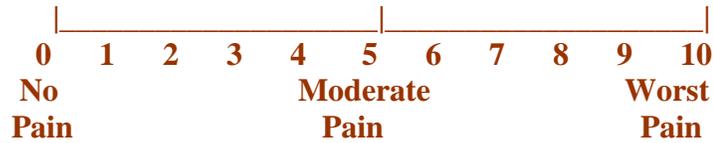
- Occupational Therapy and Physical Therapy Educational Groups
- Psychology Educational Groups
- Exercise Groups
- Recreational Activities
- Individual sessions with providers

Evaluation instruments:

a) Numerical Scale for Pain:

The Numerical Scale for Pain measures the intensity of the pain giving it a value from 0 to 10, where 0 is the absence of pain, 5 implies moderate pain and 10 represents the most

intense pain imaginable. You will identify the number that best describes the intensity of your pain.



(Published from: *Pain Management-The Series: American Medical Association*)

b) Wong-Baker Faces Pain Scale:

This scale is utilized with children, elderly persons or people with special needs.

WONG-BAKER FACES PAIN RATING SCALE



(Published from: *Pain Management-The Series: American Medical Association*)

The report of pain is individual for each participant and its report is not comparable with other participants. The report should help the professionals identify the intensity of your pain and see the progress in its management.

- c) Medical Evaluation: Consists of a pertinent physical examination, diagnostic tests and/or radiological tests, as needed.
- d) Psychological Evaluations: Participant may receive a *Mini Mental Status Exam (MMSE)* during the initial evaluation. Depending on patient's specific needs, he or she may be referred to our program's psychiatrist or the Department of Psychology and/or Mental Hygiene for a more extensive evaluation, if deemed necessary.
- e) Functional Evaluations: These are tests that measure how the daily activities are carried out by the participants, the flexibility in their movements and tolerance. These are performed by the physical therapist and occupational therapist. The evaluation will be performed at the beginning and at the end of the program for the purpose of evaluating the achievements reached.
- f) Recreational Therapy Evaluation: Consists on an interview with recreational therapist to implement leisure activities and management of free time.
- g) Questionnaire (WHYMPI): This questionnaire measures the progress of the patient in each area (emotional, physical activity, social, pain severity, etc). The questionnaire is administered at the beginning and end of the treatment within the Program.

Others: Participants may be referred to other clinical departments as deemed necessary. This also includes specialized and laboratory tests.

Family Conferences

- These are Interdisciplinary team meetings with you and your family to discuss your progress, revise your goals, discharge plan, and answer any questions or concerns regarding your care plan.
 - Any situation that could affect your plan of care or discharge is discussed.
-

We implement moral and ethical principles and behave in ways that are sensitive to cultural differences in all our clinical and administrative actions.

A good communication and follow- up of given recommendations are the key to improve your quality of life!

RULES & REGULATIONS

What is expected from the participant of the program?

- a) Punctuality to scheduled individual, group, and interdisciplinary appointments.
- b) Disposition to express personal information to the interdisciplinary team, in relation to the emotional and physical events experienced.
- c) Responsibility in the rehabilitation process by following the recommendations of the team.
- d) Responsibility to communicate the clerk (secretary) about any cancellation of appointments, and to be assured to obtain follow up appointments.
- e) To fully complete the treatment program.
- f) To comply with the regulations and expectations of the Program, as described in the Agreement document.

What can be expected from the interdisciplinary team?

- a) Apply his/her knowledge and expertise in the development of the treatment plan, integrating treatment alternatives, according to the specific needs of each participant.
- b) To share information which leads toward a better management of the condition.
- c) To treat participants with dignity and respect.
- d) You may also discuss your progress and goals with any of the team members.

Safety & Security

Emergency Drills:

The VACHS regularly performs emergency drills of fire, bomb threat, earthquake and others. Throughout your stay, you may be required to participate in an emergency drill. During this exercise or in case of a real emergency, please, follow the instructions of the personnel. Evacuation routes are posted throughout the building and by the elevators. The elevators will not function during a fire.

Injury Prevention:

We are committed to your safety throughout your stay with us. Please, follow all recommendations provided by your team of clinicians regarding fall prevention.

Security of Personal Possessions:

Patients are responsible of safeguarding personal items. The facility is not responsible for losses due to improper storage or misplacement. We do not provide for storage of personal items in the IPRP treatment areas.

***NOTE:** Leave valuables at home. These include jewelry, nice clothes, money and items of sentimental value.*

Health Insurance

The law allows the VA to bill third party health insurance carriers for treatment provided to you for non-service connected conditions. That means that the VA will be able to bill your insurance company for episodes of care that meet with appropriate standards. The hospital is able to keep the funds collected from the insurance companies to better serve your needs as patients. You will not be responsible for any deductible not paid by your health insurance.

Co-payments

Veterans receiving care in VA might be responsible for a co-payment that will depend on your priority group. Your priority group is determined by whether or not you are a service-connected (SC) or a non-service connected (NSC) veteran. It might also depend on your income. Most non-service connected and non-compensable 0% service connected veterans are required to complete a Means Test. You must provide information on your family and your personal annual income to determine whether you are below or above the annual adjusted income established. This is the information used to determine your priority group.

In summary charges are applicable to:

- Veterans treated for medical conditions not related to military service (non-service connected/NSC), whose annual income exceeds the established by law (Priority 7a, 7c, 7e, 7g and or priority 8a, 8c).
- Service Connected Non-compensable veterans (SC 0%) whose annual family income exceeds the established threshold by law and receive medical treatment for condition not connected with military service (NSC).

For additional information regarding co-payments or to clarify any doubt, you can visit the Means Test Office located on the first floor of the main building or you may access the following website for current co-pay rates:

http://www.va.gov/healthbenefits/cost/copay_rates.asp

The Case Manager may offer orientation on how to obtain additional information.

Instructions to attend appointments:

- a) Register with the clerk before attending each appointment.
- b) Wear appropriate clothing to exercise when attending physical therapy (PT) and recreational therapy (RT) appointments.
- c) Take your pain medications.
- d) Bring the assistive devices previously provided, if requested.
- d) Bring the reports of previous diagnostic procedures, or psychological and/or psychiatric exams.
- e) Bring a companion who can provide relevant information, if necessary.
- f) Avoid bringing expensive accessories with you. If you decide to bring them, keep them with you at all times, as we don't have the facilities to keep them safe.
- g) Call the Case Manager for doubts, questions and cancelations of appointments.

1. Cancellation of appointments: In the event that you cannot attend an appointment, you should call at least with 24 hours of anticipation to the extensions 11343 / 11887 / 11334 /11260 and leave a message with the Case Manager or clerk, specifying the cancellation of the appointment(s). You will be assigned a new appointment, according to the availability of each professional. Always be assured that the appointment(s) cancelled are rescheduled for new ones.

2. Absences: In case of two consecutive absences (No-Shows) without justification and subject to notice, the treatment will be discontinued. To resume in the program, a new consultation from your primary provider will be required.

***The Interdisciplinary Pain Rehabilitation Program Team
is in the best disposition to serve you!***

YOUR RIGHTS AND RESPONSIBILITIES

Person Served Rights and Responsibilities

The Veterans Health Administration (VHA) is pleased you have selected us to provide your healthcare. 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. Your basic rights and responsibilities are outlined in this document. Please talk with VA treatment team members or a patient advocate if you have any questions or would like more information about your rights.

I. Respect and Nondiscrimination

- 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 seek to honor your personal and religious values.
- You or someone you choose has the right to keep and spend your money. You have the right to receive an accounting of any 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 or nursing home resident, you may wear your own clothes. You may keep personal items. This will depend on your medical condition.
- As an inpatient or nursing home resident, 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 to participate in these activities. You may decide whether or not to perform tasks in or for the Medical Center.
- As an inpatient or nursing home 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, such as voting and free speech.
- As a nursing home 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 or residents and staff, you are expected to respect other patients, residents 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.

II. Information Disclosure and Confidentiality

- You will be given information about the health benefits 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 your portion of any 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 (an example of this is State public health

reporting). You have the right to information in your medical record and may request a copy of your medical records. This will be provided except in rare situations when your VA physician feels the information will be harmful to you. In that case, 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 potential injuries. You will be informed about how to request compensation for any injuries.
- You are encouraged and expected to seek help from your treatment team or a patient advocate if you have problems or complaints. You will be given understandable information about the complaint process. You may complain verbally or in writing, without fear of retaliation.

III. 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 given 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 you take 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 do not 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 our partner in healthcare, 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 you 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 or resident. 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 your provider or 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 or nursing home resident, you will be provided any 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 healthcare ethics.
- If you or the Medical Center believes that you have been neglected, abused or exploited, you will receive help.

IV. Complaints

- You are encouraged and expected to seek help from your treatment team or a patient advocate if you have problems or complaints. You will be given understandable information about the complaint process. You may complain verbally or in writing, without fear of retaliation.

VA 10-88
P91985
September 2006

**Notification to Patients of Joint Commission
Standards Modifying Patient And Nursing Home
Resident Rights and Responsibilities**

Dear Patients:

In accordance with requirements from the Joint Commission, the Department of Veterans Affairs has added the following statement to visitation policies for all hospitals throughout the system:

"The medical center respects the patient's right to make decisions about his or her care, treatment and services, and to involve the patient's family in care, services, and treatment decisions to the extent permitted by the patient or surrogate decision-maker. 'Family' is defined as a group of two or more persons united by blood, or adoptive, marital, domestic partnership, or other legal ties.

The family may also be a person or persons not legally related to the individual (such as significant other, friend or caregiver) whom the individual considers to be family. A family member may be the surrogate decision-maker, as defined in VHA Handbook 1004.02, if authorized to make care decisions for the individual, should he or she lose decision-making capacity. The medical center allows a family member, friend or other individual to be present with the patient for emotional support during the course of a stay. The medical center allows for the presence of a support individual of the patient's choice, unless the individual's presence infringes on others' rights or safety, or is medically or therapeutically contraindicated. The individual may not be the patient's surrogate decision-maker or legally authorized representative. The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression. "

You are encouraged and expected to seek help from your treatment team or a patient advocate if you have any problems or complaints. You will be given understandable information about the complaint process. You may complain verbally or in writing, without fear of retaliation.

WANDA MIMS, MBA
Facility Director
Veterans Integrated Service Network 8

Your Rights Regarding Advanced Directives

An Advanced Directive is a legal form you fill out and sign letting others know about your health care preferences. If you become too ill to make decisions about your care, an Advance Directive can help your doctors and family members understand what you want. It is up to you if you want an advance directive. Your decision must not affect your access to health care or other VA services. You may change your mind at any time about your decisions for treatment, but you have to let it be known.

There are two types of Advance Directives: (a) durable power of attorney for health care and, (b) living will. If you have an advance directive, it's important to give the VA a copy for your health care record. Advance Directives information will be given at the admission area. If not, your social worker can help you by providing the standard forms that you will need to state your decision.

Your rights:

1. You have the **right to accept or refuse any medical treatment.**
2. You have the **right to complete a durable power of attorney for health care.**
3. You have the **right to complete a living will.**

Complaints

You are encouraged and expected to seek help from your treatment team and/or patient advocate if you have problems or complaints. You may complain verbally or in writing, without fear of retaliation.

Following are the steps and timeframes for management of complaints. The Case Manager or Social Worker can provide you with additional information regarding this process, upon request.

Step	Timeframe for resolution or referral to appropriate level
1. Person served shares concern with an employee, member of his/her treatment team or CARE partner.	Immediately
2. If the concern is not addressed to a level of satisfaction, person served may request to contact a supervisor of the area.	Immediately after referral
3. If concern is still not addressed to a level of satisfaction, person served may request a meeting with the service chief.	Within 5 days
4. If person served understand the problem remains unresolved he/she may contact the Patient Representative Office. (Note: persons served can seek resolution to their issues directly at with the patient representative).	Within 7 days

Step	Timeframe for resolution or referral to appropriate level
5. Appeals: Persons served have the right to have access to a fair and impartial review of disputes regarding clinical determinations, health benefits or services that are not resolved at the facility level. This is done through the VISN appeals process. Appeals will be done according to VA/VHA directives and regulations.	30 — 45 days

Compliments

If you like to formally praise the services you received, you may submit a compliment:

- in writing to the staff member(s) involved
- in writing to the ACOS for Rehabilitation
- verbally or in writing at the Patient Representative office

You may also express your compliments, or other comments or suggestions, using the “Tell the Director” Program sheet. This form is available through the Patient Representative office.

Requirements from Regulatory Agencies

For specific information concerning program/services contact our Quality Management Section at extension 18302.

Our programs and services are accredited by:

- The Joint Commission (TJC)
- The Commission for Accreditation of Rehabilitation Facilities (CARF).

For any information related to **TJC** you may contact them by phone or through their website:

Toll free number: 1-800-994-6610

Website: <http://www.jointcomission.org>.

For information on the most recent **CARF** Accreditation Report or accreditation requirements you may contact them by phone or through their website:

Toll free number: 1-888-281-6531

Website: <http://www.carf.org>



MOST FREQUENTLY ASKED QUESTIONS:

1) Is the Interdisciplinary Pain Rehabilitation Program available in other VA clinics of Puerto Rico?

The interdisciplinary services provided at the Interdisciplinary Pain Rehabilitation Program, are only offered at the Caribbean \ Healthcare System in San Juan, Puerto Rico.

2) What is the treatment duration of the program?

Duration is variable from patient to patient. However, treatment program lasts approximately 6 months.

3) Are modalities of treatment such as hot and cold applications included within the program?

If the patient has received previously physical therapy for his/her pain condition, the interventions of physical therapy in the management of chronic pain are directed towards the education of the participant about the use of modalities, exercises and equipment at home. The emphasis is in managing day-to-day pain with these tools.

4) Is it necessary to participate of the interventions all the disciplines?

The recommendation of the Program is that patients participate of all disciplines.

5) Who provides continuity of treatment once the participant is discharged from the program?

Once discharged from the program, the participant continues his/her follow-up with his/her primary care provider.

6) How many times per week must the participant attend the program?

IPRP team will try to group all appointments for the same day, or according to person served preferences to maximize visits to the hospital. Appointments to IPRP can vary between one to three per week, depending on the needs of the person served.

7) What type of procedures offers IPRP?

We offer epidural, sympathetic and facet blockades, intra-articular injections, viscosupplementation therapy, trigger-point injections, based on individual needs. We are currently designing a biofeedback clinic as alternative for pain management, which we plan to implement in the near future.

RESOURCES:

This is a general list of resources available in the Veterans Hospital and the community. For specific resources refer to the social worker from your primary care provider.

Emergency

9-1-1

Emergency Hotline

1-800-981-8333

Department of Veterans Affairs

San Juan Regional Office

División de Servicios al Veterano

50 Carr. 165

Guaynabo, P.R.

1-800-827-1000

www.va.gov

Veteran's Affairs 'Move' Exercise and Weight Control Program (English/Spanish)

<http://www.move.va.gov/>

VA Web Home Page

<http://www.va.gov/>

VA Online Bulletin Board

<http://vaonline.va.gov/>

VA My Healthvet

My Healthvet is the internet gateway to veteran's health benefits and services.

<http://www.myhealth.va.gov/>

Red Cross "Centro Médico de Río Piedras"

San Juan, PR 00935

TEL. (787) 758-8150

<http://www.redcross.org>

Social Security

1-800-772-1213 (1-800-SSA-1213)

www.socialsecurity.gov

Advocacy Groups

American with Disabilities Act

787-725-2333

American Legion - 787-720-4696; 787-752-7122
Blinded Veterans of America- (BVA)
787-852-6241

Disabled American Veterans (DAV)
787-772-7386; 787-772-7387; 787-772-7388- ;787-599-1425;
www.dav.org

Ombudsman for Elderly Affairs
787-721-8225;787-725-1515 -San Juan;
787-977-0923; 787-977-0925 - Bayamon

Ombudsman for Patient Affairs
1-800- 981-0031

Ombudsman for Persons with Disabilities
1-800-981-4125- Central Office
1-800-981-1211- Ponce Regional Office
1-800-980-1909- Western Regional office
1-800-984-1992- Eastern Regional Office
1-800-208-1747- Northern Regional

Paralyzed Veterans of America (PVA)
787-772-7384- 787-772-7385

Purple Heart- 787-772-7372
Silent Warriors, Inc. -787-396-8218
Veteran of Foreign Affairs- 787-772-7328
www.vfw.org

Veteran Ombudsman Office
Metro: (787) 758-5760 ext. 241

Vietnam Veterans of America
787-231-7550

Women Veterans of America- 787-287-7630

Associations

American Lung Association
PO Box 195247
San Juan, PR, 00919-5247
Dirección Física: Ave. Domenech #395 Hato Rey, PR 00919
TEL. (787) 765-5664
<http://www.lungusa.org>

American Diabetes Association (Puerto Rico)

PO Box 19842
San Juan, PR 00919-0842
TEL. (787) 281-0617
<http://www.diabetes.org>

Asociación Puertorriqueña de Ciegos, Inc.

PO Box 29852
San Juan, PR 00929-0852
TEL. (787) 276-0537

Gerontology Society of Puerto Rico

PO Box 363472
San Juan, PR 00936-3472
TEL. (787) 410-8831

United Way

PO Box 191914
San Juan, PR 00919-1914
TEL. (787) 728-8500

Legal Services

Elderly law “Programa Para el Sustento de Personas de Edad Avanzada” PROSPERA

787-772-9337; cuadro 787-767-1500 ext. 2998; 1-877-660-6060
Toll Free: 1-800-981-8666

Tele Abogados: Servicios Legales de Puerto Rico

1-800-981-9160
1-800-981-3432

Tele-Envejecientes

787-728-2323; 1-800-981-9160;
1-800-981-3432

Tele-Tribunales

787-759-1888– área metro
Isla– 1-877-759-1888 libre de costo
www.Tribunalpr.org

Transportation

Programa “**Llame y Viaje**” only the metropolitan area
(787) 294-0500 ext. 599; (787) 758-8122; Toll free 1(800) 981-0097;
(787) 763-2473 (TTY)

SENDA Program

<http://www.gobierno.pr/OGAVE/Servicios/SENDA.htm>

Vet. Centers

787-749-4314; 787-749-4409- San Juan
787-879-4150; 787-879-4581- Arecibo
787-841-3260- Ponce

Vocational Rehabilitation

Veterans Administration
787-772-7341; State level
787-729-0160; 787-758-1049

You can obtain educational material on all aspects related to Pain prevention, Pain management, etc. on the telephone numbers, websites and address listed below. You can also visit the patient library to obtain further information.

[The American Chronic Pain Association: www.theacpa.org](http://www.theacpa.org)
[American Pain Foundation: www.painfoundation.org](http://www.painfoundation.org)
[National Foundation for the Treatment of Pain: www.paincare.org](http://www.paincare.org)
[National Fibromyalgia Association: Tel. \(714\) 921-6920](http://www.fibromyalgia.com)
[Fibromyalgia: www.fibromyalgia.com](http://www.fibromyalgia.com)

What other information of the rehabilitation services would you like to have?

Please tell us about other information related to the rehabilitation program that you like to have. Please fill out this form and return it to the Case Manager or any other staff member.

Prepared by: Interdisciplinary Pain Rehabilitation Program