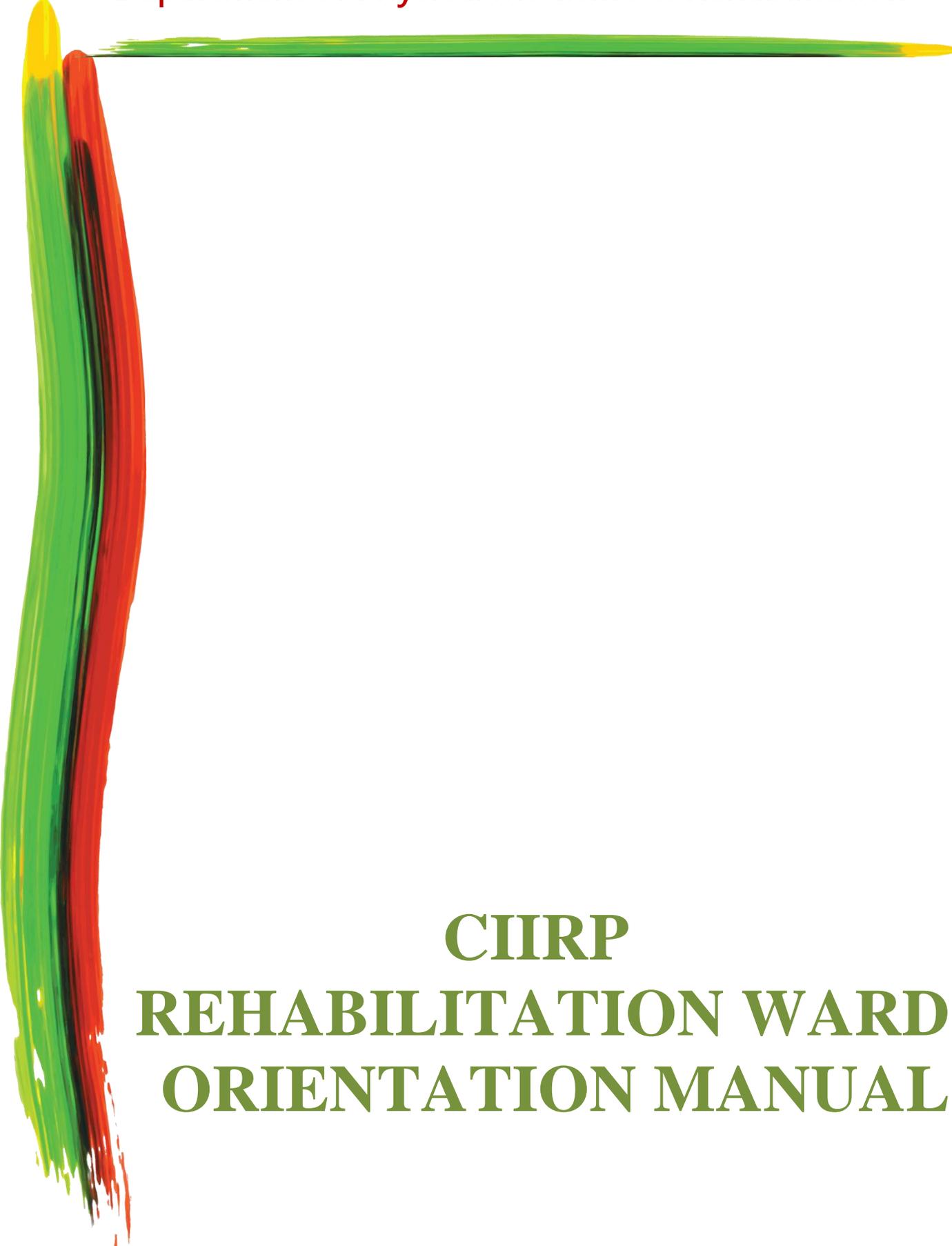


VA Caribbean Healthcare System
Department of Physical Medicine & Rehabilitation



**CIIRP
REHABILITATION WARD
ORIENTATION MANUAL**

Disclaimer

The intent of this handbook is to provide you and your caregiver (s) with orientation regarding services provided at the VA Caribbean HealthCare System Rehabilitation Ward. This handbook includes descriptions of the rehabilitation programs, admission and discharge processes, policies and regulations, patient's rights and responsibilities, among other topics. This manual is complementary to the orientation provided to you at the time of admission to the medical center. You and your family members are responsible for requesting additional information of your interest, not included in this document

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Section 1: WELCOME TO THE REHABILITATION WARD



You have received this booklet because you are considering admission, or have been recently admitted to one of the inpatient rehabilitation programs within the VA Caribbean Healthcare System (VACHS). If you are already staying with us, we are pleased that you selected our program for your rehabilitation. If you are in the process of considering an inpatient rehabilitation stay, you are welcome to visit us at ward 3K, located on the third floor of the South Bed Tower, in the San Juan main facility of the VACHS. We are extremely proud of our 20-bed capacity unit, housing an interdisciplinary gym with state-of-the art equipment, a dining room, and recreation therapy areas.

Our unit offers three specialized Rehabilitation Programs. Through participation in any of these programs we will help you achieve an optimum level of independence, so that you may safely return to the community.

These are our programs:

- Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP)
- Stroke Specialty Program (SSP)
- Amputation Specialty Program (ASP)

All our programs have been recognized as having high standards of quality and are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), and The Joint Commission (TJC). In addition, our unit 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 stay with us. Sections 1 through 4 of this manual include necessary information pertaining to all three programs. The **CIIRP** is our General Rehabilitation Program. Please, also refer to *Section 5* if you were admitted to our **Stroke Specialty Program** and, *Section 6* if you were admitted to our **Amputation Specialty Program**.

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 care, in order to acquire the necessary skills for a successful discharge.

Section 2: CIIRP CARE AND SERVICES



OVERVIEW

We take honor in serving adults of 18 years of age or older, who are eligible veterans from Puerto Rico, Virgin Islands and a minimum number from the continental US. Military may also be referred for services.

The program receives referrals primarily from acute wards within the VA San Juan Medical Center, including medicine and surgery services. A small number of patients are referred from Outpatient PMR Clinics and from community hospitals.

The most common *impairments* treated are orthopedic conditions, debility, stroke, lower limb amputations, and brain dysfunction. Other impairments are pain syndromes, neurological conditions, major multiple trauma, cardiac, pulmonary, and arthritis.

The most common *activity limitations* exhibited by the persons we serve are in the areas of basic and instrumental activities of daily living. *Participation restrictions* include limitations in performance of roles, limited social life and, involvement in community activities.

Occasionally, participants may present *Psychological* and *behavioral* conditions. These typically include mood and adjustment disorders, episodes of disturbed behavior, and issues related to the support systems. The interdisciplinary team manages these conditions with support from consultants within the VACHS.

Female veterans, younger veterans from recent conflicts, non-Hispanics from other cultures, and persons with religious beliefs other than Christian, may present special needs due to diversity issues. 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.

ADMISSION & CONTINUING STAY

Admission Criteria for all Programs

1. Person served with significant functional deficiencies interfering with performance in daily activities and roles.
2. Among possible admitting diagnosis are:
 - Stroke
 - Brain Dysfunction/Polytrauma
 - Neurological Conditions
 - Amputation of limb
 - Orthopedic Conditions
 - Pain Syndromes
 - Major Multiple Trauma
 - Debility
 - Burns
 - Cardiac
 - Pulmonary
 - Cancer
 - Medically Complex Cases
3. Person served requiring 24 hours of nursing intervention.
4. Medically and psychiatrically stable: not in seriously ill list, restraints or constant observation.
5. Potential to acquire new knowledge or requires development of an environmental management plan that would require caregiver training.
6. Able to tolerate at least three hours of therapeutic interventions per day.
7. Requires intervention of two or more rehabilitation disciplines.
8. Alert and able to follow simple commands or with potential to improve in short period of time.
9. Desire to receive rehabilitation at CIIRP.
10. Person served has an established discharge plan prior to admission.

Continuing Stay Criteria for all Programs

1. Person served continues medically stable.
2. Person served has regular attendance/participation in therapeutic activities.
3. There is evidence of progress and potential to continue improving.

Program limitations

1. Participants must be medically stable in order to tolerate the required effort: not on ventilators, seriously ill, on physical restraints or on constant observation.
2. Services are not available to children or adolescents under 18 years of age.
3. Person served with diagnosis of Spinal Cord Injury are not admitted to this program.

DISCHARGE & TRANSITION PROCESS

A safe return to your home is the intended discharge goal. Discharge planning is initiated during your admission in collaboration with you and your family members/support system. On a *Regular Discharge* you will be discharged from the Program when your treatment goals are accomplished or when you have received maximum benefit from the interventions. At that time, you will be provided with written discharge orders, medications, and recommendations for follow up care. Follow up care may include medical appointments, outpatient therapy or home care therapy if needed.

Discharge Criteria for all Programs

The following criteria will be applied in accordance with the outcomes of the evaluation.

You will be discharged if any of the following criteria is met:

1. You have achieved the goals of the care plan with maximum benefits of the rehabilitation treatment.
2. You are not complying with treatment.
3. You refuse further treatment.
4. There is no longer benefit to you from therapy.
5. You do not require nursing service 24 hours a day or you might be better served at a different level of care.

On occasions, medical issues may arise, requiring a transition to a different level of care. In that case, the physician may recommend you to be transferred/transitioned as needed to:

- Medicine Ward within the VACHS
- The Community Living Center

- Community services
- Private home care services

Transition Criteria for all Programs

1. You become medically unstable and require additional medical and diagnostic interventions.
2. You do not tolerate intensity of acute rehabilitation.

Other ways you may be discharged are:

Irregular Discharge

Is given to patients who:

1. Refuse, neglect or obstruct the evaluations and treatment recommended.
2. Refuse to be transferred to another medical facility.
3. Do not return from authorized absences or therapeutic passes.
4. Patients who leave the hospital without authorization of primary physician, unless unable to make adequate judgment.
5. Are found guilty of disorderly conduct, when the discharge is recommended.

Discharge Against Medical Advice (AMA)

This is an Irregular Discharge for persons served who wish to leave the hospital before the physician deems treatment has been completed. If the person served demands release, even after receiving education regarding the medical reason why discharge is not recommended, he/she will be requested to sign a Release from Responsibility for Discharge.

CONTINUUM OF CARE

The program offers the intensive phase in the continuum of your rehabilitation process. If continuation of rehabilitation services is needed following discharge, the Physician will make a referral as needed. The Case Manager or Social Worker will facilitate the process and ensure that services be provided according to your needs, preferences and eligibility.

Alternative Resources

If you do not meet criteria to be in the Rehabilitation Ward, you may receive rehabilitation services in other wards of the hospital, as an outpatient, at home or in long term care facilities (Community Living Center) according to your preferences and eligibility. If you need Vocational Rehabilitation Services, a referral will be done to the Federal or State Vocational Rehabilitation Program, depending on your case.

Arrangements for Medical Care and Services

You should be medically and psychiatrically stable in order to stay in the program. Minor medical complications such as urinary tract and upper respiratory infections, hyperglycemia and high blood pressure are regularly managed within the unit. As part of a tertiary health care facility, medical specialties are available through consultation if needed. When a major medical or psychiatric complication arises, or the person served becomes medically unstable, he/she will be transferred to the appropriate service within the VACHS. In addition, diagnostic imaging, laboratory and pharmacy services are available 24 hours, 7 days a week. All consults to these ancillary services are answered within 24 hours for patients admitted to CIIRP. Laboratory and Diagnostic Radiology results are available within 24 hours or less than 2 hours for Critical Tests. All inpatient routine pharmacy orders are served for the next medication administration nursing round or sooner according to the urgency of patient needs.

SCOPE OF SERVICES FOR ALL PERSONS SERVED

Health Disciplines Available

1. Physicians/physiatrists
2. Rehabilitation nursing
3. Physical therapy
4. Occupational Therapy
5. Recreational Therapy
6. Social Work
7. Speech Pathology and Audiology
8. Nutritional Counseling
9. Psychological Services and sexual counseling
10. Prosthetist/Orthotist

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.

Services for the Family and/or Support System

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.

Intensity of Care

The Rehabilitation Program is provided 24-hours a day and seven days a week. The average length of stay in our program is approximately 15 days. However, you may be discharged earlier depending on your progress. It is necessary for you to participate consistently of all activities scheduled in the unit. You will be required to participate in all scheduled activities in your care plan. On average, persons served receive three (3) hours of therapy daily including physical, occupational, speech and/or recreational therapy.

PM&R physicians and nursing services are available 24 hours daily, 7 days a week. Therapeutic services are offered daily, 6 days a week on a schedule from 8:00am through 4:30pm, Mondays through Saturday.

Initial Assessment and Development of Your Care Plan

The initial assessments performed by the team usually begin the first day of your admission to the program. Your service providers will develop a plan of care to guide your rehabilitation. The plan of care includes interdisciplinary therapeutic interventions according to established goals.

- You and your family will be asked about your personal goals and preferences regarding the rehabilitation program.
- Your needs and goals will be taken into consideration.
- You will be provided with a schedule of the different therapeutic activities.
- Your discharge date will be established considering your rehabilitation needs and arrangements for this will continue throughout your stay.

- Service providers meet formally at least once a week to discuss and revise your treatment plan. The Case Manager or Social Worker will keep you informed of your progress, changes to your care plan and discharge date. Please, share your concerns regarding your treatment. They will serve as liaisons in your care.
- You may also discuss your progress and goals with any of the team members.

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.
 - These meetings are scheduled by the Case Manager or Social Worker if needed.
 - 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.

MEMBERS OF YOUR REHABILITATION TEAM

You

- Most important member of the team.
- Participate in therapeutic activities.
- Communicate your goals and concerns as a member of the team.

Your Family and/or Support System

- Participate in the education program.
- Communicate their goals and concerns as members of the team.

Physiatrist

- Specializes in Physical and Medical Rehabilitation.
- Directs and coordinates your general rehabilitation program.
- Communicates your goals and concerns as a member of the team.

- You will have and "Attending" (certified physician in rehabilitation) and a resident (Training in Physical and Rehabilitation Medicine) whom are completely qualified to offer treatment.

Case Manager

- Coordinates your care and makes sure you receive the necessary interventions needed during your stay and upon discharge.
- Makes sure that the services you receive are of excellent quality and reach your expectations.

Rehabilitation Nurse

- The rehabilitation nurses provide the necessary care to prevent medical complications.
- They help you maintain your present abilities and restore the ones that are impaired.
- They teach you and your family about your care: skin, bladder, pain, etc.
- Help you to practice what you have learned in therapy.
- At discharge, they review your medications and provide instructions that you must follow at home.

According to your needs, the following professionals may also be a part of your rehabilitation team:

Speech-Language Pathologist (SLP)

- Will help you learn safe swallowing techniques.
- Help you with any problems with memory, speech, reading, writing, and listening.
- Will perform a hearing screening.

Occupational Therapist (OT)

- Will teach you how to use your skills in performing your activities of daily living such as bathing, grooming, dressing, writing, household chores, etc.
- Will recommend necessary assistive or positioning devices as needed: wheelchair, bathroom devices, splints, etc.
- If needed will assess your home or work environment to suggest possible modifications to improve your safety and independence.

Physical Therapist (PT)

- Will help you strengthen your muscles to use them in your daily activities.
- Will help you with problems related to pain, joint and muscle rigidity.
- Will teach you new ways to move and walk safely.
- Will help you design a program of physical activities, according to your present condition.

Recreational Therapist (RT)

- Coordinates activities and community outings to help you improve your physical and mental strength.
- Offers opportunities to re-learn activities according to your leisure interests.
- Provide orientation about community alternatives and resources to help you stay as active as possible.

Psychologist

- Provides emotional support to you and your family.
- Will teach you and your family new coping strategies to manage your condition.
- Administers tests to assess your capacity to think and perform.

Social Worker

- Provides emotional support to you and your family.
- Provides information about pertinent services and agencies available within the VA or the community.
- Assists you in resolving personal issues.
- Assists you in identifying financial resources.
- Assists you and your family with discharge planning.
- Participates in home visits if it is considered necessary.

Prosthetist

- Provides prosthetic/orthotic services if needed.
- Provides guidance to clinicians regarding when to use specific prosthetic and orthotic devices.

Certified Dietician

- Assesses your eating patterns.

- Helps you to sustain your nutritional needs.
 - Offers education to you and your family on dietary issues and precautions to be considered.
-

ADDITIONAL REHABILITATION ACTIVITIES AND SERVICES

Daily Physician Rounds

Physiatrists responsible for your care will visit you daily to discuss your progress and make necessary adjustments to your care.

Training in Activities of Daily Living

You will receive education and training that will enable you to safely participate in your bed and wheelchair mobility, ambulation, self-care activities and, house chores. These activities will be introduced to you according to your learning skills, your motor abilities and, considering your present medical condition.

Support & Adjustment to Condition Groups

You will likely participate in weekly meetings to discuss a variety of health-related subjects. These may include: coping with your condition, how to resume previous roles and responsibilities at home and community and, alternatives for care after discharge from program. During and after discharge, individuals with diagnoses of stroke and limb amputation can participate in peer support groups with individuals who have similar conditions.

Educational Sessions

An educational program will be developed for you and your family according to your needs. This program will be geared towards helping you learn about:

- Preventing a new condition
- Preventing worsening of existing condition
- Safety issues and how to apply them in your environment
- You current functional level and the effective use of assistive devices to promote independence at home
- VA and community resources available

Community Re-entry Activities

You may participate in planned therapeutic outings to the community. The purpose of these outings is to provide you with the opportunity to participate and practice activities that promote community re-integration to previous roles and routines.

Therapeutic Pass

It is a planned temporary pass so that you may visit your community prior to the completion of your rehabilitation program. The purpose of this pass is to help you and your family practice and gain confidence in your acquired skills before discharge. If a pass is recommended, this could be for a few hours during the day, depending on your needs.

Social and Recreational Activities

You will participate in programmed activities, designed to promote participation and social integration. Your interests as well as your family members' interests will be explored to help in planning your use of leisure time.

Home Evaluations and Special Equipment Recommendations

A home visit will be scheduled if deemed necessary to evaluate home accessibility and provide recommendations for home modifications. Home modifications may be as simple as using special equipment or may involve minor structural modifications to facilitate your return home.

Alternative Medicine

If you have a particular interest in alternative medicine, please, discuss it with your physician or any other team member for information.

Wellness

Wellness initiatives will be provided to empower our veterans achieve overall health of body, mind and spirit. These activities will help create a healthier, happier and therefore improved quality of life. Activities will be offered as part of our daily Recreational Therapy Program at the unit. Look for our Recreation Therapy activity calendar!!!

Research

Veterans have the opportunity of participating in research studies and/or clinical trials in the VA. Participation in such studies is completely voluntary. If you want information about current research studies within the VA, please inform your physician.

Portable Profile

It is important that you develop a portable health profile that includes health information such as conditions, medications, etc. in order to properly self-manage your health. If you need assistance in developing or updating a portable health profile, please contact your CIIRP Case Manager.

COMPLIMENTARY SERVICES

Barbershop

Barbershop is located at the basement of the Main Building, next to the stairs, Room BE-120. Service is available through appointment for bedridden patients. Call extension 30111 to schedule an appointment.

Hours of Service:

Monday to Thursday	7:00am to 4:00pm
Fridays	7:00am to 5:00pm
Saturdays	9:30am to 3:00pm

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.

Cafeteria or Deli Services

The cafeteria is located at the basement of the Main Building. The nearest vending machines are located near the elevators on the third floor in the South Bed Tower.

Hours of Service:

Cafeteria	
Monday-Friday	6:00am to 2:30pm

Deli Area

Monday- Friday 10:00am to 6:00pm
Saturday 8:30am to 3:00pm
Sundays and Federal Holidays – Closed

Retail Store

The retail store is located at the Basement of the main building. It provides a great variety of products and services for the benefit of our veterans and relatives while they are in the hospital.

Hours of Service:

Monday through Friday 6:30am to 4:30pm
Saturdays 9:30am to 3:30pm
Sundays and Federal Holidays – Closed

Post Office Services

An administrative employee will deliver at your bedside, any letters that you receive during your stay.

Religious Services

The chapel is located at the second floor of the Main Building, room A269. Catholic and Protestant services are offered regularly. Please, call Chaplain Services at extension 12167, for an updated schedule. Also call for confessions or to receive the Holy Communion at bedside (if bedridden).

Library Services

The library is located on the second floor across the elevators in the main building, room A-261. It is for patient's benefit. Patient's Librarian is available at extension 12163.

Hours of Service:

Monday through Friday 8:00am to 4:30pm
Weekends and Federal holidays - Closed

Section 3:

PROGRAM RULES AND REGULATIONS



PERSONAL EFFECTS & MEALS

Clothing and Personal Hygiene Materials:

- We recommend you to use casual clothing during the day.
- You and/or your family are responsible for maintaining your clothing clean.
- Bring supplies for at least one week
 - 5 pairs of pants/shorts
 - 5 pull over tops
 - 5 pairs of socks
 - Slippers with back support and non-slip soles
 - Jacket/sweater (air conditioned becomes cold)
 - Sneakers or comfortable casual shoes with non-slip soles, preferably with Velcro closure
 - Toiletries such as: cologne, deodorant, lotion, soap, toothbrush, toothpaste, shampoo, conditioner, and aftershave.

If needed, please bring the following:

- Dentures
- Hearing aids with batteries
- Eyeglasses or contact lenses
- Razor
- Cosmetics
- Walker, cane or wheelchair (if you already have your own)

Note: The hospital supplies towels, pajamas and robes for veterans.

Medications

Bring the list of all the medications you use. Bring with you all medications, not provided by VA that you are using at the moment. All medications brought from the home, must be handed to a registered nurse.

Use of Electronic Devices

- The use of battery operated portable devices is authorized.
- Televisions are available at bedside for personal use.
- Electronic devices with plug-in electrical cords must be inspected to be used in the unit. Notify the Nurse a team member to coordinate inspection. This includes devices such are electronic radios, cell phone and ipad chargers, etc.

Use of Cellular Phones

- Traditional telephones are available in the rooms.
- We ask that you limit the use of your cellular phone to your free time.
- The use of cell phones during therapy sessions is not allowed.

Distribution of Meal Trays

Breakfast	6:45am to 8:00am
Lunch	11:15am to 1:00pm
Supper	4:15pm to 6:00pm

Provision of food from outside resources for hospitalized patients:

Provision of food from outside sources is permitted after clinical evaluation and approval by nutritionist and physician.

OTHER RULES REGARDING YOUR STAY

Visiting Hours

The facility visiting hours are:

Weekdays, Weekends and Holidays 9:00am to 8:00pm

Smoking Policy

It is prohibited to smoke in the facility. We strongly encourage that you and family member(s) quit smoking. However, designated smoking areas are located outside the building.

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:

Each person served has a designated area for storage of personal items. Patients are responsible of safeguarding personal items. The facility is not responsible for losses due to improper storage or misplacement.

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

PAYMENT RESPONSIBILITIES

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 or Social Worker may offer orientation on how to obtain additional information.

Section 4:

YOUR RIGHTS AND RESPONSIBILITIES



Rights and Responsibilities of VA Patients and Residents of Community Living Centers

The Veterans Health Administration (VHA) is pleased you have selected us to provide your health care. We will provide you with personalized, patient-driven, compassionate, state-of-the-art care. Our goal is to make your experience as positive and pleasant as we can. As part of our service to you, to other Veterans and to the Nation, we are committed to improving health care quality. We also train future health care 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 or resident of a community living center (CLC). Your basic rights and responsibilities are outlined in this document. You will receive this information in your preferred language. Please talk with the VA treatment team members who are providing your care or to a patient advocate if you have any questions or would like more information about your rights and responsibilities.

1. Nondiscrimination and Respect

- You will be treated with dignity, compassion, and respect as an individual. Consistent with Federal law, VA policy, and accreditation standards of The Joint Commission, you will not be subject to discrimination for any reason, including for reasons of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression.
- You will receive care in a safe environment free from excess noise, and with sufficient light to ensure comfort and safety.
- You have a right to have access to the outdoors.
- We will seek to honor your cultural and personal values, beliefs, and preferences. We ask that you identify any cultural, religious, or spiritual beliefs or practices that influence your care.
- You or someone you choose has the right to keep and spend your money. You have the right to receive an accounting of any funds that VA is holding for you.
- We will respect your personal freedoms in the care and treatment we provide you. This includes trying to accommodate your normal sleep and wake cycles, food likes and dislikes, and other personal preferences.

- In the Community Living Center, you have the right to be free from chemical and physical restraints. In the inpatient acute care setting, and only in rare cases, the use of chemical and physical restraints may be used if all other efforts to keep you or others free from harm have not worked.
- In the Community Living Center, you may keep personal items and are expected to wear your own clothes. As an inpatient, you may wear your own clothes depending on your medical condition.
- You have the right to keep and use personal items as long as they are safe and legal.
- 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 or in the Community Living Center.
- You have the right to communicate freely and privately. You will have access to public telephones and VA will assist you in sending and receiving mail. You may participate in civic rights, such as voting and free speech.
- When a loved one is involved in support and care of a VA patient or CLC resident, VA considers a patient or CLC resident's *family* to include anyone related to the patient or CLC resident in any way (for example, biologically or legally) and anyone whom the patient or CLC resident considers to be family. If you are an inpatient, any persons you choose can be with you to support you during your stay. Medical staff may restrict visitors for inpatients if medical or safety concerns require it. You will be told promptly about any visitor restriction and the reason for it.
- In order to provide a safe treatment environment for all patients or CLC residents and staff, you and your visitors are expected to avoid unsafe acts that place others at risk for accidents or injuries. Please immediately report any condition you believe to be unsafe.

2. Information Disclosure and Confidentiality

- Your privacy will be protected.
- 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 (for example, co-payments), if any, before you are treated. You are responsible for paying your portion of any costs associated with your care.
- Your health record will be kept confidential. Information about you will not be released without your authorization unless permitted by law (an example of this is State public health reporting). You have the right to have access to or request a copy of your own health records.

- Please respect the privacy of other patients and CLC residents and do not reveal their health information that you may overhear or otherwise become aware of.

3. Participation in Treatment Decisions

- You have a right to express your preferences concerning future medical care in an advance directive, including designating a health care agent to make health care decisions on your behalf when you can no longer do so.
- You, and any person(s) 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 in your preferred language. You will be given other options. You can agree to or refuse any treatment. You will be told what is likely to happen to you if you refuse a treatment. Refusing a treatment will not affect your rights to future care but you take responsibility for the impact this decision may have on 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. This will help us provide you the best care possible.
- You will be given, in writing, the name and title of the provider in charge of your care. 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 and other 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 CLC 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 tell your provider or treatment team.
- You will be informed of all outcomes of your care, including any possible injuries associated with your care. You will be informed about how to request compensation and other remedies for any serious injuries.
- 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 CLC resident, you will be provided any transportation necessary for your treatment plan.
- You have the right to choose whether or not 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. If you have ethical issues or concerns, you may speak with the Medical Center's Ethics Consultation Service for help.

4. Concerns or Complaints

- You are encouraged and expected to seek help from your treatment team or a patient advocate if you have problems or complaints. Any privacy complaints will be addressed by the facility Privacy Officer. You will be given understandable information about the complaint process in your preferred language. You may complain verbally or in writing, without fear of retaliation.
- If you believe that you or your family member has been neglected, abused or exploited by VA staff, please report this promptly to the treatment team or patient advocate. You will receive help immediately.
- If you believe the organization has failed to address or satisfy your concerns about health care quality and safety, you may contact the Joint Commission's Office of Quality Monitoring at 1-800-994-6610. If you believe that the organization has failed to address your concerns about suspected criminal activities, fraud, waste, abuse, or mismanagement, you may contact the VA Office of the Inspector General at 1-800-488-8244 or email vaighotline@VA.gov.

5. Additional Rights and Responsibilities of Community Living Center Residents

Because the CLC serves as your home for short or long-stay services, you have the following additional rights and responsibilities as a CLC resident:

- Staff will knock on your bedroom door prior to entry.
- You have the right to receive care from the same staff member everyday to the extent that consistent assignment is possible.
- You may have visitors at any time of the day or night provided visitors are respectful of you, your need for privacy and the privacy of others. You may refuse visitors at any time.
- You have a right to conjugal visits and you have a right to privacy during those visits.
- Your care will be delivered in a setting that resembles home. Therefore, you will be invited to have your meals in a designated dining area and you will have access to those activities that contribute to meaningful use of time.
- In preparation for being discharged to your own home, you and or your care giver may be invited to participate in activities that prepare you to go home such as self administration of medications and treatments.
- You and your care givers have a right to attend treatment planning meetings and participate in household or resident council.

YOUR RIGHTS REGARDING ADVANCED DIRECTIVES

Advanced directives are legal forms that state your preferences about future health care. 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 to decide if you want an advance directive. Your decision must not affect your access to health care or other VHA services.

There are two types of advance directives. In the Department of Veterans Affairs (VA), the two are in one form. You may complete neither, one, or both of the following:

- Durable power of attorney for health care**
- Living will**

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.**

Your responsibilities:

1. If you have an advance directive, it's important to give the Veterans Health Administration (VHA) a copy for your health record.
2. If you'd like more information about advance directives, or help filling out the forms, please contact the ward or your primary care team Social worker to schedule an appointment.

COMPLAINTS

If you have problems or complaints about our services, we encourage you to seek help from your treatment team. If this does not meet your needs, you may contact the VACHS patient representative. 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.	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 with the patient representative).	Within 7 days
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 VANHA directive 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

REQUIREMENTS FROM REGULATORY AGENCIES

For specific information concerning program/services contact our Quality Management Section at extension 33941.

Our programs and services are accredited by:

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

For any information related to JCAHO you can write to them through their website at:

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

Or call: 1-877-223-6866

For information on the most recent CARF Accreditation Report or accreditation requirements you may access their Website at:

<http://www.carf.org>

Or call: 1-888-281-6531

PROGRAM OUTCOMES AND PERFORMANCE IMPROVEMENT

We strive to provide you and other veterans with the highest quality of service. Throughout your stay, 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. The Case Manager 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 groups to provide us with additional information to improve our services.

Section 5:

THE STROKE SPECIALTY PROGRAM

OVERVIEW

A stroke can cause certain brain cells and tissue to die producing a lesion to the brain. This damage may cause the loss of skills needed to perform certain functions such as: walking, speaking, thinking, remembering, controlling bladder and bowel, eating, controlling emotions and other vital functions of the body.

The purpose of a rehabilitation program following a stroke is to assist the person served in recovering function and to improve quality of life. It is important to recognize that many stroke survivors show spontaneous recovery, however participating in a structured rehabilitation program facilitates and speeds that recovery process.

SCOPE OF SERVICES

Our Stroke Specialty Program (SSP) is an integral component of the Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP). On average, participants stay approximately 14 days in our program. However, you may be discharged earlier depending on your progress. The program focuses on the unique needs of the stroke survivor, with emphasis on:

- minimizing impairments and secondary complications
- reducing activity limitations
- maximizing participation and quality of life
- decreasing environmental barriers
- preventing recurrence of stroke

The SSP specialty program provides comprehensive interdisciplinary interventions addressing the needs of the person served throughout the continuum of care in the following areas:

1. Prevention, recognition, assessment, and treatment of conditions related to stroke and its complications, including but not limited to High Blood Pressure, Diabetes, Hypercholesterolemia, etc.

2. Promotion of lifestyle changes that focus on reducing the risk factors for recurrent stroke.
3. Functional independence.
4. Psychological and social coping and adaptation skills.
5. Community integration and participation in life roles.
6. Services for families/support systems, including education, family conferences and support groups.

Based on your needs, arrangements will be made to address:

- Anxiety
- Aphasia and other communication disorders
- Cardiovascular status
- Cognitive function
- Other medical conditions you may have
- Continence
- Depression
- Dysphagia/Eating & Swallowing Disorders
- Hearing
- Hydration
- Mood disturbances
- Motor function
- Nutrition
- Perceptual deficits
- Sexuality and intimacy
- Skin integrity
- Visual deficits
- Chemical dependency counseling
- Diagnostic radiology
- Driving training
- Vocational rehabilitation
- Consultation to sub-specialties
- Health Promotion Services
- Services that prevent illnesses
- Health Screenings
- Healthcare delivery services

CONTINUUM OF CARE

Prevention of secondary complication is the key for successful recovery after a stroke. Therefore, the program will assist through interventions and education to develop strategies for prevention of a recurrent stroke or any medical complications related to your stroke. If you have a regular discharge, you will be scheduled for follow up care in our PMR Stroke/TBI clinics.

Based on your present health status and your individual needs, we will initiate a plan to help you manage complications usually associated with to stroke. Your nurse/clinical specialist in collaboration with you physiatrist will assess your current status and follow up needs in the following areas:

- Deconditioning
- Diabetes
- Hyperlipidemia
- Hypertension
- Physical inactivity
- Secondary Stroke prevention

Please, discuss this plan, including medication instructions, with your clinical specialist prior to discharge.

EDUCATION

A comprehensive education program will be developed according to your needs. Please, discuss with your team members your interests and needs for education.

You may the following table as an instrument to help you identify your interests and needs for education.

TOPIC	EDUCATION NEEDED	EDUCATION RECEIVED
Accessing emergency care if necessary		
Adaptation to stroke		
Aging with a disability		
Assistive devices		
Caregiver support		
Cognition		
Communication		
Health risks		
Home modifications		
Home safety		
Hydration		
Nutrition		
Prevention of New conditions		
How to prevent worsening of existing conditions		
Self-advocacy		
Sexuality and intimacy		
Signs and symptoms of and response to recurring strokes		

TOPIC	EDUCATION NEEDED	EDUCATION RECEIVED
Smoking cessation		
Specific healthcare procedures and techniques		
Swallowing problems		
Application, use and care of orthotics, splints or other positioning devices		
Orientation about Complimentary/Alternative Medicine and Complimentary therapies		

Section 6:

THE AMPUTATION SPECIALTY PROGRAM



OVERVIEW

An amputation is an acquired condition that results in the total or partial loss of a limb. This may be caused by disease or injury. An amputation may have significant consequences on any person, impacting both your physical and psychological health. These may affect your personal image, your capacity to care for yourself, your mobility and how you manage your daily roles and responsibilities. The program focuses on the unique needs of the person with amputation (s), with emphasis on:

- preventing further conditions/complications
 - minimizing impairments
 - reducing activity limitations
 - optimizing participation, quality of life and community reintegration
 - preventing further amputation
-

SCOPE OF SERVICES

Our Amputation Specialty Program is an integral component of the Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP). On average, participants stay approximately 17 days in our program. However, you may be discharged earlier depending on your progress. The program provides comprehensive interdisciplinary interventions addressing the needs of the person served throughout the continuum of care by:

1. Preventing, recognizing, assessing, and treating conditions related to limb loss and its complications, including ulcers, and injury.
2. Identifying and reducing the risk factors for further amputation.
3. Facilitating functional independence and performance.
4. Identifying and meeting the need for prosthetic care.
5. Facilitating psychological and social coping and adaptation skills.
6. Facilitating community integration and participation in life roles.
7. Providing services for families/support systems, including family

conferences, education, peer visits, and support groups.

The Amputation Specialty Program includes strategies that address, but are not limited to:

- cardiovascular health
- depression
- diabetes management
- identification and utilization of specialized equipment/technology
- infection prevention and control
- life role functioning
- lifestyle
- nutrition counseling
- pain management
- preventive foot care and limb care
- pulmonary capacity
- recreation/leisure and other activities
- residual limb management
- skin integrity
- smoking cessation
- vocational choice
- weight control
- wellness
- adjustment to limb loss

CONTINUUM OF CARE

Generally, persons with amputations go through several rehabilitation phases. These are:

- Pre-operative
- Acute Postoperative
- Pre-Prosthetic
- Prosthetic Training
- Long Term Follow up

Our ASP provides services in 2 of these phases, Pre-Prosthetics and Prosthetic Training. Focus of care during these 2 phases is briefly described below.

Pre-Prosthetic Training

After the amputation, the primary focus is on wound care and maintenance of the residual limb or stump. Mobility and positioning techniques are taught to avoid swelling and preventing movement limitation of your joints. Techniques and special equipment are provided to help you perform your daily tasks in the absence of an extremity.

Not all the people with amputations are candidates to use prosthesis. This will depend on your general health status and other considerations. Your capacity and potential for the use of a prosthesis or artificial limb will be evaluated during this phase. You will be instructed in methods for bandaging the stump. If you are a candidate for using prosthesis, this will prepare you for proper fitting of an artificial limb. If recommended, the physiatrist will prescribe a temporary prosthesis that will allow you to progress to the next phase of prosthetic training.

Prosthetic Training

The process for prosthetic training aims toward the use of a prosthesis to facilitate function and independence in mobility and activities of daily living. Diverse therapeutic interventions will be used to gradually increase your tolerance in the use of prosthesis. Clinicians will be watching for signs of skin breakdown on the residual limb/stump.

As part of the prosthetic training, you will be educated on techniques to don, doff, clean and provide maintenance to your prosthesis. We will continue emphasizing the care of your residual limb, your other limb and, other joints. Maintenance of function and full movement on all other joints has primary significance as this facilitates adequate use of your prosthesis.

The Amputation Specialty Program works in close collaboration with the Preservation of Amputation Care and Treatment (PACT), and the Amputation System of Care at the VACHS Polytrauma Network Site (PANS). By merging these three VA initiatives, services are provided throughout the continuum of care, ensuring lifetime follow up management.

The PANS Coordinator and PACT coordinator work in partnership with the CIIRP/ASP Case Manager to achieve the integration of care and appropriate individualized follow up after discharge from acute inpatient rehabilitation.

During your stay in our program, you will receive weekly rounds by specialized health care providers from PACT and PANS.

Also, you may receive Peer Visits, and/or Caregiver Peer Visits with the

purpose of facilitating coping, social adaptation and community re-integration.

If you have a regular discharge you will be scheduled for follow up in our PMR Amputation Clinics and High Risk Foot Clinic.

EDUCATION

Within the Amputation Specialty Program you will receive comprehensive Post-Amputation Rehabilitation Education. This includes a variety of topics for you and your family/support system. The following education topics may be included in the rehabilitation interventions, based on your needs and preferences.

You may use the following table as an instrument to help you identify your interests and needs for education.

TOPIC	EDUCATION NEEDED	EDUCATION RECEIVED
Needs of the persons served and families/support system		
Accessing Emergency Care if necessary		
Adaptation to limb loss		
Adaptive equipment		
Assistive devices		
Mobility		
Caregiver support		
Communication with other care providers		
Decision making on care options		
Energy conservation and expenditure		

TOPIC	EDUCATION NEEDED	EDUCATION RECEIVED
Fall prevention & management		
Health risks		
Home modifications		
Home safety		
Hydration		
Importance of appropriate follow-up to prevent complications		
Information about consumer groups including how to access them		
Information about local, regional, and other community resources		
Intimacy		
Management of pain		
Musculoskeletal deformities		
Non-prosthetic mobility and function		
Nutrition		
Residual limb care		
Risk factors for further limb loss		
Self-advocacy		
Sequencing and education on the rehab process		
Specific healthcare procedures and techniques like skin inspection		

TOPIC	EDUCATION NEEDED	EDUCATION RECEIVED
Peer support		
Use and care of the prosthesis		
Weight management		
Promoting Amputee Life Skills		

Section 6: RESOURCES



Who answers your questions?

San Juan VA Medical Center (787) 641-7582

Toll Free number: 1-800-449-8729

Extension

Switchboard.	0
Ward K3	83106/83107
Physicians' Office	83117/83104
Case Manager	83126
Social Worker	83128
Nursing Supervisor	83102
Occupational Therapy	83114
Physical Therapy	83113
Psychologist	83127
Speech Pathologist.	11579/83109
Supervisory Program Specialist. . .	11335
Chief, Rehabilitation Service. . . .	11336

Patient Representative Veterans Hospital

787-641-7582 ext. 11486; 11725; 787-772-7384

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 area.

Emergency

9-1-1

Emergency Hotline

1-800-981-8333

Department of Veterans Affairs

San Juan Regional Office

Veteran's Services

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, Rio Piedras Medical Center

San Juan, PR 00935

TEL. (787) 758-8150

<http://www.redcross.org>

(Locating an active military member)

1-866-220-7859; 787-771-9195; 787-758-8150

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
Physical Address:
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>

Association for the Blind, PR (“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; Main: 787-767-1500 ext. 2998;1-877-660-6060
Toll Free: 1-800-981-8666

Lawyers “Tele Abogados: Servicios Legales de Puerto Rico”

1-800-981-9160

1-800-981-3432

Elderly: “Tele-Envejecientes”

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

1-800-981-3432

Trial Court “Tele-Tribunales”

787-759-1888– metro area

Rural Toll Free number– 1-877-759-1888

www.Tribunalpr.org

Transportation

Program “**Llama y Viejo**” (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 stroke and amputation, prevention, management, etc. on the telephone numbers, websites and address listed below. You can also visit the patient library to obtain further information.

Stroke Specialty Program

American Association (ASA)

<http://www.strokeassociation.org>

American Heart Association

<http://www.americanheart.org>

Medline Plus

<http://www.nlm.nih.gov/medlineplus/stroke.html>

Resources & Education for Stroke Caregivers' Understanding & Empowerment

<http://www.rorc.research.va.gov/rescue/>

Stroke Net Caregiver Manual

<http://www.strokecaregiver.org/handbook.htm>

Stroke Connection Magazine

www.StrokeAssociation.org

Amputation Specialty Program

American Amputee Foundation

<http://www.americanamputee.org>

<http://www.amputee-coalition.org>

<http://www.amputeecoalition.org/nllicspanish.asp>

Amputee Resource Foundation of America

<http://www.amputeeresource.org>

Excellent site providing an extensive list of links for more information.

Peer Visitors Program

VA Caribbean Healthcare System

10 Casia Street

San Juan, P.R. 00921

Marilyn Rodriguez- Pérez, PT, DPT, MS, GCS

Amputation Rehabilitation Coordinator

Tel. 787-641-7582 ext. 11357

Support Group: "Vivir Triunfando" in "Face book"

Traumatic Brain Injury

<http://www.nlm.nih.gov/medlineplus/traumaticbraininjury.html>

http://www.brainline.org/landing_pages/Family.html

On FACEBOOK:

Caregivers de Puerto Rico

VA Caribbean Healthcare System

Veterans Benefits Administration (VBA), U.S. Department of Veterans

Alzheimer's Association

American Stroke Association

American Heart Association – My Heart. My Life

Brain Injury Journey Magazine

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.