Community Health Priority Need #1: Need for community-based primary care physicians willing to accept patients with disabilities requiring rehabilitation services.

Many persons who have brain and spinal injuries have difficulty finding primary care physicians who are willing to accept new and/or returning patients after they have sustained this type of injury. This is usually due to local primary care physicians’ inexperience in treating patients with brain and spinal injuries, lack of knowledge of appropriate standards of care and treatment protocols for common secondary complications experienced by these patients, a lack of physical facilities to adequately examine patients, patient behavioral issues related to their injury, and concerns over adequate reimbursement for services provided.

- Increase awareness and understanding of medical issues of patients with brain and spinal injury

A comprehensive Spinal Cord Injury Manual has been created and is available to all patients, their families and is available online at Gaylord’s website. Gaylord conducts the Think First program which is available to community organizations.

- Provide access to standards of care and treatment protocols for common secondary medical complications resulting from brain and spinal cord injury.

David Rosenblum, MD is chairing a group developed to create a standard of care tool for Spinal Cord Injury called the New England Spinal Cord Injury Toolkit in development as part of Gaylord’s Model system work. Resource and topic sheets are completed.

- Provide CME opportunities for physicians and midlevel providers to educate about care options, examination techniques

Gaylord’s medical staff has given lectures at area hospitals, including summaries of recent research, and treatment protocols.

- Develop a physician resource package designed to assist primary care physicians

New England Spinal Cord Injury Toolkit in development as part of Gaylord’s Model system work. Resource and topic sheets are completed.

- Provide consultations whenever appropriate

SCI and TBI consultations are conducted at YNHH by David Rosenblum, MD and at Gaylord Hospital/Wallingford campus by the department of physiatry medical staff.
Community Health Priority Need #2:
Working with area home care agencies, identify the need for specialized home health services to meet the unique needs of persons with brain and spinal cord injuries.

Many persons with brain and spinal cord injuries need specialized services once discharged, designed to address the unique cognitive, medical and rehabilitation needs associated with these types of injuries. For example, a person with a brain injury may need multiple short cognitive rehabilitation interventions each day lasting for relatively short periods of time in order to maximize improvement in functional independence measures. For individuals with spinal cord injuries, they may require education about the signs and symptoms of UTI, dysrelexia, require periodic skin inspection, and DME education.

• Collaborate with existing home health organizations providing services to discuss the need for and potential for developing specialized home health education of best practices to meet the unique home health needs of persons with brain and spinal cord injuries.

• Present education to existing home health organizations to increase the knowledge base of home healthcare staff and maximize the quality of care and continuity our patients receive within the healthcare system.

Educational programming to increase the knowledge of home care staff about the unique needs of Gaylord’s patient population takes place periodically. Meetings are held with individual home care providers as well as during routine onsite home health provider meetings.

• Meet with insurance case management professionals to discuss reimbursement for specialized home health services to address the unique needs of persons with brain and spinal cord injuries who may not be ready for intensive post-acute rehabilitation services.

Gaylord’s care management staff meet with home care provider agencies to increase the knowledge of home care staff about the unique needs of Gaylord’s patient population and reimbursement requirements.

Community Health Priority Need #3:
Need for community-based programs to provide care-giver education, training and support.

Gaylord’s mission is to assist its patients achieve the highest level of functional independence and return to living in their home. While many patients are able to achieve functional independence, there is a substantial need for community-based programs to provide care-giver education, training and support.

• Provide families with training and education to address ongoing and recurring needs of persons with pulmonary diseases through existing care-giver programs.

Gaylord provides families with training and education in many settings, including from inpatient and outpatient. Families and patients receive educational materials and onsite education and counseling.
Gaylord has designed a comprehensive Pulmonary Handbook that is available to all patients and families and is accessible online through the Gaylord website.

- **Ventilator education and training for ventilator dependent patients, who are going home on a ventilator, and family members and care givers.**

  Ventilator education is a joint process between the home ventilator provider and the Gaylord respiratory therapy staff. Patients and their families receive a thorough education on the equipment and the family/care giver spends 24 hours in hospital taking care of their loved one on ventilator to show they are comfortable and have a true understanding of care involved.

- **Education and training on tracheostomy care and suctioning to patients and care givers.**

  Education and training starts upon admission by respiratory therapists and RNs and all training is documented in the patient’s record.

- **Assessment of patients while inpatient to determine benefit for out-patient pulmonary rehab after discharge, including out-patient pulmonary consult prior to discharge.**

  Patient assessment begin immediately during the patient’s stay at Gaylord. Once the patient is deemed ready for discharge, the hospitalist or pulmonologist with send a recommendation for pulmonary rehab when appropriate. All appropriate patients will receive a Rehab visit from the Pulmonary Rehabilitation staff while still in the Hospital. The program goals and process is explained to the patient at that time.

- **Facilitate opportunities for networking, communication, and peer support among people with brain and spinal cord injuries and pulmonary diseases, family members and care-givers.**

  Gaylord routinely brings spinal cord injured patients and their families together so that patients who have been weaned can provide support and encouragement to those trying to wean from the ventilator.

- **Ventilator support group led by pulmonologists and clinical psychology**

  Ventilator Support Group meets each Thursday when we and is conducted in a group setting or individually.

**Community Health Priority Need #4:**

Need for post-discharge support systems for individuals with brain and spinal cord injuries and pulmonary diseases following hospitalization.

Through its comprehensive discharge process, Gaylord Hospital provides post-discharge client and family planning guidance and education about resources and options available to help individuals with a catastrophic injury or illness better address the psychosocial, educational, career and medical issues that may arise during the first year after their injury or illness.
• Ensure that preventable complications and secondary prevention issues are addressed, including all modifiable risk factors.

This is part of each patient’s discharge plan. Patients and families are educated on preventable complications and risk factors.

• Ensure individuals with pulmonary disease receive ongoing support and education through monthly Better Breathers Club.

Better Breathers Club including family education and support is conducted monthly at Gaylord Hospital.