

Patient Education Questions and Answers

9.17.2014

1. Why is my discharge date so inconsistent with when I really go home? How can I get a more accurate estimate (within 24 hours) of my discharge?
 - a. The situation is fluid and subject to change, we acknowledge that this can be improved to make it possible for the patient/family to make plans.
 - b. The Spinal Cord Injury team is working to improve the process
 - c. Planning will help the process. Talk with the Admissions Coordinator prior to your visit to better plan your inpatient stay.
 - d. If possible, minor issues should be treated at your Primary Care Provider at your local Community Based Outpatient Clinic.

2. Why don't patients get up in the morning to have breakfast in the dining hall? When and why did this stop? This stops communication between patients, why do this?
 - a. This practice ended years ago due to patient preference.
 - b. The possibility exists that this program might be restarted if all parties involved (patients and staff) can agree on the parameters of the revised program.

3. Why is it so hard to get medication once I am home? It's easy to get what I need while in the hospital but it takes a long time to get medications at home (Fresno).
 - a. Medications should be sorted out prior to discharge. In addition, patients should leave the hospital with an adequate supply of their medications.
 - b. The fastest way to resolve medication ordering issues is through the MyHealthEVet web site. Sign up for this program prior to discharge

4. Why is wheelchair repair so slow?
 - a. Prosthetics is responsible for all wheelchair repairs. Prosthetics is located on the ground floor of Building 5.
 - b. No appointment is required, however, if your call ahead a time can be arranged to coincide with an existing hospital visit.

5. Why does my routine change every time there is a shift change? Why can't I get a consistent routine regardless of who is on duty at the time? I'd like my care to stay the same and routine all the time.

- a. The environment is fluid.
 - b. Nursing is obliged to constantly reassess the priorities of the patients and adjust care appropriately. Therefore, things are subject to change.
 - c. Nursing will do everything possible to maintain the patient's individual schedule. So, speak to your nurse about your schedule and communicate your needs and wishes.
6. When do we see therapists about wheelchair fitting? My wheelchair is very uncomfortable.
 - a. Request a consult from your Provider for Occupational Therapist. Once the consult is placed Occupational Therapist will be able to make an assessment of your situation and make the appropriate adjustments to your wheelchair.
7. Why is there not better communication with doctor about medication and who my primary care doctor actually is?
 - a. Medications should be reconciled upon admission. If you have any doubts about your medications please speak with your nurse
 - b. The white board located in every patient's room should have the name of your provider written on it. If it does not mention it to your nurse.
8. How can I get into more movement classes and participate in more exercise?
 - a. 1400-1500 open gym on the unit
 - b. Outdoor equipment available 24/7
 - c. Campus Loop (one mile)
 - d. Tiffany Center
 - e. Riekes Center in Menlo Park
 - f. Disabled Sports USA
 - g. Pool and Aquatic Center (Palo Alto and Menlo Park)
9. In regards to homecare, how can I get homecare so I can be close to my wife and home while still receiving the proper care I need?
 - a. During your inpatient stay work with your case manager and social worker to identify available options. Finding homecare is possible but it requires time and research. The Spinal Cord Injury team will be able to assist with the work.
10. I am lacking information on lunch and dinner issues, what's going on with that?
 - a. Patients are seen and educated on their diets by the Diet Tech or Registered Dietician
 - b. Some Therapeutic diets are not eligible for the select menu program such as low potassium, 2gm sodium, and altered consistencies. A seven day menu is distributed to all the eligible patients for the select menu program on Fridays. Patients need to have them turned in to

- nursing by Monday and if a patient can't fill it out by themselves, a dietician will help them either at the bedside or they can come to the dietetics office in their wheelchairs. The select menu runs from Wed thru Thursday.
- c. Sometimes, when power is shut off usually on weekends, the patients who do have select menus will not get what they ordered as a consequence of a power shut down. A note will be sent with the tray explaining this to the patient and sometimes items need to be substituted if the food service is out of a particular item.

11. What is pool therapy?

- a. Pool therapy can be used as a modality for a variety of rehab reasons. Pool therapy is often utilized as a form of pain management, stretching, releasing tension in lower back and joints, relief of arthritis symptoms, assessing range of motion and flexibility, relaxation skills for managing anxiety, endurance and strength building, working on specific physical skills without the risk of falling or gravity, increase proper circulation in the body, and simply to just be reintegrated into safe swimming after an injury which has altered your physical functioning.
- b. To gain access to pool therapy (aquatic-based rec. therapy) as an inpatient, one can simply request services for the pool from Recreational Therapist, Physical Therapist, and Occupational Therapist or get a consult from their primary provider directed toward Recreation therapist. As an outpatient a person would have to go through homecare which would not only require a referral from their outpatient physician, but additionally they would need to be enrolled in the Spinal Cord Injury homecare program in order to receive services from the homecare recreation therapist.