



Staffing Vacancies/Limited Bed Availability

Essential positions across the Veterans Health Administration (VHA) are being “deactivated” or even “abolished.” Currently, vacant positions in social work, nursing, and several therapy disciplines that were previously open for recruitment and hiring have been rescinded in order to meet VHA’s goal of zero net growth in the number of full-time employees. When medical staff leave, their vacated positions are not being back filled causing strain on the system and ultimately denying veterans access to earned healthcare services.

Almost all centers across the VA’s Spinal Cord Injuries and Disorders (SCI/D) System of Care have reduced the number of available beds for veterans as a direct result of staffing vacancies. Unlike veterans with other medical conditions, veterans with SCI/D cannot easily be admitted to another medical/surgical unit. Staff in other medical areas do not receive the training required to recognize and treat the unique medical needs of veterans with SCI/D, and other units are unable to maintain the appropriate staffing numbers to provide the extended time needed to care for a veteran with SCI/D. A veteran with SCI/D admitted to an SCI/D unit will require a minimum of 7.3 hands-on nursing hours per day and possibly up to 18.4 hands-on nursing hours per day due to the need for help with repositioning, transfers, feeding, wound care, and bowel and bladder care.

Limited Long-Term Services and Supports

Veterans with SCI/D have limited options to have their long-term services and supports needs met. Some remain in acute SCI/D care units for years because they have nowhere to go. Community nursing homes often refuse to admit veterans with SCI/D because of the high number of nursing hours they require. Family caregivers often fill in the gaps, but age and develop their own health care concerns. There are currently six SCI/D units with dedicated long-term care beds across the system. Unfortunately, the number of actual (operational) beds available is 31 percent less than the number of authorized beds due primarily to staffing and construction-related limitations.

An alternative to nursing home care and/or non-acute inpatient care is Expanded Care. It is part of VA’s Home and Community-Based Services and falls under Skilled Home Health Care. The Expanded Care program can provide a veteran with up to 24/7 skilled nursing care in their home. The only requirement is that the veteran be enrolled in and receiving care within the VHA system of care and have been medically determined to need this amount of care. Unfortunately, there is a general lack of awareness of the program among VA medical center Geriatrics and Extended Care (GEC) Coordinators. The GEC National Program has committed to improving training and outreach to all GEC Coordinators and VISN staff and leadership VHA wide. The proper knowledge, utilization, and implementation of this program would fill the void in this much needed service for our veterans with SCI/D



Lack of Access to Residential Mental Health and Substance Abuse Treatment

Most SCI/D centers across the country face significant challenges with disruptive, disorderly, and abusive inpatient veterans. Their continued presence on the unit, causes a great deal of distress to the nursing staff and other inpatients. To protect the mental, emotional, and physical well-being of the staff and veterans, VA must implement new strategies and policies to end these disruptive and demoralizing behaviors, for the safety of all involved.

Unfortunately, mental health inpatient units will not admit veterans who have ongoing physical healthcare requirements, including bowel and bladder care or wound care needs. Neither veterans with SCI/D nor non-veterans with SCI/D have access to the higher quality treatment that those without physical disabilities can access. Recovery from psychiatric acute episodes and substance abuse is more successful when someone receives residential treatment for several months. However, veterans with SCI/D seeking recovery or acute mental health treatment have only outpatient options or admission to the SCI/D unit with a psychiatric consultation. These options are typically not effective long term and only further burden the understaffed SCI/D units. With mental health, substance abuse disorder, and suicide prevention being a priority in the VA, the VA must establish residential treatment program access for veterans with SCI/D.



VA SCI/D Registry Data, as of 9/30/23

Spinal Cord Injury	Multiple Sclerosis	Motor Neuron Disorders	TOTAL
17,722	4,901	1,638	24,261

Category	New Diagnosis of SCI/D			All Diagnoses
	Spinal Cord Injury	Multiple Sclerosis	Motor Neuron Disorders	
New to VA SC/D Registry From 10/1/22 to 9/30/23	1,222 (62 female)	328 (93 female)	397 (14 female)	1,947 (169 female)

