

Arkansas Spinal Cord Commission

2011 Annual Report

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Arkansas Spinal Cord Commission

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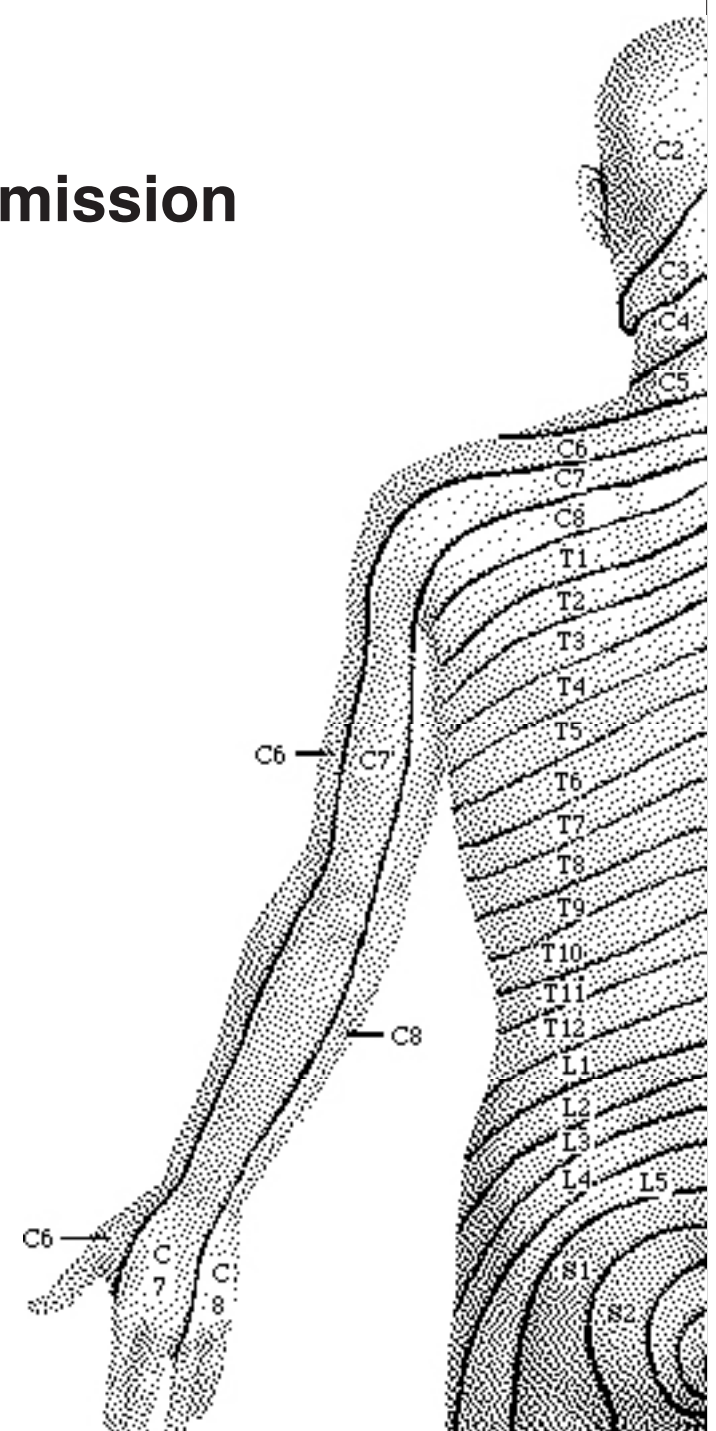
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AGENCY HISTORY AND DIRECTION

Agency Mission

The mission of the Arkansas Spinal Cord Commission is to administer a statewide program to identify and meet the unique and lifelong needs of people with spinal cord disabilities in the state.

Scope of Services

Each year, nearly 200 Arkansans sustain spinal cord disabilities that are severe enough to limit their abilities to function in their homes, their jobs and their communities. For most of these individuals, the disability is permanent, causing limitations in their mobility, sensation and other functional abilities. These disabilities have a significant impact on the individuals and their families and communities.

The Arkansas Spinal Cord Commission provides a variety of services to individuals with spinal cord disabilities and their families throughout the state of Arkansas. Fifteen Case Managers in 10 field offices provide services to citizens in all 75 counties. Services are tailored to the needs of the individual and family and are as diverse in scope as the families that we serve. The Commission staff work in concert with state and federal agencies, medical and home health services, rehabilitation and educational institutions and



community agencies to assist these individuals in accessing the services that they need. In addition, the Commission conducts educational programs and disseminates educational materials on spinal cord disabilities to help individuals, families and healthcare professionals understand the unique medical conditions and complications resulting from spinal cord disabilities.

It is the goal of the Arkansas Spinal Cord Commission to ensure that all persons with spinal cord disabilities in our state are provided every opportunity to live as independently and productively as possible.

Legislative Mandates

The Arkansas Legislature established the Commission in 1975 to provide a coordinated approach to early identification, emergency care, acute and rehabilitation treatment and long term follow up. Within this system of care, the Commission provides a link between Arkansans with spinal cord disabilities and their families and the multifaceted system of treatment and services available to them.

ACT 311 of 1975 (ACA 20-8-201)

“An act to establish a program for the quality care, treatment and rehabilitation of persons who have sustained acquired or congenital spinal cord injury or damage: To establish a state Spinal Cord Commission to administer said program: to authorize the cooperative development of an Arkansas Spinal Treatment Center and for other purposes....”

ACT 330 of 1977 (ACA 20-8-206)

“... The Arkansas Spinal Cord Commission shall establish and maintain a central registry of spinal cord disabled persons: Every public and private health and social agency and attending physician shall report to the Commission within five (5) calendar days of identification of any spinal cord disabled person. Consent of the individual shall be obtained and the report shall contain the name, age, residence and type of disability and other information as needed.

Within fifteen (15) days of the report, the Commission shall notify the individual or family of their right to assistance, services available and eligibility requirements and make referrals to the appropriate agencies and services to assure optimal rehabilitative services.”

SERVICES AND INITIATIVES

Case Management Services

Coping with a spinal cord disability is difficult. The newly injured individual and his family face a plethora of questions and concerns about the disability and how it will affect their future. Every aspect of life is affected by this disability. The Case Manager helps the individual and his family find the information they need as well as providing personal and emotional support. Case Managers also assist families in identifying and applying for services to assure that they access every available resource. As the individual progresses through treatment, the Case Manager provides an integral role in assuring that the individual's transition home is a smooth one. The Case Manager is also there long term for those individuals living in the community who need information, referral and assistance with obtaining treatment or equipment. This life long, community based intervention prevents costly hospital stays and institutionalizations.

In Fiscal Year 2011, 2,769 Arkansans with spinal cord disabilities received services from ASCC. Fifteen Case Managers made 6,087 client visits, providing services to meet their unique needs.

Long Term Attendant Care

Arkansans with who live with tetraplegia after spinal cord injury depend on caregivers for all of their daily living activities, like bathing, toileting, dressing, preparing and eating meals and transportation. For these eligible spinal cord injured tetraplegics, ASCC provides a long term attendant care program allowing individuals to remain in the community with the assistance of a personal care provider who assists them with their basic needs for up to four hours a day. Designed to keep individuals out of nursing homes, this small but cost effective program served 24 clients in fiscal year 2011 at an average cost of \$10,189 per person, about one sixth the cost of nursing home care.

Regional Loan Closets

When a person who depends on a wheelchair for mobility has a flat tire or needs repairs, it renders them immobile. If their wheelchair cushion is damaged, it can cause costly pressure sores. Having access to equipment quickly is important. ASCC is able to recycle wheelchairs and other equipment for emergency uses. The ASCC Regional Loan Closets are storage facilities near each of our field offices where we store new and recycled durable medical equipment and supplies to allow Case Managers to provide loaner equipment to meet emergency needs. These are especially important in rural parts of the state where it may take weeks to get repairs made. Commonly used items such as therapeutic cushions, reachers, replacement wheelchair tires as well as wheelchairs and other durable medical equipment are stored and disseminated on a regular basis, saving money, time and medical complications, as well as keeping our clients mobile.

Special Initiatives Rehabilitation Survey

Working in collaboration with the Arkansas Trauma Advisory Council and Department of Health, ASCC conducted a survey of all rehabilitation hospitals in Arkansas and our border cities to determine services available to trauma patients. Thirty interviews were conducted and a full report prepared and disseminated. Though there are an exceptional number of rehabilitation beds in our state (1,137) only 158 (14%) are designated for trauma patients. Most disconcerting is that no rehabilitation hospitals in Arkansas accept patients on ventilators, requiring our most vulnerable clients to travel out of state for rehabilitation. Based on the results of the survey, recommendations were developed and adopted by the Trauma Advisory Council. ASCC is the lead agency in carrying out the rehabilitation component of the trauma system.

Educational Conference

Another primary initiative of the Commission in 2011 was conducting client and family education. the 2011 *Rollin On: A New Era* educational conference for clients, families and health care professionals was held on May 20th at the Campus Center of the Pulaski Technical College campus. Over 218 participants were registered for the conference. Gary Karp, a motivational speaker who lives with paraplegia from San Francisco, CA served as our keynote speaker and also moderated a panel discussion on the Governor's Employment First initiative. Other session topics included urological considerations after spinal cord injury, managing neuropathic pain, purchasing a new wheelchair, adjustment after SCI and caring for caregivers. An

exhibit hall, demonstrations, door prizes and a wheelchair giveaway rounded out the day. These events, conducted annually provide clients, family members and rehabilitation professionals the opportunity to hear cutting edge information, talk with experts in the field and share their own experiences.

Storm Aftermath

Tornados, wind, ice storms and snow affected virtually all Arkansans this year. For many of our clients the results were devastating. While state emergency staff and volunteers do exceptional work, for individuals with spinal cord disabilities, there are unique needs. During and immediately following each of the weather related incidents this year, our Case Managers were on the road, working with emergency staff to find our clients and provide essential needs including generators, window air conditioners, medical supplies, replacement wheelchair cushions and even bottled water to meet medical needs. In several cases, where homes or medical equipment were destroyed, Case Managers assisted in finding accessible alternatives.



SPINAL TREATMENT SERVICES



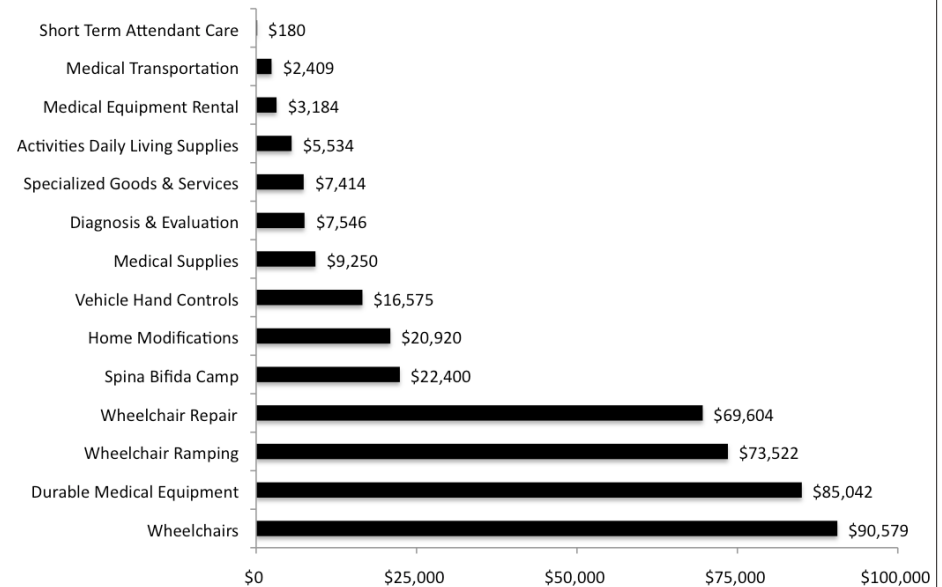
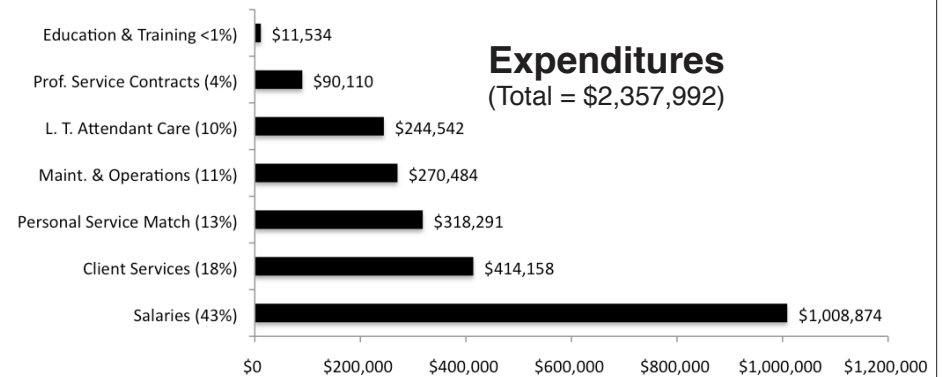
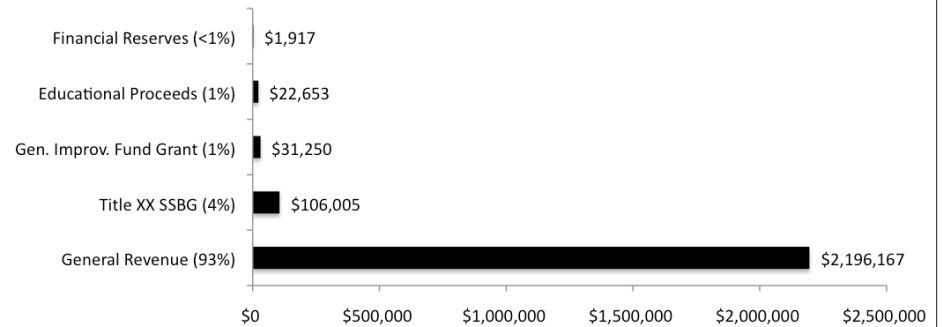
Spinal Treatment Services

Spinal Cord Injuries are catastrophic and costly disabilities to both the individual and their family. The average lifetime costs vary according to the age at the time of the injury and severity of the injury, estimated to be between 1,000,000 and 4,000,000 dollars. For example, the estimated lifetime cost for a C-6 tetraplegic injured at age 25 would be \$3,195,853. Costs continue to rise each year creating emotional and financial hardships for the individual as well as their family. It is a devastating reality that causes each family to wonder who will provide the needed assistance. The goal of ASCC is to provide assistance to individuals with spinal cord disabilities who meet established medical and financial criteria. Purchases are authorized by ASCC Case Managers only after all similar benefits such as insurance coverage, have been exhausted.

Purchases authorized by ASCC include medically prescribed equipment such as wheelchairs, braces, therapeutic cushions, medical supplies and medications. In addition, the Commission assists with minor home modifications and ramping, driving adaptations and outpatient clinic and therapy visits.

In Fiscal 2011, the Commission expended \$414,158 for these essential goods and services. ASCC Case Managers leveraged \$513,222 in goods and services on behalf of our clients. Though the number of clients on the ASCC registry increases slightly each year, those who meet the financial eligibility criteria continues to increase at a greater rate.

AGENCY BUDGET



AGENCY REFERRAL SERVICES

FY2011 New Cases by Etiology

Traumatic (n=100)

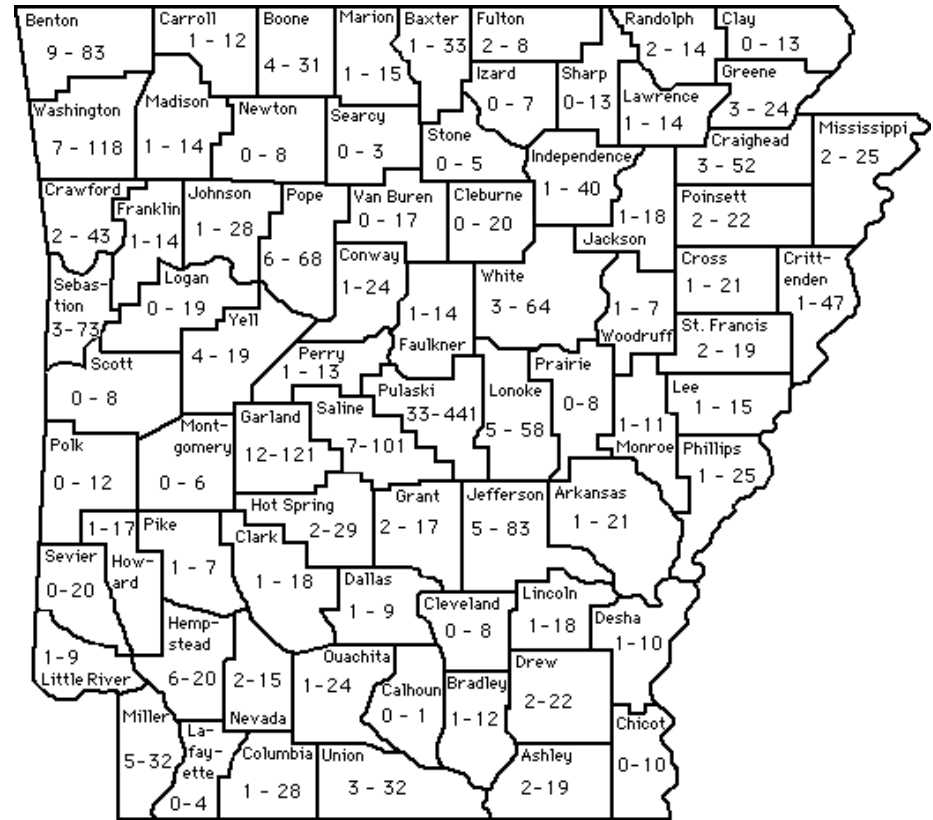
Cause	Number	Percent
Motor vehicle	46	46.0%
Falls	21	21.0%
Gunshot	11	11.0%
ATV	5	5.0%
Motorcycle	4	4.0%
Diving	3	3.0%
Medical	3	3.0%
Bicycle	2	2.0%
Sports	2	2.0%
Fight	1	1.0%
Falling object	1	1.0%
Other transport	1	1.0%

Non-traumatic (n=81)

Cause	Number	Percent
Spina Bifida	20	24.7%
Multiple Sclerosis	10	12.3%
Spinal cord tumors	10	12.3%
Spondylosis	8	9.9%
Transverse Myelitis	6	7.4%
Spinal abscess	6	7.4%
Hemorrhage / Thrombosis	5	6.2%
Guillain-Barre	1	1.2%
ALS	1	1.2%
Herniated disc	1	1.2%
Other diseases	13	16.0%

FY2011 New Cases - Caseload by County of Residence

(First number is 2011 new cases. Second number is total caseload.)



Causes of Spinal Cord Disabilities

Referrals to the Arkansas Spinal Cord Commission during FY2011 numbered 245; of these, 181 met the medical criteria and were accepted as new cases.

Of note in 2011, while the leading causes of traumatic SCIs remain constant, the actual number of injuries decreased by 16% from FY2010. ATV injuries made up 9% of all motorized vehicle injuries combined this year.

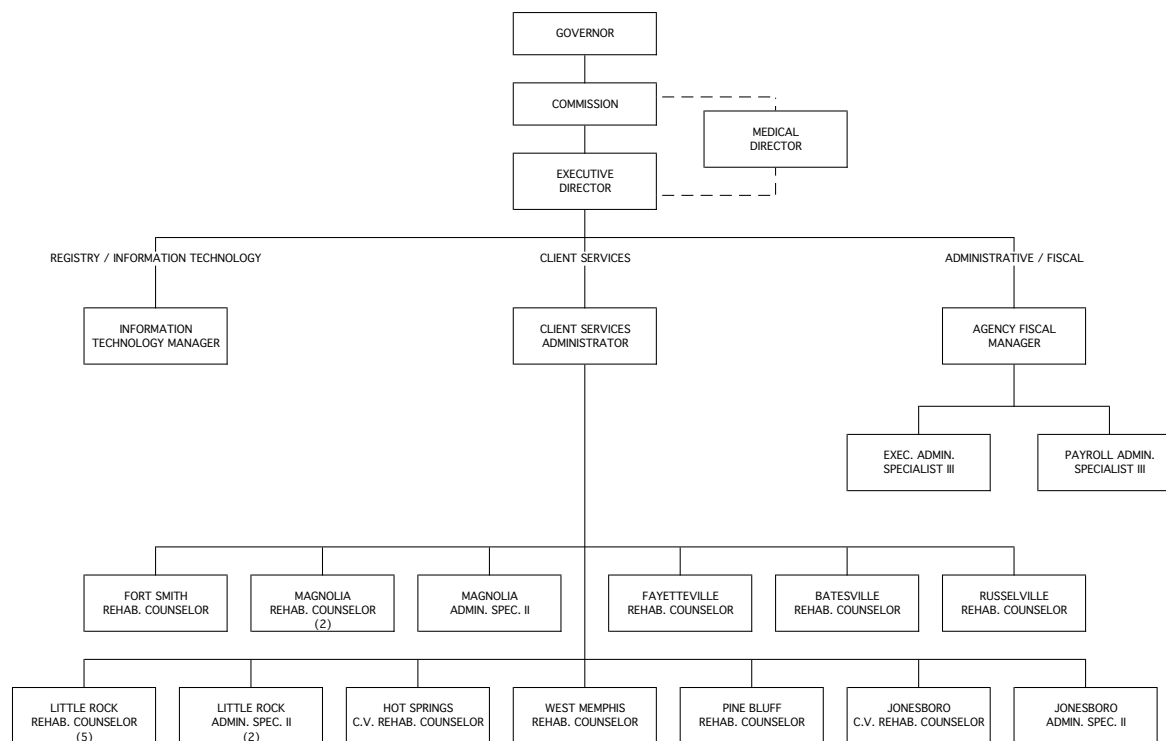
A significant increase in reported cases of Spina Bifida is noted for 2011. However, this appears to be due to improved reporting as only 40% of the cases were newborns, the remainder moved to the state or were previously unreported. Nationally, the incidence of Spina Bifida continues to decrease.

Arkansas Spinal Cord Disability Registry

The Arkansas Spinal Cord Commission maintains the oldest legislatively mandated spinal cord registry in the country. It is also one of the most comprehensive in the elements collected, as well as in the scope of spinal cord disabilities (including traumatic, disease and congenital cases). The intent of the Registry is to insure the referral of all persons with spinal cord disabilities to assure they receive appropriate rehabilitative and other needed services.

In recent years, the Registry has also provided data to aid in the development of secondary condition prevention efforts and to identify factors influencing the independence of persons with spinal cord disabilities.

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