Mortality rates are also significantly higher during the first year after injury than during subsequent years, depending on the level of injury.

Hospitalized one or more times following their injury. Diseases of the genitourinary system are the leading cause of re-hospitalization, followed by skin breakdown and related complications.

Members of the Leadership team at RHSNM compiled admission data and identified that there was an increase in admissions of patients diagnosed with a spinal cord injury over the past five years. Feedback in the community and other referral sources in the region was received regarding the need for rehabilitation services specializing in spinal cord injury locally. There are limited care for 13 consecutive years.

Data was collected based on the adherence to the CPGs and areas of opportunity for improvement were identified. The primary goal of the program is to obtain maximum functional potential and improve overall wellness of spinal cord injury survivors in order for them to reintegrate and succeed in the community. In the third quarter of 2018, the team selected measures which would help improve a patient's ability to reach their maximum functional potential as well as be successful upon reintegration into the community. This selection was based on historical data of the hospital acquired pressure injuries, readmission rates, and successful car transfers.

Positioning and off-loading are vital in this patient population to prevent skin breakdown which can lead to other complications. This also puts spinal cord injury survivors at higher risk for re-hospitalization to the hospital. It was found that car transfers were a barrier to community integration, and these needed to be assessed earlier in the patient's stay so that alternatives could be identified prior to discharge. This process was changed to occur at least 3 days prior to discharge before widespread education to staff took place.

Staff training and competency for clinical and non-clinical staff was completed in the fourth quarter of 2018 and is ongoing. Education included elements of the program including the CPGs, bowel and bladder program, signs and symptoms of Autonomic Dysreflexia, positioning, and car transfer at least three days prior to discharge, and including all spinal cord injury survivors in the Transitional Outcomes Program for follow up at least 30 days after discharge.

SCI manual patient education manual was developed by the SCI team, as well as a plan of care focused specifically on spinal cord injury care components. A 3-day checklist was developed to guide the interdisciplinary core team in assessment and implementation of care components upon admission. This includes bowel and bladder program initiation, family conference, and communication to the care team of any other patient specific goals and interventions. To assist with community reintegration and preventing readmissions, the SCI team instituted a community support group and established a peer support list provided to the patients upon discharge. Lifestyle change education is ongoing throughout the patient's stay, and all patients are screened for depression upon admission and throughout their stay, with psychology consultations available as needed.

The SCI team has developed a plan for sustaining this program, including but not limited to ongoing staff education, marketing the program in the community and secondary markets, and through community outreach to raise awareness. The team has long term goals of bringing patients back a year after discharge for an overall assessment and to provide further education if needed. The team also plans to hold wheelchair clinics as many patients may not have received their wheelchairs by the time of discharge and may require additional assessment for fit and education on offloading and safety.

The Rehabilitation Hospital of Southern New Mexico submitted its application for certification in spinal cord injury rehabilitation through the Joint Commission and successfully completed this survey in July 2019 with no findings. This program has proven to promote an interdisciplinary and holistic approach to treating and providing care for spinal cord injury survivors.