

# JOURNAL

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## IN THIS ISSUE

## 2 MESSAGE FROM THE CEO

## FEATURES

## 1 Staman Ogilvie at Top Speed

## 2 U.S. News Ranks TIRR Memorial Hermann No. 4

## 3 2011 Circle of Life Gala Raises Funds for TIRR Memorial Hermann

## 5 Preparing Residents for the Post-Reform World of Healthcare

## 6 Improving Image and Analysis with the KayPENTAX® Digital Swallowing Workstation

## 7 Access for All: A New Medical Home for People with Disabilities

## 9 How Effective is the Online ADA Basic Building Blocks Course?

## 8 PERSPECTIVES ON RESEARCH

## 8 ACCOLADES

## 10 IN PRINT

## 10 IN THE NEWS

## 11 ON THE PODIUM

## 11 ON THE MOVE

## 12 MESSAGE FROM THE CMO

## Staman Ogilvie at Top Speed

Staman Ogilvie has had a passion for his sport for 35 years. "I've been a bike rider since I was a school kid, but it wasn't until later that I got serious about it," he says. "I've done it all

- mountain biking, city riding and road biking for long, long distances. I was pretty good at it."

On June 12, 2009, Ogilvie was making his last training ride before *Staman Ogilvie and family*

heading to Aspen for a few weeks of biking at high altitudes. He'd ridden 12 miles on a neighborhood loop - four times around a 3-mile circuit - and was feeling great. "Houston is flat, so conditioning for high-altitude riding requires a lot of speed for an aerobic kick. The endorphins were flowing. The colors were brilliant. It was a pleasant spring day, and I was feeling enormously energized," he remembers. "I was looking at trees or architecture or something else, and in one inattentive instant my life and the lives of everyone I know changed in some way."

Ogilvie crashed into the back of a parked water truck. His helmet shattered, the bicycle's handlebars

were pushed under and, after the collapse of the frame, the front wheel was aligned with the back wheel. "If the bicycle took that kind of abuse, you can imagine what happened to

my spinal column," he says.

Ogilvie had ridden 12 miles only to end up about 100 yards from his home, where his wife Beverly Ogilvie was

sleeping. "I remember none of this," he says. "But the driver of the water truck, who had stopped in a location where no one ever parks - a location I'd already passed four times that morning - heard a little bump on the back of his truck, put down the key map he was using to figure out where he was and where he should have been, climbed down and found me and the shattered helmet and bent bicycle behind his truck. He says I told him the telephone number he

*Ogilvie continues on page 4*



## FEATURED IN THIS ISSUE

**Jeffrey Berliner, D.O.**

Attending Physician, SCI and Specialty Rehabilitation Programs  
Clinical Chief of the Spinal Cord Injury Program  
Medical Director of Respiratory Medicine  
Assistant Professor of PM&R, UTHealth Medical School

**Lourdes Cuellar, R.Ph., F.A.S.H.P.**

Administrative Director of Pharmacy and Clinical Support Services

**Mary Ann Euliarte, R.N., C.R.R.N.**

Chief Nursing Officer/Chief Operating Officer

**Gerard E. Francisco, M.D.**

Chief Medical Officer

Chair of the Department of PM&R, UTHealth Medical School

**Martin Grabojs, M.D.**

Professor and Chair of the Department of PM&R

Baylor College of Medicine

**Christopher Jayne, M.D., F.A.C.O.G.**

Consulting Physician, Gynecology and Urology  
Clinical Assistant Professor, Scott Department of Urology

Clinical Assistant Professor, Department of Obstetrics and Gynecology  
Baylor College of Medicine

**Carl Josehart**

TIRR Memorial Hermann CEO

**Mark Sherer, Ph.D., A.B.P.P., F.A.C.R.M.**

Clinical Professor of PM&R, Baylor College of Medicine and UTHealth Medical School

**Marilyn Whisenhunt**

Manager of Speech and Music Therapy, Therapy Manager of Specialty Rehabilitation

## U.S. News Ranks TIRR Memorial Hermann No. 4

For the 22nd consecutive year, TIRR Memorial Hermann has earned distinction among the top five rehabilitation hospitals in the country. The rankings will be published in the August 30, 2011, Best Hospitals issue of *U.S. News & World Report*.

The 20 hospitals ranked in rehabilitation were named among the best for challenging cases and procedures by at least 3 percent of rehabilitation specialists who responded to *U.S. News* surveys in 2009, 2010 and 2011.

“We’re proud of the efforts of our physicians and staff in helping us achieve and maintain our reputation for quality outcomes,” says CEO Carl Josehart.

## MESSAGE FROM THE CEO

People whose lives have been interrupted by disability face overwhelming challenges as they reintegrate into the community. Among them is access to healthcare.

TIRR Memorial Hermann’s Physician and Specialty Clinic is



*Carl E. Josehart, CEO*

redefining the outpatient rehabilitation care model by providing a patient-centered medical home for people with disabilities. The concept of a medical home is not new: it was introduced by the American Academy of Pediatrics in 1967, and is consistent with the vision of our founding physician, William Spencer, M.D., who began his career as a pediatrician. Over the years, it has evolved to mean an ongoing relationship with a personal physician who delivers holistic care and coordinates a team of specialists who work together to provide an integrated healthcare experience. Quality and patient safety are important parts of the equation.

redefining the outpatient rehabilitation care model by providing a patient-centered medical home for people with disabilities.

The concept of a medical home is not new: it was introduced by the American Academy of Pediatrics in 1967, and is consistent with the vision of our founding physician, William Spencer, M.D., who began his career as a pediatrician. Over the years, it has evolved to mean an ongoing relationship with a personal physician who delivers holistic care and coordinates a team of specialists who work together to provide an integrated healthcare experience. Quality and patient safety are important parts of the equation.

Staffed by skilled, compassionate professionals, the Physician and Specialty Clinic is a medical home for people with disabilities age 13 and older. This vision is further supported by our Diagnostic Imaging department, which is skilled in meeting the needs of patients for whom proper transfer and positioning techniques are crucial. Our recent acquisition of a 16-slice CT scanner expands the depth and breadth of services we offer in this area.

Every individual deserves the opportunity to maximize his or her full potential for health and wellbeing. Through collaborative programs like the Physician and Specialty Clinic and our Diagnostic Imaging department, we’re removing barriers to healthcare and helping to meet TIRR Memorial Hermann’s larger goal of ensuring that all residents of the Greater Houston area have access to the care they need.

**Carl E. Josehart**  
*Chief Executive Officer*  
*TIRR Memorial Hermann*

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*We have opportunities for outstanding rehabilitation professionals. If you are interested in joining our team at U.S. News & World Report’s No. 4 rehabilitation hospital, contact Monica Kinnard, recruitment consultant, at 713.797.7281 or [Monica.Kinnard@memorialhermann.org](mailto:Monica.Kinnard@memorialhermann.org). All available opportunities can be viewed at [memorialhermann.org](http://memorialhermann.org).*

[www.tirrmemorialhermann.org](http://www.tirrmemorialhermann.org), [www.ilru.org](http://www.ilru.org)

## 2011 *Circle of Life* Gala Raises Funds for TIRR Memorial Hermann

More than 1,500 guests attended this year's *Circle of Life* Gala, sponsored by the Memorial Hermann Foundation on Saturday, April 30, 2011, at the Hilton Americas in Houston. Susan Krohn and Randa Duncan Williams chaired the event, which raised more than \$2.2 million for TIRR Memorial Hermann.

Top underwriters for the gala included Susan D. Krohn, Bobetta and Bill Lindig, Sherry and Jim

Smith, and Randa and Charlie Williams. Proceeds from the gala will help to ensure that TIRR Memorial Hermann continues to serve as a model for interdisciplinary rehabilitation services, patient care, education and research.

The 2011 *Circle of Life* Gala honored Staman Ogilvie, who sustained a severe spinal cord injury in a bicycle accident in June 2009. Ogilvie is a founder of *The Staman Ogilvie Fund for Spinal Cord Injury Recovery, Rehabilitation and Research*. With input from medical experts at the Mischer Neuroscience Institute at Memorial Hermann-Texas Medical Center and TIRR Memorial Hermann, the Ogilvie Fund was created to

assist individuals whose lives have been disrupted by spinal cord injury, brain injury or neurological disorders.

"Staman is one of the most inspirational people I've ever met," says **Carl Josehart**, CEO of TIRR Memorial Hermann. "He's very intelligent and very passionate. He also had the capability to see beyond his personal situation very quickly after his accident and used a life-changing moment to create a lasting legacy that will impact



*Dr. Gerard Francisco, CMO, TIRR Memorial Hermann (left) with Staman Ogilvie and his wife, Beverly*

patients for decades to come."

Ogilvie has been intimately involved with raising money for the Staman Ogilvie Fund. Since the fund was established in

September 2009, more than \$7 million of the \$10 million goal has been raised in support of innovative research to restore function for spinal cord injury through adult stem cell therapy. Complementing this research will be the development of new equipment to increase movement for those with spinal cord injuries.

"I've been impressed by Staman's spirit, resilience and optimism," says **Gerard E. Francisco, M.D.**, chief medical

officer at TIRR Memorial Hermann. "Getting to know your patients' hopes and dreams is one of the advantages of the long-term relationship physical medicine and rehabilitation specialists establish with their patients. Being in a wheelchair has had no effect on Staman's energy and enthusiasm for life and has given him new ways to be of service to others by supporting charitable causes."

Since the accident, Ogilvie has had a great deal of support from friends and family, most importantly from his wife Beverly Ogilvie. He credits TIRR Memorial Hermann but also the Emergency Center and Neuro ICU at Memorial Hermann-TMC where he spent his first weeks before being transferred to TIRR Memorial Hermann. "Together, they made a healing environment in which my family and I could come to terms with the changes we were going to face. Day by day, we began to think that this was going to be survivable, that this was not the end of the world," he says. "These people have seen it before, they've assisted others before me move on to productive lives. They did the same thing for me."

"I am thankful for Staman's foresight, dedication and generosity, and I cannot think of a more deserving individual to be honored at this year's *Circle of Life* Gala," says Dan Wolterman, Memorial Hermann president and CEO. ♦

needed to call to get help. He called Beverly, and fortunately our son Brian was in town to help her that morning. By the time they got to me – just 100 yards from our house – she'd called 911 and our friend Walt Mischer."

Mischer has a long association with Memorial Hermann. The Mischer family first became involved with Memorial Hermann-Texas Medical Center, formerly Hermann Hospital, more than 30 years ago when Walter M. Mischer Sr. joined the board of trustees. Walt Mischer Jr. followed in his father's footsteps, also sitting on the board of trustees of Hermann Hospital in the late 1980s and early 1990s and acting as interim chief executive officer for a time. In 2005, the Mischer family made a significant lead gift for the establishment of the Mischer Neuroscience Institute (MNI) at Memorial Hermann-TMC as a lasting tribute to Mary A. and Walter M. Mischer Sr.

Walt Mischer was already in touch with MNI's neuroscience team by the time Ogilvie was in the ambulance and on his way to the hospital. He was admitted to MNI with a complete spinal cord injury (SCI) – a diagnosis of C7 to T1 bilateral jumped facet with fractures from C5 to C7.

"We put him in a halo to manage the injury to his cervical spine and minimize neurological damage, and once he was medically stable, we took him to the OR to treat the fracture and properly align his spine," says MNI spine surgeon Michele Johnson, M.D., an assistant professor in the department of Neurosurgery at The University of Texas Health Science Center at Houston (UTHealth) Medical School. Eighteen days and two spinal fusion surgeries later, Ogilvie was admitted to TIRR Memorial Hermann to begin his rehabilitation.

"I had one trip back to Memorial Hermann-TMC due to spiking

temperatures but soon after that second visit I left the ICU and have never been back except as a visitor, thanks to the good work they did there," Ogilvie says. "TIRR Memorial Hermann and I were able to get on about rebuilding my life."

Under the medical direction of physiatrist Jeffrey Berliner, D.O., clinical director of the Spinal Cord Injury Unit and an assistant professor of physical medicine and rehabilitation at the UTHealth Medical School, physical and occupational therapists helped Ogilvie regain motor function in his upper extremities.

"He was strong-willed and very enthusiastic, a hard worker who always wanted to push the envelope," Dr. Berliner says. "From a physician's perspective, he was the perfect rehab patient – a very intelligent man who knew what he wanted to accomplish and had the determination to do it. In rehabilitation, the patient is always in charge of the ship, and he was a good captain. He's getting back to living life at its fullest with a spinal cord injury and not letting it stop him."

There are milestones in every recovery. "I'm happy to say that at each step of the way at Memorial Hermann-TMC and TIRR Memorial Hermann, every assessment I got was 'We had no idea you could have gone this far this fast,'" Ogilvie says. "I don't take this as a personal compliment so much as a testimony to the unique care I received at both institutions. They led me, encouraged me and were bold about helping me accomplish everything I possibly could."

He has not let his injury slow him down. In June 2010, working with the Memorial Hermann Foundation, Ogilvie, wife Beverly Ogilvie, brother Buck Ogilvie and Walt Mischer Jr. were inspired to establish the Staman Ogilvie Fund for Spinal Cord Injury, Recovery, Rehabilitation and Research

to help others whose lives have been interrupted by spinal cord injury. Working with the Memorial Hermann Foundation and advising physicians, they set a goal of raising \$10 million for the development of new technologies and equipment to increase movement for those with spinal cord injuries and for innovative research to restore function after SCI through adult stem cell therapy. To date, more than \$7 million has been raised.

Ogilvie knows from experience that patients with SCI will face daunting weeks, months and sometimes years of rehabilitation after recovering from the initial effects of serious injury or disease. The fund he established will drive research initiatives in regenerative medicine and adaptive technologies, as well as providing leading-edge technologies to aid with rehabilitation.

"When you hear my story, you realize that only the first part is about me," he says. "Everything that has transpired since then is as much about Memorial Hermann as it is about Staman Ogilvie. We've been a pretty good team, and I anticipate that we will continue being a great team for the years ahead."

Ogilvie has met many of the researchers at Memorial Hermann and UTHealth. "We're working together. I have every confidence that with their skills and the skills of those who will be brought in to assist them, we will make enormous strides. We're going to be the solution, or at least contribute in a material way to the advancement of solutions, so that the way this saga ends is with me out of this chair on my bicycle again enjoying rides through the Colorado Rockies, enjoying hikes through those mountain passes and meadows and being a 100 percent able citizen of Houston."

Ogilvie envisions another reality had his accident occurred on a Colorado mountainside instead of a Houston street. “The outcome would have been entirely different,” he says. “Memorial Hermann-TMC and TIRR Memorial Hermann are making a difference in thousands of lives daily and in my life right now. Having them here means that world-class caregiving and healing are here at our doorstep. It also means that discovery and research that will lead to even better healing strategies are happening right in our own neighborhood.” ♦

## Sports Update

The **TIRR Memorial Hermann Hotwheels** wheelchair basketball team started the season ranked 11th in the nation and finished the national tournament in fourth place. **Malat Wei** was named Most Valuable Player of the conference; **Kris Shannon** was named first-team All American. In rugby, the hospital’s team finished sixth in the national Division II tournament, and **Mike Peacock** was selected for the elite USA-Team Force.

In April, nine individuals with spinal cord injuries participated in the Kentucky Derby Marathon. Each runner was a former or current participant in bodyweight-supported locomotor training in the **Neuro-Recovery Network at TIRR Memorial Hermann**, made possible by the Christopher and Dana Reeve Foundation.

**TIRR Memorial Hermann Sports** received an \$18,000 grant from Kappa Kappa Gamma, which will be used to buy new hand cycles and a new trailer.

## Preparing Residents for the Post-Reform World of Healthcare

The passage of two pieces of legislation, H.R. 3590, the Patient Protection and Affordable Health Care Act in December 2009, and H.R. 4872, the Reconciliation Act of 2010 in March 2010, constitutes the largest change in America’s healthcare system since the 1965 passage of Medicare. To thrive in the new post-reform environment and improve clinical outcomes, hospitals and affiliated physicians will need to be more closely aligned in healthcare delivery. TIRR Memorial Hermann is building those bonds through a new brain injury fellowship with emphasis on administration, informal dialogues between residents and administrators and a re-engineered practice management course for third-year residents at the Baylor College of Medicine/University of Texas Health Science Center at Houston (UTHealth) Physical Medicine and Rehabilitation Alliance.

**Richard Huang, M.D.**, who was selected as the first brain injury administrative fellow, began his fellowship in July 2011. Dr. Huang will be co-mentored by CEO **Carl Josehart** in regularly scheduled meetings and will participate in senior-level decision-making through attendance at TIRR Memorial Hermann’s Management Council and Executive Council meetings.

“We have a long history of training residents to be good clinicians but felt we could do a better job of helping them carve out their careers in rehabilitation,” says chief medical officer **Gerard E. Francisco, M.D.** “Carl has generously supported a brain injury fellowship focused on program development and administration, which moves us a step forward by training one person in the administrative aspects of rehabilitation care.”

**Josehart** and **Mary Ann Euliarte, R.N., CNO/COO**, also spend an hour each month in informal dialogue with residents, discussing issues that affect clinical practice, changes in healthcare delivery and current issues in administration. “It’s unusual for residents to have planned, regular access to a hospital’s administrative leaders,” Dr. Francisco says. “The exchange provides a great learning opportunity on both sides.”



*Mary Ann Euliarte, R.N.*     *Martin Grabois, M.D.*

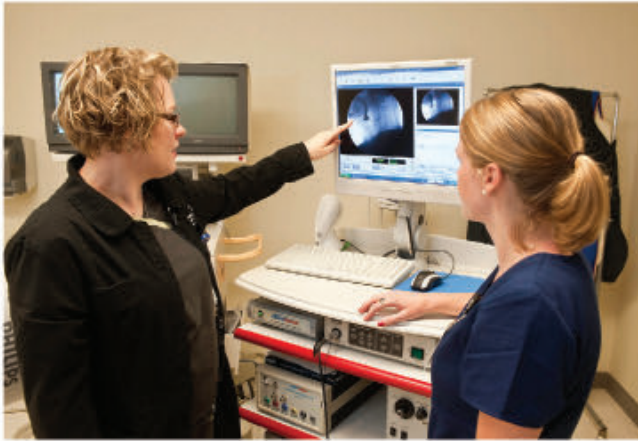
The Baylor/UTHealth Alliance’s practice management course for third-year residents has also been expanded to include presentations by Josehart and other administrators from across the Memorial Hermann system. “Our residents have always received excellent instruction in how to manage the rehabilitation of patients. Then they go into practice and are faced with issues they haven’t had to deal with in residency,” says **Martin Grabois, M.D.**, professor and chair of the department of Physical Medicine and Rehabilitation at Baylor College of Medicine. “Our goal is to prepare them for the challenges they’ll face as they begin to manage a practice. If we expect physicians to act as our partners in quality, safety and patient satisfaction, it’s our job to provide them with the skills and tools they need to take a leadership role. Building those skills into their training will help ensure that they are effective future partners.” ♦

# Improving Image and Analysis with the KayPENTAX Digital Swallowing Workstation

Immediate swallow study review with excellent image quality is just one of many advantages the KayPENTAX® Digital Swallowing Workstation offers clinicians at TIRR Memorial Hermann, which acquired the technology in March of this year. Housed on a mobile cart that can be rolled to radiology or to the bedside, the swallow station can be used for imaging studies, therapy, patient and family education and further evaluation.

The workstation has three components: digital recording, a swallow signals lab that provides visual feedback to patients to facilitate their progress, and fiber endoscopic evaluation of swallowing (FEES), which offers an alternative to modified barium swallow studies. “The swallow station has enhanced our ability to evaluate patients who have dysphasia and to design their programs of therapy,” says **Marilyn Lieux Whisenhunt, M.S., C.C.C.-S.L.P.**, manager of speech and music therapy at TIRR Memorial Hermann, whose therapy team is currently using two of the station’s three components. “Digital recording allows us to visualize and record modified barium swallow studies as the radiologist sees them during fluoroscopy, without exposing the patient to any additional radiation. It

captures the swallow and stores it to be used for evaluation, education or future viewing. We can retrieve studies instantly and analyze individual exam segments in real time, either frame by frame or in slow motion, improving our ability to assess modified barium



*Michelle Mekky, M.A., C.C.C.-S.L.P., B.R.S.-S., C.B.I.S., instructs an SLP intern on the new digital swallowing workstation.*

swallows in detail. If a patient has undergone multiple swallow studies, we can compare them side by side to evaluate the improvement. We can pause the image at swallows if the patient aspirates, and we can also share paused images with physicians and family members.”

The swallow signals lab can be used to enhance therapy by giving patients visual feedback on a screen, which facilitates learning during swallowing exercises. “They can see

**T**he swallow signals lab can be used to enhance therapy by giving patients visual feedback on a screen, which facilitates learning during swallowing exercises.

how they’re breathing in relation to the swallow, and they also can see the timing of each swallow,” she says. “The technology makes it easier for families to understand why we’re recommending a certain diet.”

Whisenhunt says she expects therapists to begin using fiber endoscopic evaluation of swallowing, an endoscopic technique for evaluation of dysphagic patients, within the next year. During the procedure a flexible endoscope is passed transnasally, allowing the clinician to view laryngeal and pharyngeal structures during both swallowing and non-swallowing tasks.

“Using FEES with patients requires intensive training, much in the same way it takes years of experience for clinicians to gain the skills required to perform modified barium swallows,” she says. “Once we have our therapists trained, they’ll be able to use the system to administer FEES exams at the bedside.”

FEES offers several advantages over fluoroscopy, including portability, no exposure to radiation, no time constraints, suitability for repeat evaluations, lower cost and suitability for patients with severe physical impairments or ventilator dependency.

“The workstation has already enhanced clinical efficiency and demonstrated valuable flexibility in data acquisition and analysis,” she says. “It generates a Microsoft Word document that can be added to patient records, e-mailed to referring physicians or used for filing insurance claims. We’re looking forward to adding FEES to the services we can offer our dysphagia patients.” ♦

## Access for All: A New Medical Home for People with Disabilities

The new Program for Women with Disabilities is the latest addition to TIRR Memorial Hermann's Physician and Specialty Clinic, a physician-based clinic designed to meet the needs of individuals with disabilities age 13 and older who require initial or continuing care by a physician. The clinic is redefining the hospital's outpatient rehabilitation care model by providing a patient-centered medical home for people with disabilities.

"The medical home idea had been brewing in the back of my mind for several years," says **Lourdes Cuellar, R.Ph., F.A.S.H.P.**, who heads up Clinical Support Services. "When I presented it to the executive team, they wholeheartedly embraced the concept. Our objective was the creation of a multidisciplinary, medically collaborative environment in which we could deliver expert, compassionate care to persons with disabilities."

The Program for Women with Disabilities provides routine gynecological care and management of gynecological disorders, evaluation and treatment of voiding dysfunction and urinary incontinence, and evaluation and treatment of pelvic organ prolapse. "There are challenges to women's care in general and when you add a disability, it becomes even more demanding for the average gynecological provider," says TIRR Memorial Hermann consulting physician **Christopher Jayne, M.D., F.A.C.O.G.**, who provides gynecological and urology services for women with disabilities through the program. "As a result, women with disabilities have a hard time finding gynecological care. TIRR has the skill and resources, as well as the equipment necessary for transfers, so that we can perform appropriate gynecological exams. Because many women are involved with TIRR Memorial Hermann for

treatment of their disability, the program is a natural extension of the medical care we provide." In addition to Dr. Jayne, gynecologist **Hunter Hammill, M.D.**, provides services through the program. Urologists John Bertini, M.D., and James Harris, M.D., oversee urology and urodynamic studies for patients at TIRR Memorial Hermann.

TIRR Memorial Hermann offers multiple outpatient programs for people with disabilities who identify the rehabilitation hospital as their primary provider of healthcare. "Many of our patients are young and have never seen a doctor during their adult life, and are now faced with health problems as a complication of their condition or as a direct result of their illness or injury," says chief medical officer **Gerard E. Francisco, M.D.** "Our intent is to provide services by specialists who are well versed in the health and lifestyle issues facing rehabilitation patients."

Recent program additions have been added for cardiology, primary care, psychiatric and counseling services. Cardiologist **Poyee Pansy Tung, M.D.**, and her colleagues provide a full range of cardiology services at the Physician and Specialty Clinic. **Colin Barker, M.D.**, oversees outpatient cardiology procedures such as IVC filter placement and retrievals. Internist **Susan Pelini, M.D.**, provides primary care services to TIRR Memorial Hermann outpatients through her internal medicine clinic. **Teresa Del Castillo, L.C.S.W., L.M.F.T., M.B.A.**, a clinical social worker and marriage and family therapist, provides counseling services through the clinic, and psychiatrist **Guy Patterson, M.D.**, provides psychiatric and behavioral health services in the clinic weekly.

"As the demand for services increases, we will expand the range of services we offer," Cuellar says.

"We are beginning a collaboration with The University of Texas Health Science Center at Houston (UTHealth) Consortium on Aging led by gerontologist **Carmel Dyer, M.D.**, who is involved from the perspective of aging with disabilities. Eventually, we hope to expand to include dental, ophthalmology, audiology and endocrinology, as well as linking to TIRR Memorial Hermann's Independent Living Research Utilization (ILRU) program to promote community integration and independent living. The possibilities are almost limitless."

Cuellar points out that TIRR Memorial Hermann is also equipped to meet the clinical laboratory needs of patients and, with the addition of a GE Lightspeed™ 16-slice CT scanner to existing imaging modalities, their diagnostic imaging needs. "Proper transfer and positioning techniques are crucial when performing standard diagnostic imaging exams, and we can provide those to patients in an atmosphere designed with their disabilities in mind. This makes it easier for patients to schedule all necessary services in one location."

The Physician and Specialty Clinic team is thinking beyond what they can do medically for patients to what they can do for them as individuals. "We've begun with the core services – meeting the medical needs of our patients," Cuellar adds. "Because primary care physicians in the community are reluctant to treat patients with disabilities, we think we can really help in the area of internal medicine and women's services. At some point in the future, we also envision involving the community through an advisory board that will help guide decisions about the services we offer." ♦

## PERSPECTIVES ON RESEARCH

### Recommendations for Common Outcome Measures in Traumatic Brain Injury (TBI) Research: Implications for TBI Research and Clinical Care

By Mark Sherer, Ph.D., A.B.P.P., F.A.C.R.M.

Researchers investigating various questions regarding traumatic brain injury (TBI), such as expected course of recovery, prognostic factors and effectiveness of interventions, often encounter difficulty in comparing results across studies. Such difficulty may be caused by differences in clinical setting, patient characteristics and measures used. In an effort to increase comparability across studies, several federal agencies - the National Institute of Neurological Disorders and Stroke, Department of Veterans Affairs, National Institute on Disability and Rehabilitation Research, Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, and Defense and Veterans Brain Injury Center - cosponsored a scientific initiative to develop sets of measures that could be used across studies on TBI to facilitate comparability of findings and to further advance research on TBI.

Common sets of measures known as common data elements (CDEs) were developed for demographics and

clinical assessment, outcome measures, brain imaging, and biospecimens and biomarkers. The recommended CDEs can be found in the November 2010 issue of *Archives of Physical Medicine and Rehabilitation* and on the Common Data Elements Web site at [www.commondataelements.ninds.nih.gov/TBI.aspx](http://www.commondataelements.ninds.nih.gov/TBI.aspx).

In a similar effort, groups were also commissioned to develop common data elements for post-traumatic stress disorder. Initial CDEs were focused on adults, and there is now an effort under way to develop CDEs appropriate for pediatric TBI.

The CDE workgroup on which I served provided recommendations for a comprehensive list of outcomes of interest after TBI, including global outcome, recovery of consciousness, neuropsychological impairment, psychological status, self-reported symptoms, neurobehavioral functioning, activity limitations, social role participation, quality of life, health economic measures and patient reported outcomes.<sup>1</sup> Recommendations are organized into three categories. Core measures are recommended for most studies of TBI. Supplemental measures may be added to complement core measures. Emerging

measures are measures currently under development that may eventually be recognized as core measures or supplemental measures.

Implementation of these recommendations for outcome measures, as well as CDEs recommended by the other workgroups, will advance TBI research by increasing comparability across studies and facilitating collaboration among investigator teams. In the long run these advances will lead to improved understanding of TBI, better prediction of outcomes and more effective treatments. Together, these research achievements will contribute to improved outcomes for persons with TBI. ♦

*Dr. Mark Sherer is director of research and director of neuropsychology at TIRR Memorial Hermann and a clinical Professor of PM&R at Baylor College of Medicine and UTHealth Medical School.*

<sup>1</sup>Wilde EA, Whiteneck GG, Bogner J, Bushnik T, Cifu DX, Dikmen S, French L, Giacino JT, Hart T, Malec JF, Millis SR, Novack TA, Sherer M, Tulsky DS, Vanderploeg RD, von Steinbuechel N. Recommendations for the use of common outcome measures in traumatic brain injury research. *Archives of Physical Medicine and Rehabilitation* 2010;91: 1650-1660.

## ACCOLADES

Lourdes Cuellar, R.Ph. F.A.S.H.P., has been named as one of 23 members of the National Quality Forum's (NQF) National Voluntary Consensus Standards for Healthcare Disparities and Cultural Competency project. The project seeks to expand on NQF's previous work in which 35 disparity-

sensitive measures for the ambulatory



Lourdes Cuellar, R.Ph., F.A.S.H.P.

care setting were endorsed. She was one of only two Texans appointed to the prestigious group.

Cuellar was also named the 2011 Pharmacist

of the Year Award recipient by the Association of Black Health-System Pharmacists (ABHP) for her exemplary achievements in the profession, and her continuing dedication to excellence and sustained contributions to the practice of pharmacy. She received the award in May at the ABHP Annual Minority Health Conference held in Houston.



## How Effective is the Online ADA Basic Building Blocks Course?

“ADA Basic Building Blocks” is an introductory Web course that explores the legal requirements and spirit of the Americans with Disabilities Act (ADA) of 1990. Available online since 2003, the course is designed to increase knowledge and understanding of the basic principles and core concepts presented in the ADA and the ADA Amendments Act of 2008. In April, lead researcher Kathleen Murphy, Ph.D., presented the results of quantitative and qualitative research on the effectiveness of the course at the 33rd Annual NARRTC<sup>1</sup> conference held in Washington, D.C.

Sponsored by TIRR Memorial Hermann’s Independent Living Research Utilization (ILRU) program and funded by the National Institute on Disability and Rehabilitation Research (NIDRR), the study was designed to gather information about what respondents know about the ADA and how knowledge of the ADA relates to attitudes or behaviors about employment and community participation of people with disabilities. Research instruments included an online survey and semi-structured follow-up interviews of a sample of respondents who agreed to be contacted, reported high levels of learning and low, neutral or high levels of change.

“The course reach is actually much

**Jeffrey Berliner, D.O.**, was named a 2011 recipient of the The University of Texas Health Science Center at Houston (UTHealth) Medical School Dean’s Teaching Award for the second consecutive year. Dr. Berliner was also admitted to the Program for Academic Leadership of the Association of Academic Physiatrists. The three-year program aims to develop academic and administrative leadership skills

broader than the survey,” says Dr. Murphy, who is project director at SEDL, a private, nonprofit education, research, development and dissemination corporation contracted by the DBTAC<sup>2</sup> Southwest ADA Center-Region VI. “From the archival data we know that professors assigned the course to their students, and in some state agencies it is mandated training. Our survey findings came largely from people who work in disability-related jobs, and this trend was even stronger in the interview panel.”

E-mail invitations to participate in the survey were sent to the 4,363 people who completed the online course between August 2003 and December 31, 2008. The cutoff date was selected to ensure a consistent experience of the course, which was modified in 2009 to include amendments to the ADA. The 681 people who responded – a 15.6 percent response rate – answered 14 questions related to ADA knowledge. The survey also collected demographic data, including disability status and occupation.

The researchers reported the following results:

- 87.6 percent agreed/strongly agreed that the course “helped me to understand the impact of disability legislation on the integration of people with disabilities into the workplace and other aspects of society.”
- 53.8 percent agreed/strongly agreed

in junior faculty within a hospital, PM&R department, medical school and the field of PM&R at large.

**Laura Martin, P.T.**, has won the Texas Physical Therapy Association Southeastern District Outstanding Contributions to the Community Award.

**Danielle H Melton, M.D.**, was selected to serve on the Scientific Medical Advisory Committee of the Amputee Coalition of America. ♦

with the statement “I did something differently as a result of the information I learned in the course.”

- 31.8 percent agreed/strongly agreed that “My organization did something differently because of what I learned in the course.”
- 69.1 percent had “directly provided services to or advocacy for anyone with a disability since taking the course.”
- 58.6 percent of respondents with disabilities and 37.1 percent of respondents without disabilities agreed/strongly agreed that the course “helped me to participate more in the community where I live and work.”

“We noted in our qualitative findings that all of the course modules were perceived as important,” Dr. Murphy says. “Some people didn’t report changes following completion of the course because they or their organization are already committed to ADA implementation. Other respondents were not employed at a level where they can effect or even observe organizational change.”

Among the co-authors of the study were **Wendy Wilkinson, J.D.**, director of the DBTAC Southwest ADA Center, whose mission is to promote voluntary compliance with the ADA, and **Vinh Nguyen, J.D.**, director of legal research at the center.

For more information, call Wendy Wilkinson at 713.520.0232. ♦

<sup>1</sup>The ultimate mission of NARRTC, formerly known as the National Association of Rehabilitation Research and Training Centers, is to promote the full inclusion of persons with disabilities in American society. NARRTC members are current projects funded by NIDRR.

<sup>2</sup>Disability and Business Technical Assistance Centers are funded by the NIDRR to educate the public on the ADA.

## IN THE NEWS

Two highly recruited members of the **TIRR Memorial Hermann Hotwheels, Kris Shannon and Malat Wei**, were featured in *VYPE Magazine* as “Fast-breaking Phenoms.” Adaptive sports coordinator Genny Gomez was also interviewed. March 10.

**Mary Ann Eullarte, R.N.**, and **DeAnna Bennett, R.N.**, discussed TBI care at



*DeAnna Bennett, R.N.*

TIRR Memorial Hermann, the hospital's distinction by the National Institute on Disability and Rehabilitation Research and

why it provides the perfect environment to promote best possible outcomes for patients in recovery. “The Road to Recovery,” *Advance for Nurses*, March 22.

Despite a crippling diagnosis, teacher **Ginger Garrett**, sponsored by TIRR Memorial Hermann, walked in the Derby Festival Marathon held in Louisville, Kentucky, in April. *Houston Chronicle*, March 29.

**Congresswoman Gabrielle Giffords.**

“Doctors Describe Giffords’ Recovery as Remarkable,” *Texas Medical Center News*, March 15. “Giffords Able to Walk, Speak, Husband Says,” *ABC News*, March 25. “Next Big Giffords Decision: When Can She Go Home?” *MSNBC*, April 5. “What’s Really Going on with Gabby Giffords,” *Newsweek*, April 10. “Giffords, Kelly Have Storybook Romance,” *KPRC*, April 12. “Houston Hospital: Giffords Can Attend Launch,” *Associated Press (AP)*, *The Olympian*, April 24. “Giffords Standing on Her Own, Trying to Improve Gait,” *MSNBC*, *KPHO CBS 5 News*, *FOX News*, *KHOU*, *KPRC*,

*KTRK*, *AP*, *Washington Post*, April 24. “Gabrielle Giffords is Ready for Shuttle Launch,” *ABC News*, April 24. “Gabrielle Gifford’s Doctors, Husband Share Details on Her Progress,” *Arizona Republic*, *USA Today*, April 24. Interview with Congresswoman’s Husband, *CBS Evening News*, April 25. “Katie Couric on Her Chat with Mark Kelly,” *CBS Evening News* and *CBS Early Show*, April 25. “Giffords Cleared to Attend Shuttle Launch,” *CNN*, *New York Times*, *Chicago Tribune*, April 25. “Giffords to Continue Rehab in Houston After Shuttle Launch,” *Houston Chronicle*, April 25. “Rep. Giffords’ Recovery Goal: To Watch Her Husband’s Shuttle Launch,” *Time*, April 27. “Rep. Giffords Boards Plane for Florida,” *KTRK*, *CNN*, April 28.

**Gerard Francisco, M.D.**, **Victoria Millet, P.T., M.S.**, and **Nova Sbrusch, P.T., M.S., N.C.S., C.W.S., C.B.I.S.T.**, explain the importance of physical therapy for a patient with a gunshot wound to the head, which starts from the time the patient enters the ICU. “Head Start,” *Today in PT*, April 11.

**Katy Hayes**, a mother of three who had all four limbs amputated after contracting a rare flesh-eating bacteria, was photographed with **Claire Vanlandingham, O.T.R.**, receiving therapy at TIRR Memorial Hermann.

“A Life Worth Living,” *People Magazine*, April 11.

Following a traumatic injury, professional motocross athlete **Randy Childers** was given a robotic device that advanced his recovery significantly. The device has since been enhanced and moved from Rice University to the Motor Recovery Lab at TIRR Memorial Hermann. “RiceWrist Robot Helps Spinal-Cord Injury Victim,” *Rice University News*, April 12.

**Berk Clare** spoke about his life-changing experience after a devastating bicycle accident. “Bicyclist Paralyzed After Accident,” *FOX News*, April 12.

**Gerard Francisco, M.D.**, worked on the pilot study for a new robotic exoskeleton device recently developed to help SCI patients rebuild muscle function. “Iron Man-type Robotic Exoskeleton to Aid Recovery in Spinal Injury Patients,” *BioScholar*, April 19.

**Meagan Morrow, M.T.-B.C., N.M.T., C.B.I.S.**, neurologic music therapist helps patients learn to walk again to the beat of the music. Through the use of music therapy, patients with traumatic injuries are able to regain memory loss by recalling the words to a song. “Music Therapy Aids Brain Injury Patients,” *KTRK*, April 25. “Music Makes Miracles,” *Grammy.com*, May 12. ♦

## IN PRINT

*Bold print indicates that the person is affiliated with TIRR Memorial Hermann.*

**Brauer J, Cooper Hay C, Francisco G.** A retrospective investigation of occupational therapy services received following a traumatic brain injury. *Occupational Therapy in Health Care* 2011;25(2-3):119-130.

Nakase-Richardson R, **Sherer M**, Seel R, Hart T, Hanks R, Carlos-Arango J, Yablon SA, **Sander A**, Barnett SD, Walker W, Hammond F. Comparison of the Russell and Mississippi PTA classification intervals in predicting one-year productivity: An analysis of the TBI Model Systems National Database. *Journal of Neurology, Neurosurgery, and Psychiatry* 2011;82:494-499. ♦



## ON THE PODIUM

**Berliner J, Frontera J.** Technological Advances in the Field of Spinal Cord



*Jeffrey Berliner, D.O.*



*Joel Frontera, M.D.*

Medicine. Invited presentation at the 6th World Congress of the International Society of Physical and Rehabilitation Medicine, San Juan, Puerto Rico, June 13, 2011.

**Ittleman, MA.** The Use of Conversational Methods to Stimulate Speech and Language with Persons Who Have Severe to Profound Aphasia. Presented at the Texas Speech-Language-Hearing Association Annual Meeting, Houston, March 2011, and at the Mississippi Speech-Language-Hearing Association's Annual Continuing Education Conference, Jackson, Miss., April 2011. He has also presented on this topic and trained other speech-language pathologists and caregivers at Stroke Warrior Meetings in Houston.

**Sherer M.** TBI Model Systems Research Trivia. Invited presentation to the TBI Model Systems Leadership Forum, Houston, Texas, Apr. 15, 2011.



*Mark Sherer, Ph.D.*

**Sherer M.** Confusion Assessment Protocol: Administration and

scoring. Teleconference presented to the clinical staffs of Braintree Rehabilitation Hospital and New England Rehabilitation Hospital, May 11, 2011. ♦



## ON THE MOVE

**TIRR Memorial Hermann Welcomes New Recruits**

Fellowship-trained physiatrist **Matt Davis, M.D.**, has joined the medical staff of TIRR Memorial Hermann from Audie L. Murphy Veterans Affairs Hospital in San Antonio, where he was an attending physician on the



*Matt Davis, M.D.*

Spinal Cord Injury Service and an assistant professor in the department of Rehabilitation Medicine at The University of Texas Health Science Center

at San Antonio. In his new role, he will serve as staff physician on the Spinal Cord Injury Service and an assistant professor in the department of Physical Medicine and Rehabilitation at The University of Texas Health Science Center at Houston (UTHealth) Medical School.

Dr. Davis earned his medical degree at The University of Texas Southwestern Medical Center in Dallas. He completed his residency in physical medicine and rehabilitation at the University of Colorado Health Sciences Center in Denver, followed by a fellowship in spinal cord injury medicine at the University of Washington in Seattle. He is subspecialty-certified in spinal cord injury medicine and holds memberships in the American Paraplegia Society and the American Academy of Physical Medicine & Rehabilitation.

**Judy L. Thomas, M.D.**, joins the medical staff of TIRR Memorial Hermann following the completion of a fellowship in brain injury rehabilitation and spasticity management at Baylor College of Medicine. She will serve on the faculty of the Baylor College of Medicine/University of Texas Health Science Center at Houston (UTHealth) Medical School Physical Medicine and Rehabilitation Alliance as a



*Judy Thomas, M.D.*

clinical assistant professor and as associate chief of physical medicine and rehabilitation at Lyndon B. Johnson General Hospital. She will also serve

as a staff physician at TIRR Memorial Hermann's Physician & Specialty Clinic.

Dr. Thomas received her medical degree with honors from the University of Toronto in Toronto, Ontario, followed by a residency in the department of Physical Medicine and Rehabilitation at McMaster University in Hamilton, Ontario, where she was chief resident in her final year. She is currently certified as a diplomate of the American Board of Physical Medicine and Rehabilitation and has been elected a fellow of the American Academy of Physical Medicine and Rehabilitation. Her clinical interests include neurorehabilitation and spasticity management, musculoskeletal rehabilitation, EMG, diagnostic and interventional ultrasound, and general psychiatry. ♦



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## M MESSAGE FROM THE CMO

Residency and fellowship training programs ensure a steady stream of well-trained physicians to meet the future healthcare needs of our country. In addition to improving competency and confidence, postgraduate medical training in the science and art of medicine prepares physicians to make invaluable contributions to healthcare, ranging from the discovery of new treatments to the development of processes that improve patient safety.



Gerard E. Francisco,  
M.D., CMO

Traditionally, residencies and fellowships have focused on clinical training with an opportunity to learn the rigors of research. Rarely are young physicians given the opportunity to learn the complexities of hospital administration. At TIRR Memorial Hermann, we're taking steps to more closely align physicians and administrators through a new brain injury fellowship that emphasizes program development and hospital administration, monthly informal dialogues between residents and administrators and an expanded practice management course that includes presentations by our CEO Carl Josehart, as well as other senior leaders across the Memorial Hermann system.

Now more than ever, it's important for hospitals and their affiliated physicians to work together to define new processes to ensure quality, patient safety and continued innovation. When hospital administrators and medical staff act in unison, the net result is always better care for our patients.

Gerard E. Francisco, M.D.  
*Chief Medical Officer  
TIRR Memorial Hermann  
Chair, Department of Physical Medicine  
and Rehabilitation  
The University of Texas Health Science  
Center at Houston (UTHealth)  
Medical School*

### About TIRR Memorial Hermann

TIRR Memorial Hermann is a 119-bed nonprofit rehabilitation hospital located in the Texas Medical Center in Houston. Founded in 1959, TIRR Memorial Hermann has been named one of "America's Best Hospitals" by *U.S. News & World Report* for 22

consecutive years. TIRR Memorial Hermann provides rehabilitation services for individuals with spinal cord injuries, brain injuries, strokes, amputations and neuromuscular disorders.

TIRR Memorial Hermann is one of 11 hospitals in the not-for-profit Memorial Hermann system. An integrated healthcare system,

Memorial Hermann is known for world-class clinical expertise, patient-centered care, leading-edge technology and innovation. The system, with its exceptional medical staff and 20,000 employees, serves Southeast Texas and the Greater Houston community.