

## **MEDSTAR GOOD SAMARITAN HOSPITAL**

### **Amputation Specialty Program Scope**

#### **PURPOSE**

This policy describes the scope of the Amputation Specialty Program, which includes an overview of the services, a description of the team, and the range of care provided for each patient. This scope is reviewed annually and updated as necessary.

#### **SCOPE OF SERVICE**

**Overview:** The Amputation Specialty Program (ASP) operates within the Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP). It is located on the fifth floors of the Main Hospital and O'Neill Building on the campus of MedStar Good Samaritan Hospital (MGSH), a non-profit, adult care community teaching hospital, in Baltimore, Maryland. The program operates within the Central Region of Maryland, as defined by the Health Services Cost Review Commission.

It provides a continuum of care that coordinates and integrates a range of services for persons served. The scope of care was determined based on characteristics of the persons served including medical/physiological needs, functional needs, and psychosocial needs as well as needs for education and training, case management, resource management, aging, transition planning and follow-up services. We considered its referral patterns, our location in an inner city urban setting, our physical plant, personnel resources, linkages with the community, patient satisfaction data, formal and informal feedback from persons served and current research as well as best practices in the field to develop the program. The program provides services to individuals who have sustained an amputation to facilitate optimal health, physical and psychological well-being and functioning throughout life, with a strong focus on meeting the identified needs of the person served in limb loss education, primary and secondary prevention, participation, health promotion, wellness, resource management and community reintegration. The program consists of coordinated, comprehensive services that are designed to provide individuals who have had an amputation a continuum of the most advanced and innovative care provided by professionals with expertise in care for persons with amputations. Services begin at the time of surgery or injury and/or referral to MedStar ASP and provide lifelong follow-up for persons served. For inpatient referrals, an Admissions Liaison reviews the medical records and most often makes a site visit to evaluate the person who has had an amputation. A MedStar NRH physician is available for consultation regarding all admissions to the program. If a person does not qualify for the admission, appropriate options are given to the person served and/or family/support system.

The Amputation Specialty Program provides an interdisciplinary team approach of rehabilitation nursing, physician, advanced practice clinicians, physical therapy, occupational therapy, speech-language pathology as needed, case management, psychology, and neuropsychology services. Care is provided and overseen by qualified personnel, who have appropriate credentials and clinical skills to meet the complex needs of this patient population. Patients may be seen by consultants from other services, including the Center for Wound Healing, Hyperbaric Medicine and Limb Salvage at MGSH, and representatives from partnering limb loss organizations on an individualized basis.

The goal of the Amputation Specialty Program is to provide high quality rehabilitation services in an efficient manner, and to produce favorable outcomes that *add life to years*<sup>®</sup> for persons having undergone limb loss. The ASP team uses standardized quality measures and standardized data to measure level of deficits and assess patient progress during inpatient rehabilitation and throughout their rehabilitative process. These standardized quality measures and data are analyzed for ongoing assessment of the quality of the program. Quality is achieved through a coordinated focus on efficient and effective interventions

and processes, and details of the Amputation Specialty Program's ongoing quality plan and initiatives are included in the Performance Scorecard and Quality Improvement Plan.

**Referrals:** Most patients admitted to the Amputation Specialty Program are referred from within the MedStar Health System. Referrals are obtained through a variety of sources. Personnel including case managers, therapists, physicians, physician assistants, and nurse practitioners refer patients for possible admission. The acute care team assesses patients with limb loss for their rehabilitation needs, and referrals are made as appropriate. Patients may also be referred from external sources, including non-MedStar hospitals, skilled nursing facilities, physician offices in the community, and directly from patient homes.

**Admissions:** Prior to admission (follows general CIIRP criteria), individuals are assessed to determine if their medical management, therapy, and nursing needs are sufficiently complex to require the ASP level of care. It is also determined whether they are expected to benefit from a coordinated, interdisciplinary team approach to inpatient rehabilitation. Since participation in ASP involves intensive rehabilitation therapy in a resource intensive environment, patients must be relatively stable from the medical, surgical, and psychological perspectives. The needs must be complex enough to require frequent and ongoing medical management by a rehabilitation physician. The patient shall also demonstrate a need for ongoing and specialized rehabilitation nursing care. Patients must actively and willingly participate in at least 3 hours of therapy per day for at least 5 days per week, or in certain cases with thorough documentation, the therapy schedule may be adjusted to include at least 15 hours of intensive rehabilitation therapy within 7 days of admission. Patients admitted to the program must have an amputation diagnosis, while other patients who meet the CIIRP criteria, are admitted, but do not have an amputation diagnosis, will be in the CIIRP.

**Payer and Funding Sources:** Primary payer sources are third party payers, including Medicare, Blue Cross, as well as HMOs, Medical Assistance, and self-insured employers. The payer and funding source may also include auto and worker's compensation insurance. Insurance is verified by the Admissions team, and any co-payments, co-insurance liability, or insurance limitations are communicated directly to the patient and/or responsible party. On occasion, referred patients may receive administrative approval to be admitted into the CIIRP who have extenuating financial circumstances by which the case management team, executive leadership, and hospital CFO may provide an exemption of authorization for admission and assistance with payment for admission.

**Fees:** The Maryland Health Services Cost Review Commission (HSCRC) establishes fees for Maryland's non-profit hospitals, and MedStar adjusts room and board, laboratory, pharmacy, therapy, procedure-related, respiratory, and other facility-related fees to meet state guidelines. Fees for provider services are billed separately through the MedStar National Rehabilitation Network, or the organization associated with the consulting provider. Additional fees may apply for non-rehabilitation services or procedures provided during a rehabilitation stay.

**Populations Served:** The MGSB Amputation Specialty Program serves patients who are 18 years and older. Patients who have experienced a recent decline in functional status secondary due to an amputation are served by the program. Individuals may have sustained an amputation through trauma (due to an accident or injury) or surgical (due to any of multiple causes such as vascular disease, cancer, infection, excessive tissue damage, dysfunction, pain, etc.)

Program participants must meet medical and rehabilitation necessity criteria to qualify for admission. These patients have acute medical issues, requiring intensive rehabilitation medical and nursing needs. They also have rehabilitation needs requiring an intensive, interdisciplinary team approach. In addition, each patient must demonstrate a willingness and ability to actively participate in the program.

The program offers interdisciplinary services for the patient and family/support system. A variety of education resources, as listed on StarPort, our intranet site, are available for the persons served. Additional resources including support groups, counseling sessions, and psychological services are available as needed. The Patient & Family Lounges (one on each unit) are available to patients, families and/or members of their support systems and offer free internet access and computer workstations. Educational and program brochures as well as literature are also available in public areas within the program. Pastoral Care services are available on a consultative basis.

**Patient Parameters:** Upon admission each rehabilitation patient has the right to receive considerate and respectful care in a safe setting, free from all forms of abuse, harassment, neglect, retaliation, humiliation, or exploitation from team members, students, volunteers, other patients, visitors and family members (see Patient Rights and Responsibilities).

**Activity Limitations** - Persons with all levels of activity limitations are accepted into our program, including functional mobility, performing ADLs, completing work, community or leisure activities, and other functional tasks. Such limitations are identified and addressed by the interdisciplinary rehabilitation team.

**Behavioral Status** - Violence is not tolerated, and any instances of verbal or physical violence, directed towards any person or property, may result in discharge from the ASP. Patients found to be in possession of illegal substances, using unauthorized drugs or alcohol on the premises, or having a concealed weapon, may also be discharged. The ASP environment should also be free of sexual harassment. Team members have an obligation to comply with applicable legal prohibitions against sexual harassment, and to actively foster an environment in which sexual harassment is not accepted, and to protect individuals from sexual harassment and its negative consequences. Those with advanced dementia, who present with significant barriers to learning, are usually best served in another type of program, and their appropriateness for the ASP will be evaluated on a case-by-case basis. Patients who demonstrate maladaptive behaviors severe enough to require the need for behavior management plans, including restrictive measures, are best served in other, specialized programs that offer the appropriate services and resources to manage these needs.

**Cultural Needs** - We provide care to all patients, regardless of their cultural background, primary language, religious affiliation, sexual orientation, or gender identification/expression. Cultural and religious needs are addressed with available resources, and the team carefully evaluates all accommodation requests. We provide access to interpreter services, on a 24-hour/7 day-a-week basis, through our Language Line. Sign language interpreting is provided through mobile, two-way video stations or tablets which are available. For persons served of Hispanic origin, printed materials in Spanish are available to assist with communication.

**Additional Needs** - Any additional needs and preferences of the patient are addressed by the rehabilitation team. These may include dietary, equipment, medications, services, or any other special needs. Alternative resources to address these additional needs are identified and addressed as necessary.

**Impairments** - Patients who experience problems in body functions, structure and mobility due to amputation/loss of a limb, sensory impairments, or debility, as well as secondary deficits such as diabetic or vascular changes resulting in wounds which often accompanies an amputation, are accepted into our Amputation Specialty Program. The medical co-morbidities that impact the individual are addressed by our program as part of the rehabilitation process. Those who require telemetry monitoring are best served in other specialty programs.

**Intended Discharge/Transition Environments** - The goal for rehabilitation is to return patients to the community setting, however sometimes this cannot be achieved, and circumstances warrant a change in

disposition. Discharge planning begins prior to admission, and a preliminary plan is determined by the time the preadmission screening process is completed. Patients and family/caregivers are involved in the discharge planning process. We work to transition each patient to the most appropriate and safest level of care. This may be home with home health services, outpatient services, alternative acute rehabilitation setting, skilled nursing facility, or another environment. The Social Work and Case Management team is responsible for facilitating the discharge plan. At times, changes in medical condition/acuity necessitate discharge to the acute care setting. The attending physician determines the appropriate timing of that care transition and is responsible for communicating the plan to the appropriate team members, as well as the patient/family/support system.

**Medical Acuity and Stability** - Patients must be medically stable, able, and willing to participate in the full rehabilitation program. We also recognize that since each patient will have acute medical issues, management by the rehabilitation physician, and specialized rehabilitation nursing services are required. The attending physician may also order consultations by medical specialists to assist with effective medical management of patients participating in the Amputation Specialty Program. Our team strives to improve the medical stability of each patient, and to reduce the medical acuity during the rehabilitation stay.

**Participation Restrictions** - The team addresses relevant problems that each patient may experience because of their impairments. They develop individualized plans, and work with patients to correct these problems. Examples include returning to specific community activities, such as church services or doctors' appointments; attending adult day care; providing childcare for grandchildren; completing a school program; or returning to work.

**Psychological Status** - The person served must not be actively harmful to themselves or others (see Behavior Management and Suicide Prevention policies). Rehabilitation Psychology services are available on a consultative basis and may be recommended based on specific patient needs. If the rehabilitation psychologist/neuropsychologist is involved in the plan of care for any of our patients, the team will work to incorporate the psychologist's recommendations into the daily care plan.

**Workforce:** Our team provides evaluation and treatment that considers bodily functions, impairments, activity limitations, participation restrictions, and environmental factors that affect the patient, family and/or support system. The team works collaboratively to effect a positive change in functional ability and independence. Team meetings are held regularly and occur within the first seven (7) days of admission, and at least once weekly thereafter. During these meetings, the team discusses the patients' needs, identifies barriers to discharge, and set team goals to produce timely, favorable outcomes.

The rehabilitation leadership is responsible for determining the size of the workforce on a concurrent and annual basis. These staffing decisions, reflected in departmental budgets, are based on professional standards, relevant statutes, and regulations, as well as by organizational criteria and initiatives. Staffing levels are continuously evaluated and adjusted to meet patient needs. Specific details of staffing and variances are described in individual departmental policies.

Team members demonstrate competencies to provide effective treatment to the patients served. New team members benefit from mentoring and ongoing education, training, and assessment of skills. There is a formalized performance management system in place, which includes mid-year, and end-of-year reviews for all associates.

**Admissions** - The Admissions Department consists of a clinical team and a business operations team, each led by MedStar National Rehabilitation Network. The clinical team consists of Admissions Liaisons (nurses and therapists), who respond promptly when referrals to the ASP are received. These team

members have a community presence (e.g. visiting patients in their pre-admission hospital setting), and they communicate closely with prospective patients, and those making referrals. They conduct pre-admission assessments to determine medical appropriateness for the program. The clinical admissions team is led by the Admissions Manager, and there is close collaboration with the medical team to coordinate admissions and ensure that all patients entering the program are reviewed and approved by a qualified rehabilitation physician prior to admission. The Admissions Department also works closely with the nursing team to ensure that all clinical needs will be met, that patient preferences are considered, and the patient arrival time is well coordinated. These team members are also responsible for bed assignment, attending physician assignment, communication of special needs to the care team, and facilitating safe care transitions. The Admissions Department provides facility tours and is open from 8:30 a.m. to 8:00 p.m. Monday - Friday, and 9:00 a.m. to 4:00 p.m. on Saturday/Sunday and holidays.

The business operations team is led by the Regional Manager of Admissions Business Operations and consists of on-site Admissions Representatives. Working alongside the Admissions Liaisons, these team members are responsible for verifying insurance coverage, ensuring insurance authorization, greeting patients upon arrival to the ASP, obtaining patient consent forms, providing important hospital information, and collecting co-payments.

**Medical** - The members of the Physical Medicine and Rehabilitation Department provide direct services. The department is operated by the MedStar National Rehabilitation Network. The medical staff, which includes physicians and advanced practice providers (APPs), perform evaluations, treatments, and procedures, which are approved through the credentialing process. The Medical Director is the team leader responsible for ensuring the quality of medical services to the person served. The Rehabilitation Physician or her/his designee is available to provide medical oversight on an ongoing basis and is available 24 hours day/7 days week. The Rehabilitation Physician is responsible to:

- Review and certify pre-admission assessments prior to admission
- Conduct peer-to-peer communication to facilitate the admission process and obtain insurance authorization as necessary
- Develop and implement a uniform plan of care that is customized to meet individual patient needs
- Update the plan of care when there is a significant change in the patient's condition
- Order all treatment activities, specifying both frequency and intensity
- Ensure ongoing participation of the patient and/or family as a team member
- Document care
- Direct all Patient Team Conferences and Family Conferences
- Provide a mechanism for safe and appropriate transfer or retention of medical care follow up, clinical services and community services
- Complete and communicate written information to outside sources, as needed

Hospitalists and specialists are on staff and available to consult as needed.

**Nursing** - The Rehabilitation Nursing staff provides for all patient care needs, with several areas of importance: skin and wound assessment and care, nutrition, sitting tolerance, and education of patient and family/support system. Nursing provides ongoing coverage 24-hours daily/7-days weekly. The Registered Nurses provide direct care, patient and family/caregiver education, and evaluation of progress, and the Care Associates assist the Registered Nurses.

As an integral member of the rehabilitation team, Rehabilitation Nursing implements and evaluates the effectiveness of the patient's rehabilitation program. Nursing personnel also reinforce the patient's plan of care by allowing patients to practice newly learned skills during their daily activities. The Rehabilitation

Nursing Management team assures that each patient is assigned a Registered Nurse and Care Associate as per the staffing guidelines. The Director of Nursing assumes accountability for the unit, and she/he or designee is available on-site five days per week, and by telephone seven days per week. The hospital's Clinical Administrator is also a resource and is always onsite.

The nursing care follows the Department of Nursing policies and procedures, as well as Rehabilitation Nursing-specific policies and procedures. Specific staffing, qualifications and professional standards are described in the Scope of Nursing Practice policy.

Patients who warrant close observation based on assessment and clinical judgement, and who meet inclusion criteria, may be eligible for remote visual monitoring (RVM). RVM technology is designed to help maintain a safe environment for those who are at risk for harm, falls, or destructive behavior to themselves or others.

**Case Management** - The Amputation Specialty Program provides case management services to all patients in the program, which includes social work and case management/utilization review nursing. The social worker (SW) or case manager (CM) is the coordinator of care, and is responsible for assessing psychosocial needs, discharge planning, coordination, execution, and communicating this information to patients/families/caregivers. In this capacity, they facilitate the patient's discharge to an appropriate level of care, make referrals as necessary, provide updates to insurance companies regarding continued stay criteria, and communicate with the family/caregivers about follow-up care and equipment. The coordinators of care are available weekdays from 8 a.m.- 4:30 p.m. At other times, on-call services are provided by the hospital's Case Management Department for urgent matters.

The coordinator of care meets with patients after the Patient Team Conference, at the time of discharge, and at other times as appropriate. They also facilitate the Family Conference. Specific responsibilities are described in the *Case Management for the CIIRP* policy.

**Therapy Services (General)** - Intensive levels of physical therapy (PT), occupational therapy (OT), and speech-language pathology (SLP) services to participants. PT, OT and SLP services are provided directly to the ASP patients by licensed therapists, who demonstrate competency in the evaluation and treatment of patients. Competency is validated through skill observation upon hire and monitored annually through continuing education and performance review of the evaluation and treatment of persons served by the program.

Patients are evaluated by therapists (for disciplines ordered) within 36 hours of admission to the ASP, and treatment is provided for a minimum of 3 hours at least 5 of 7 days weekly. As an alternative, therapy treatments may be provided on a modified schedule, whereby they are seen for a total of 15 hours over 7 days, beginning with the day of admission. Therapy services are available 7 days weekly from 7:30 a.m. – 4:00 p.m. The amount and intensity of therapy is individualized to meet the needs of each person served by the Program, and a written description of the schedule is provided to each patient. Therapy services are not typically provided on Christmas nor Thanksgiving, and patient schedules are adjusted accordingly to ensure that the required number of days and hours of therapy are provided. Specific staffing, qualifications and professional standards are described in the Scope of Therapy policy.

**Occupational Therapy** - The OT service provides a wide range of services, which includes, but is not limited to: patient assessment, education and training in activities of daily living (ADL); the design, fabrication and application of splints; guidance in selection and use of adaptive equipment; therapeutic activities to enhance functional performance; community reintegration activities; transfer training; patient/caregiver training; safety awareness; energy conservation training; home management activities; and leisure and recreation activities.

**Physical Therapy** - The PT service provides diagnostic and treatment services which test and measure the function of the neuromuscular, musculoskeletal, cardiovascular, pulmonary, and integumentary systems. Impairments in these systems are treated through various techniques, which include, but are not limited to: gait training; functional mobility training; therapeutic exercise; balance training; durable medical equipment recommendations (to include wheelchair positioning, orthotic, and ambulatory devices); patient/caregiver education; therapeutic modalities and equipment to enhance and increase the patient's health, well-being and functional ability to carry out activities of daily living at home and in the community.

**Speech-Language Pathology** - The SLP service provides clinical evaluation and treatment for persons with disorders in the areas of speech, language, voice, cognitive-communication and/or swallowing disorders.

**Consultative Services:** Additional services are provided by referral as needed (Consultative Services policy). The list and tables below summarize the most frequently utilized consultative services.

**Clinical Laboratory Services** - Laboratory services, which include testing and reporting, are provided in-house by electronic order of the physician.

Blood Bank	Blood bank testing, product management Transplantable tissue management	Open 24 hours per day, 365 days per year
Core lab	Chemistry, hematology, coagulation, urinalysis	Open 24 hours per day, 365 days per year
Other services	See policy on Lab scope of service	

**Pharmacy Services:** The inpatient pharmacy is located onsite, and is responsible for the preparation, dispensing and storage of all medications required for the proper care and treatment of patients admitted to the ASP. Pharmacists monitor and review patient medication profiles to maximize medication benefits while minimizing any negative effects which may interfere with the rehabilitation process. The inpatient pharmacy operates on a continuous basis, 365 days per year with a pharmacist on duty 24 hours a day to cover all areas of the hospital and inpatient rehabilitation program.

The outpatient pharmacy, located in the hospital lobby, provides bedside prescription medication delivery service at discharge, and serves patients in the Amputation specialty program. The hours of operation for the outpatient pharmacy are Monday through Friday, 8:00 a.m. to 6:00 p.m., and Saturday, 9:00 a.m. to 1:00 p.m. (closed Sundays).

**Prosthetic and Orthotic Services** - If it is determined that an orthotic or prosthetic device or related supply, is required by a patient admitted to the ASP during their inpatient stay, the person served will be asked if they have a pre-established relationship with an orthotic or prosthetic vendor. If the patient has a pre-existing relationship with the vendor, the vendor will be contacted to provide service to the patient. If the patient does not have a pre-established relationship with a vendor, they will be offered choices of local sources, and an opportunity to meet with a supplier. Vendors will be selected based on their comprehensive, high quality orthotic and prosthetic services and products that include the design and sale of custom-fitted prosthetics, orthotics, and medical products, as well as the services available for their customers. Vendors will offer bedside service on a referral basis.

**Psychological Services** - Psychology Services are provided by the MedStar National Rehabilitation Network and include both rehabilitation psychology and neuropsychology. Services are provided on a referral basis, and the psychologist/neuropsychologist provides bedside care of patients admitted to the ASP with both psychological evaluation, neuropsychological testing, and therapy. The hours of operation for Psychology Services are Monday through Friday, 8 a.m. to 4 p.m. Emergency, on-call, behavioral health services, provided by a consulting psychiatrist, are available for all inpatients at MGSB, 24 hours a day, 7 days a week.

**Diagnostic Imaging Services** - The Diagnostic Imaging Service provides on-site diagnostic radiographic services on a consultative basis. Services include Radiographic and Fluoroscopic imaging, Mammography Services, Ultrasound, Interventional Radiology, Nuclear Medicine, CT scanning, DEXA Scanning and MRI.

The hours of operation for these services are as follows:

Radiology:	24 hours per day, 365 days per year
CT:	24 hours per day, 365 days per year
MRI:	24 hours per day, 365 days per year either on-site or via on-call
Nuclear Med:	Monday through Friday 8:00 a.m. – 11:00 p.m. either on-site or via on-call. Saturday and Sunday 8:00 a.m. – 5:00 p.m. either on-site or via on-call.
Ultrasound:	24 hours per day, 365 days per year either on-site or via on-call
Interventional Radiology:	24 hours per day, 365 days per year either on-site or via on-call
DEXA Scanning:	Tuesday, Thursday, and Friday 8:00 a.m. – 4:30 p.m. This is an outpatient service only.
Mammography:	Monday – Friday 8:00 a.m. – 4:30 p.m. (This is an outpatient service only.)

**Respiratory Care Services** - The Respiratory Care Service provides a variety of in-house respiratory services, based on referral. Services are delivered bedside by a team of certified and registered respiratory therapists, who provide services 24 hours daily, 7 days per week, 365 days per year. Services include:

Oxygen administration - high and low humidity	Pulse oximetry
Incentive spirometry therapies	Peak flow measurements
Airway care	Pulmonary function studies (bedside spirometry only)
Ventilatory muscle training and care	Suctioning
Deep breathing exercises	Patient evaluation and education
Chest physiotherapy	Oxygen therapy including masks and canulae
Sputum induction	Patient transport
Nebulizer treatment/ultrasonic nebulizer therapies	Cardiac resuscitation
Continuous positive airway pressure/intermittent positive pressure breathing	Endotracheal intubation



**Food and Nutrition Services:** Food & Nutrition Services are available seven days a week from 6:30am-8:00pm. Patients may place meal orders daily between 6:45am-7:00pm. Alternate menus are available by request, and after-hours nutritional needs are communicated by nursing.

**Clinical Nutrition Services:** Clinical Nutrition Services are provided by Registered Dietitian Nutritionists (RDN) that are Licensed in the State of Maryland. A RDN is available in-house or on call seven days a week. Registered Dietitian Nutritionists are available for referral Monday through Friday 7:00 am to 4:00 pm and Saturday & Sunday 8:00 am - 2:00 pm.

**Students and Volunteers** - The MGSHP ASP hosts professional students who are enrolled in degree programs through accredited academic institutions. These students include student nurse assistants, nursing externs, physical therapist students, physical therapist assistant students, occupational therapist students, occupational therapy assistant students, speech-language pathologist students and clinical fellows, healthcare administration students, and others. These individuals are assigned to specific MedStar associates and receive orientation and ongoing supervision throughout their externship/internship/affiliation at MGSHP. Students assigned to the MGSHP ASP also receive specific guidance on their responsibilities, documentation requirements, expectations for performance, and participate in performance feedback that meets the requirements of the affiliated educational institution.

Volunteers are also utilized within the ASP. All volunteers complete the Volunteer Services Department requirements (initial and ongoing) for volunteering at MGSHP, and receive orientation, training, and supervision by a designated team member. The ASP works with the Volunteer Services Department to coordinate volunteer schedules and assignments.

**Follow-up Care:** Upon discharge, each person served is scheduled for a follow-up appointment, if appropriate, with the Amputee Clinic at MedStar Good Samaritan Outpatient Therapy to evaluate the healing process, readiness for prosthetic fitting, reinstatement of therapy orders and education for avoidance of complications. Persons served, when appropriate, follow up with the prosthetists for fitting and adjustment of prostheses. Driving assessment and training is offered in the outpatient center at MedStar Good Samaritan Hospital and may be provided when appropriate for the patient. The goal is to be able to offer options for peer mentor services to meet the needs of every person served at MedStar Good Samaritan Hospital. A peer mentor program is available through our partnerships with the Amputee Coalition of America and Hanger Clinic.