OBJECTIVES: The objectives of this pilot demonstration and evaluation project are to
1. To provide opportunities for individuals with spinal cord injury (SCI) to learn a new skill and access internet-based services that will assist them with community re-integration after an acute SCI;
2. To examine the impact of Internet access in acute rehabilitation on satisfaction with the rehabilitation stay, decreased social isolation and depression, and improved quality of life and
3. To determine the need for replication at other sites.

Research Plan:
The project involves providing individuals with SCI Internet access through MSN WebTV while they are in acute inpatient rehabilitation at the Boston Medical Center (BMC) and to evaluate the impact of providing this service. Our research and evaluation plan includes working with BMC to hire a qualified trainer, assisting them to develop an implementation plan to get the system installed, to develop data collection and evaluation tools, and to assist them in getting the program up and running.

Due to funding and timing constraints, we have had to make some changes in the research aspect of the program. Our original evaluation and data collection plan included surveys administered prior to beginning the program (baseline), at discharge from the inpatient unit, and at three months post-discharge. At baseline, we planned to administer a questionnaire about internet/computer skills and knowledge, the Beck Depression scale, and a brief quality of life instrument. At discharge, we planned to repeat these measures and add some qualitative questions to assess participants' experience with the program, and how they believe the use of the Internet while hospitalized impacted them. Three month post-discharge, we would repeat the measures used at discharge. We also planned to document how the program worked through focus groups with staff working on the unit.

METHODOLOGY: Our original methods included: Surveys with participants at baseline, at discharge from the inpatient unit, and at three months post-discharge; and Focus groups with staff working on the unit.

FINDINGS: None at this time.

Progress since last report: Much has changed since the last report. There have been several changes to this project due to critical challenges: getting a new program up and running at Boston Medical Center requiring installation of electrical and network wiring throughout the hospital wing, and new hardware as well as the purchase of software, the project was funded by the Christopher Reeve Foundation for only $10,000 rather than the $25,000 requested, therefore, while we are able to implement the program and supply up to 25 patients with the new services, we are unable to conduct a full research study testing the program's effect on the hypothesized outcomes.

The New plan was to use the funding to get the program up and running on the inpatient unit at Boston Medical Center, and to conduct a very small program evaluation when the program is up and running. Currently (August 2004), the program has just begun. Funding will run out as of September 30, 2004 and we will conduct the project. A trainer has been hired, a program manual is under development, and we are in the process of determining methods to conduct a formative process evaluation, including a brief survey of program participants and staff. The focus will be on understanding Program implementation and participant and staff experience, rather than conducting an outcomes evaluation.

Funding will run out as of September 30, 2004 and we will complete the project using a no-cost extension. Our final products will include the program manual, the documentation of program implementation, and the results of the brief survey of program participants and staff. In the future, if we are able to obtain additional outside funding, we will conduct a research study to test the program's effect on outcomes.