Structuring Your Restorative Nursing Program

Restorative Nursing Defined

- Restorative Nursing is a **NURSING** program
- A program developed to assist in nursing facilities in the delivery of those interventions that promote a resident's ability to function at his highest level. The program provides interventions that promote a resident's ability to adapt and adjust to living as independently as possible. Restorative nursing focuses on activities that promote psychosocial, physical and mental well being.
- Requires an interdisciplinary approach with a collaboration between rehab and nursing services throughout the continuum of care.

OBRA (Omnibus Budget Reconciliation Act of 1987)

- OBRA mandates the "facility provide each resident with the necessary care and services to attain or maintain the highest level of physical, mental and psychosocial well being, in accordance with the comprehensive assessment and plan of care" (483.25 Quality of Care)
- This is mandated regardless of age, diagnosis or life expectancy

Restorative Nursing & Therapy Services

Restorative nursing and therapy services are distinctly different. They compliment each other and never compete if implemented correctly. For residents in active therapy, restorative services can provide carryover of their learned skills and allows them to practice skills outside of therapy. Restorative nursing ensures residents retain skills learned in therapy once discharged; or can be used to build residents to a higher level so they can begin therapy services again.

Principle of Rehabilitation and Restorative Nursing

- **Start services early!** It will improve the outcome
- **Activity strengthens and inactivity weakens.** We must keep residents up and active and moving and as involved as possible. Promote independence in all residents, regardless of level of function
- **Focus on the ability and not the disability.** Stress what the resident can do, not what the resident cannot do.
- **Consider the whole person.** Avoid isolating a problem from the rest of the resident. Identify the resident's strengths and needs and develop those strengths.

Source: Courtesy of the Long Term Care Restorative Nursing Desk Reference

Developing Policies & Procedures

- Must be done to establish and promote program
- Involve administration, nurses, CNAs and RNAs in writing or revising policies & procedures and clinical standards of practice. Staff are more responsive to plans they helped create. They will have pride and believe in them.
- Provide descriptions of each restorative program.
- Create a job description specific to your facility
- Admission and discharge protocols need to be established, and scheduled meetings are set.
- The team will decide on forms and documentation standards

REMEMBER policies & procedures are guidelines, not standards of care! Nursing MUST be ACTIVELY involved to ensure excellent clinical care.

Standards

- Standards are not readily available in the long term care industry
- *The Long Term Care Resident Assessment Instrument User's Manual* has information on restorative Care
- Review the restorative section on the MDS
- Read relevant sections of the State Operations Manual Appendix PP, which is the federal long-term care facility law
- Remember that restorative nursing represents quality nursing practices

Identifying Residents for Restorative Care

- Residents currently on skilled rehab services
- Residents that were recently discharged from rehab services
- Residents that nursing has established are at risk for functional decline
- Residents that nursing has identified a deficit or decline and have an established need
- Residents that have potential to increase function
- Residents identified during the QIS process and/or nursing meetings
- Listen to your housekeepers, CNAs, dietary staff! They KNOW your residents!

Goals of Restorative Nursing

- Re-teaching
- Assisting with adaptation to a disability
- Prevention of complications using an interdisciplinary team approach

Levels of Restorative Nursing

1. Active rehab- resident is receiving skilled rehabilitation services (physical, occupational &/or speech therapy)
- The resident should be making measurable, functional gains towards set goals.

Level of Restorative Services

2. Nursing Restorative Program- The resident is receiving services delivered by a nurse, restorative aide or ANY individual involved with the resident's daily care and has received specific training on the residents program and has been trained on the skills needed.

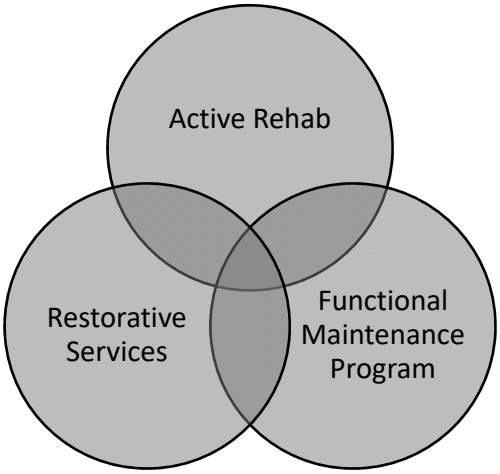
- Program may be divided into other physical, psychosocial &/or medical programs.

Levels of Restorative Services

3. Functional Maintenance Program- The resident is receiving services delivered by the CNAs or the others involved in the delivery of daily care.

- Progress is not anticipated
- The goal is to prevent a decline & maintain function achieved with rehab &/or restorative services.
- Incorporates everything that it takes to keep the resident at their highest functional level in their every day life.

Resident Centered Services



Options for Staffing

1. Have individual RNAs provide all restorative services to residents
2. Train ALL nurses and CNAs to be RNAs. Each nurse and CNA provides services to their regularly assigned residents
3. Combination: Train ALL CNAs to be RNAs. They provide services to most of the restorative caseload. The assigned RNAs provide services to the more complicated residents and skilled residents.

Restorative Programs

- Bowel & Bladder Retraining
- Eating & Swallowing/Restorative Dining
- Communication/Cognition Retraining
- Splint/Brace Assistance
- Dressing/Grooming
- Passive/Active ROM
- Amputation/Prosthesis Care
- Bed Mobility/Ambulation
- Transfer Training

Bowel & Bladder

- 483.25 (9)(2) A resident who is incontinent of bladder received appropriate treatments and services to prevent urinary tract infections and to restore as much normal bladder function as possible
- Assessment
- Incontinence type
- Management Options
- **Reality**

Eating & Swallowing/Restorative Dining Program

- Candidates for the program
- Walk to Dine
- Adaptive dining equipment
- Restorative dining tables and groups
- Scheduling- **ALL meals 7 days a week including holidays**
- Residents with feeding disorders
- Residents with swallowing disorders; textures and consistencies

Communication/Cognitive Retraining

- Speech language pathology interventions and/or assessments
- Expressive communication
- Receptive communication
- Reading/Writing
- Cognition/Memory
- Dementia Management

Splint/Brace Assistance

- ROM
- Measurement
- DME
- Conning and Doffing Schedule
- Documentation

Amputation/Prosthesis Care

- Assessment
- Massage
- Shrinker sock donning & doffing
- Prosthetic donning & doffing
- Use of prosthetic device
- Types of prosthetic devices
- Therapist involvement

Bed Mobility/Transfer Training

- Can the resident get in and out of bed by himself?
- Can the resident move from the foot of the bed to the head of the bed by himself?
- Can the resident turn side to side in bed by himself?

Bathing/Dressing/Grooming

- Work WITH the resident, not for the resident!

Program Success Factor

- Administrative commitment and support
- Consistency
- Education-facility staff understand and support the program
- Continuity of daily care
- Commitment to the program from all staff
- Motivation and passion
- Excellent communication
- Teamwork
- Functional abilities

Administrator's role

- Must understand restorative services & the importance of a strong restorative program
- Must demonstrate enthusiasm & commitment to the program
- Must openly support the program & set expectations for the program
- Must understand the importance of allowing the restorative aide(s) to perform sessions without being pulled to the floor
- Must monitor the program to ensure that all meetings are held; documentation is up to date & continuing education & training are on-going
- Must provide clear job descriptions
- Must have policy & procedures and update as needed

Nursing's Role

- Supervises the program
- Manages the program
- Holds weekly & monthly meetings
- Oversees documentation of the status of the resident once a week & writes and/or signs all monthly summaries
- Co-signs RNA documentation
- Must understand the importance of allowing the restorative aide(s)to perform sessions without being pulled to the floor
- Fosters continuing education & learning for RNAs

Rehabilitation Service's Role

- Screens all resident's for any therapy needs as directed
- Refers any resident that is appropriate for restorative services
- Can evaluate & set up a restorative program
- Sets up a restorative program, including goals & interventions, when appropriate, for residents discharging from rehab services
- Trains RNA on restorative programs for each resident PRIOR to discharge
- Therapists CANNOT make a recommendation &/or write up a restorative program unless there is a physician's order for the specific discipline (PT, OT, ST), & an evaluation is completed.

Restorative Aide's Role

- Carries out each resident's restorative program
- Communicates with nursing & rehabilitation services on any issues or questions about programs
- Documents on daily flow sheets, completes weekly & monthly summaries
- Maintains restorative documentation assigned
- Reports any change in resident status to nursing & rehab services

Restorative Nursing Resident-to-Staff Ratio Recommendation

- The actual number of residents as RNA can treat in an eight hour day will vary depending on how much time each resident takes, how many programs each resident has to perform & other facility variables
- Staffing patterns may vary each day depending on frequency of resident programs
- Nursing & rehab must establish a strong team in order to insure admissions, discharges & referrals are handled timely

Example of an Eight Hour Day for an RNA

- 3.5 hours restorative dining between breakfast & lunch (treatments for self feeding, dysphagia, etc.)
- 3 hours of individual restorative resident care &/or restorative programming (groups, etc.)
- .5 hours for documentation
- .5 hours for two fifteen minute breaks
- .5 hours for lunch

Be Flexible

- Every facility is different
- One resident can have multiple programs
- Weekly weights, dining programs & set ups, showers, transportation, documentation, etc. must all be considered when assigning residents to each RNA
- Develop schedule based on number of minutes each RNA has left in the day to perform treatments after their other duties are completed.
- Each RNA will have a different number of individual residents assigned
- Set up staffing so that RNAs are NEVER pulled to the floor

Setting Goals

- A goal is defined as “an end to which an effort is directed”.
- All goals should be measurable & objective
- Each resident will have long term and short term goals
- Achievable goals should be set

Long Term Goals

Long term goals are the projected result of efforts focused on where someone wants to be in the end of the efforts.

Setting Long Term Goals

- What was the resident's previous level of functioning prior to the restorative referral?
- What caused this decline OR increase in function?
- What obstacles does this resident have in functioning at his highest level? How can we assist in removing the obstacles? Can we provide modifications?
- What is the highest functioning level that this resident could potentially achieve?
- What time frame does this resident need to be successful?

Short Term Goals

Short term goals are the efforts, "baby steps", towards achieving the long term goal.

- Should initially be set low so the resident will experience success soon in treatment to avoid discouragement
- Short term goals are modified as needed

Setting Short Term Goals

- What is the resident's long term goal? What is important to the resident?
- What is the projected duration of time needed to achieve that goal?
- What level is the resident functioning now?
- What are the logical steps (baby steps) to achieving that long term goal?
- How can those baby steps be prioritized &/or modified for resident success?
- What needs to be addressed first?

Progress

- Progress is directly related to PLOF, diagnosis, motivation & the rehab &/or restorative services provided
- Pertains to the achievement of the overall goal (long term goal) & the short term goals (baby steps) it takes to be successful
- RNA must understand the levels of cueing & the value they bring to progress
- Progress MUST be documented

Progress

- The resident demonstrates improvement in a goal & retains skills learned in rehab or in sessions

OR

- The resident maintain skills learned in rehab or in sessions

OR

- The staff have been completely trained on the resident's needs & staff have demonstrated the assistance needed to keep the resident at their highest level of function

&

IT IS DOCUMENTED!

Which Statement Shows Progress?

PLOF- Resident was able to stand for 3 minutes with SBA with VVC (visual and verbal cueing)

- ❑ Resident is able to stand for 3 minutes with SBA with verbal cueing
- ❑ Resident is able to stand for 3 minutes with SBA
- ❑ Resident has increased standing time to >5 minutes with SBA

Cueing

There are three types of cueing used to assist residents:

1. **Verbal**- Therapist/Nurse/RNA/Caregiver verbally helps with a cue, noise, reminder
2. **Visual**- Therapist/Nurse/RNA/Caregiver demonstrates or provides visual stimulation
3. **Tactile**- Therapist/Nurse/Caregiver physically assists through touch (hand over hand feeding; touching the throat to cue to use voice or to swallow; physical guiding & maneuvering, etc.)

Documentation

- **"If you didn't document it, it didn't happen!"**
- Nurse's are often unsure of what documentation is required
- RNAs have no idea of what is required or HOW to document, or WHAT to include in documentation
- PROVE what your restorative team is doing for your residents

Documentation

- There are not mandated forms for documentation. Facilities can develop their own forms or order forms from various vendors.
- All documentation must be signed off by a nurse. Weekly meetings allow documentation to be reviewed and signed timely and for the restorative nurse to be updated on each resident on restorative caseload.

Documentation

- **Daily:** Exact minutes are documented for each goal and the RNA initials each treatment. A daily note is only done if there is something significant to report, such as a change, a medical issue, a refusal or a withheld. Any time treatment is withheld for a refusal or illness, there must be a note describing what was attempted to encourage treatment, resident response and nurse notification.
- **Weekly:** weekly note summarizing how the resident is doing is strongly recommended
- **Monthly:** A monthly note summarizing resident's treatment and the resident's response to treatment is required
- Master Tracking Tool, and Program Tracking Tool are strongly recommended

EMR/EHR Documentation Set Up

Do **NOT** assume your system has the appropriate restorative module set up in the system. Restorative is very misunderstood in the industry. Often the facility will need to set up the tabs and forms themselves or call their provider to build the system for them. The same documentation requirements apply for facilities with EMR/EHR.

Documentation Set Up

Recommended:

1. Notebooks for each hall or a large notebook with dividers. Develop some order and stick to it.
2. First page should be a Master Tracking tool. This is one list updated each month with every resident on restorative services. This allows a surveyor, consultant, nurse or physician to see the scope of restorative services and the entire caseload at one glance.
3. Next should be a Program Tracking Tool. All restorative programs should be listed and each resident placed into the specific programs. One resident may be in multiple programs, while others may only be in one. This is also updated monthly. This allows a surveyor, consultant, nurse or physician to see what residents have contractures or are on thickened liquids, etc.
4. Thirdly, should be a list of all residents on modified diet textures and consistencies. This is also updated monthly.
5. If physician's orders are used for restorative services in the facility, then always have a copy of the restorative orders as the first view for each resident's section in the notebook.
6. Next in the notebook is the restorative plan and proof of training on the specific disciplines/programs
7. Daily/Weekly/Monthly grids and summary sheets are included
8. Restorative Nurse must sign off on RNA paperwork
9. A discharge tracking tool would allow the nurse & case manager to keep up with each resident post discharge for 30 days.

Medical Terminology & Abbreviations

- It is important that the RNA understand basic medical terminology & abbreviations that are used in healthcare
- It is not acceptable for abbreviations to be used that are not recognized by the Medicare/Medicaid systems. Provide a list of acceptable abbreviations to assist in successful documentation.
- Provide education to allow RNA to hear, learn & use medical terminology.

Mobility & Balance

- How is the resident's balance & gait during ambulation?
- Does the resident use a cane, walker or assistive device?
- How is the resident's posture?
- How is the resident's wheelchair mobility?
- How is the resident's bed mobility?

Skin Condition

-Are there any red, irritated area, scratches, cuts, bruises, discolored areas?

-Rashes?

-Dry, &/or flakey areas?

-Any open areas?

-Any changes?

Diet & Eating Habits

-What is the resident's diet?

-What is the resident's intake & output?

-Document any trends you see with the resident eating, such as, only drinking or only eating sweet foods, etc.

-Document any changes

-Document any assistance, assistive devices or cueing that is required

Ambulation, Splinting & Contracture Management

-How is balance with ambulation?

-Does the resident use an assistive device?

-How is the resident's posture?

-Does resident need cueing?

-Does the resident wear any splints or braces?

- Does the resident have contractures?

Medicare A

Restorative nursing is a money driver under Medicare Part A RUG-IV system. It can boost payment in some nursing RUG-IV.

RUG Categories- Behavioral & Physical Function Reduced

Medicare A

- Restorative Nursing should be involved with residents on skilled unit.
- Supplement to rehab services
- Facilitates carryover of learned skills

RUG Categories: Behavioral & Physical Function Reduced

Rehab Low: Combines restorative with active rehab

Medicare A

Restorative nursing should be involved with residents on skilled unit.

- Supplement to rehab services
- Facilitates carryover of learned skills
- Endurance training
- Resident success!

Team Work

- Restorative services are an absolute necessity for your facility
- Restorative services increase &/or maintain your residents at their highest functioning level; therefore, decreasing the need for heavier nursing care
- Your facility operates more efficiently when residents are at their highest functioning level
- Recognize the value
- Create your team
- Educate your team and continue to educate your team
- Stabilize your systems to create accountability

Questions?

Kimberly D. Green M.Ed. CCC-SLP
Chief Operating Officer
Diakonos Group, LLC

918-812-6968