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Restorative Nursing
Restorative Nursing is not a new concept. Techniques have been taught in nursing school and CNA training programs for decades.

Restorative measures are not a separate entity, but should be integrated into routine nursing care.

Restorative Nursing is based on a belief in the dignity and worth of each individual, moving away from stereotyping or labeling a person by injury, age or diagnosis.
“Program”-is defined as “a specific approach that is organized, planned, documented, monitored and evaluated.”
GOALS

- To return or maintain an individual to their highest practicable physical, mental and psychological functional level and well being.
- Utilizing the skills and expertise of each discipline to plan, implement and facilitate all pathways for the best individual outcomes.
- For some residents this means being discharged home or maintaining as much independence as possible.
Instituting an individualized, effective program means a program will be implemented to assure an individual will not deteriorate or diminish unless circumstances, such as a progressive deteriorating condition, makes the decline unavoidable.
Measurable objectives and interventions must be documented in the care plan and in the clinical record.

Evidence of periodic evaluation by a licensed nurse must be present in the clinical record.

Certified nurse assistants must be trained in the task and in the techniques that promote resident involvement in the activity.
CRITERIA

- This category does not include exercise groups with more than four residents per care giver.
- These activities are carried out or supervised by members of the nursing staff.
- Restorative Nursing can be working in conjunction with formalized therapy, when preparing a resident for discharge from therapy services, or working independently when formalized services are not indicated.
Types of Restorative Programs

- **Range of Motion (Passive)** - resident takes no part in the activity-moving the body part around a fixed point or joint thru the resident’s available ROM.-Must be planned, scheduled and documented.

- **Range of Motion (Active)** - exercises performed by resident with cueing and supervision by staff that are planned, scheduled and documented.

- **These count as one service even if both are documented.**
Types of Restorative Programs

- **Splint or Brace Assistance** - can be of 2 types: 1) where staff provides verbal and physical guidance and direction that teaches the resident how to apply, manipulate and care for the brace/splint or 2) staff have a scheduled program of applying and removing a splint/brace, observing the resident’s skin and circulation under the device and correct position of the limb. These activities again must be planned, scheduled and documented.
Types of Restorative Programs-
Training and Skill Practice

- **Bed Mobility**- activity used to *improve* or *maintain* the resident’s self-performance in moving to and from a lying position, turning from side to side and positioning self in bed.

- **Transfer**- activity to *improve* or *maintain* the resident’s self-performance in moving between surfaces either with or without assistive devices.
Types of Restorative Programs

- **Walking**-activity to **improve** or **maintain** self-performance in walking with or without assistive devices.

- **Walking/bed mobility** count as one service even if both is provided.

- **Dressing or Grooming**-activity used to **improve** or **maintain** the resident’s self-performance in dressing/undressing, bathing and washing, and other personal hygiene tasks.
Types of Restorative Programs

- **Eating or Swallowing**-activity used to **improve** or **maintain** self-performance in feeding one’s self food and fluids, or activities used to improve or maintain resident’s ability to ingest nutrition and hydration by mouth.

- **Communication**-activity used to **improve** or **maintain** self-performance in newly acquired functional communication skills or assisting in using residual communication and adaptive services.
Types of Restorative Programs

- **Amputation/Prosthesis Care** - activity used to improve or maintain in putting on and removing a prosthesis, caring for the prosthesis, and providing appropriate hygiene at the site where the prosthesis attaches to the body. (e.g., stump or eye socket)

- **Dentures** are not considered in this coding.
Types of Restorative Program

- Schedule toileting program and/or bladder retraining program—count as one service. This is usually placed on the ADL flow sheet and documented on each time the schedule is completed and the resident’s response to the modality. The exact description of the plan must be documented including frequency, reason, and response.
The plan must be periodically evaluated and revised as necessary, which would include documentation of the resident’s response to the plan.

This does not include routine changing of resident’s incontinent briefs, pads, or linens when wet, where there is no participation in the plan by the resident.
Types of Restorative Programs

- **Other** - any other activities used to improve or maintain the resident’s self performance in functioning. (e.g., teaching self-care for diabetic management, self-administration of medications, ostomy care, cardiac rehabilitation. These must be planned, scheduled and documented. Remember a periodic evaluation by the licensed nurse has to be done.
MDS End Splits

- Any 2 or more nursing rehab services as stated in the previous slides for at least 15 minutes each on 6 of last 7 days of the assessment period will affect low rehab, impaired cognition, behavior and reduced physical function categories on the MDS.
An effective Restorative Care Program requires organization and all staff knowing what their duties and responsibilities are.

This program is under the supervision of the nursing department.

The information is relayed to the RCNA/CNA on ADL flow sheets.
IMPLEMENTATION

- ALL CNA’S involved with restorative programs will be trained in delivery of those services. This may be done by therapists while resident is still receiving formalized therapy or by the trained restorative nurse supervising the program.

- Specific individual needs must be relayed to the certified nursing assistant and they are to be trained on those needs.
RESTORATIVE NURSING PROGRAM

- Divided into three levels
  - Level I – Formalized Therapy (PT, OT, ST) – Low rehab with 2 restorative programs 6 days per week – carried out by RCNA or CNA
  - Rehab Nursing Category
  - Last 7 days
    - 45 minutes or more (total) of therapy
    - And at least 3 days of any combination of the 3 disciplines
    - And 2 or more nursing rehab each 15 minutes /day 6 or more days/week
    - Must be documented in the record on a daily basis
Level II

- Specified Restorative Staff – RCNA and Supervising Nurse.
- Usually discharged from therapy to this level
- Therapy may recommend after screening
- In most cases residents are transferred from level II to Level III when their program has stabilized
RESTORATIVE NURSING PROGRAM

Level III

- Involves regular CNAs and nurses on the floor
- Restorative Dining is usually on Level II and Level III to provide coverage for 3 meals/day/7 days a week
- Bladder retraining and toileting is done by Level III on all 3 shifts
- Care planning is essential to an effective Restorative program
- Serves as an outline for the care provided
- Restorative is not the problem, the reason for the restorative program is the problem
- Goal is the task or function the program helps the resident to maintain
- Approach is the specific restorative program
Documentation tracks progress or regression

Document toward the care plan. Charting to goals and approaches

Care plan should be updated as resident status changes

A baseline assessment should be done with the initiation of the restorative program so that goals and objectives can be measurable.
Narrative notes should include

- Identify Restorative needs
- Specific restorative program provided
- Date program started
- Resident response
- If the resident is not responding as expected
- Changes in goals and approaches
- When a program is discontinued
Charting
- CNA charts daily on flow sheet
- Designated nurse charts monthly (periodic) summary
- CNA circles the day if a resident does not participate and writes the reason on the back of the flow sheet
- 2nd day a resident refuses the CNA circles writes a note on the back of the flow sheet and notifies the Nurse
Nurse documents an assessment as to why the resident did not participate and makes changes in the program as indicated.

If your computer software will allow you to code all residents to a specific code for restorative then you can generate a master list that can be reviewed as necessary.

A good approach is to review weekly in your therapy meeting.
CRITERIA FOR RESTORATIVE

- Measurable goals and interventions must be documented in the care plan
- Must have periodic evaluation
- CNA must be trained
- Supervised by nursing staff
- Group restorative-no more that four residents in a group
- Obtain a Physician’s order for all levels for tracking purposes.
PROCEDURE

- The modalities need to be recorded separately on a flow sheet.
- The activity/modality must be recorded for a total of 15 minutes during the 24 hour period.
- The time provided for Items P3a-k must be coded separately in time blocks of 15 minutes or more.
Procedure

- For example, 15 minutes can be totaled across a 24-hour period (e.g., 10 minutes on the day shift and 5 minutes on the evening shift) however, 15 minute time increments cannot be obtained by combining P3a-P3c.
Restorative Program

- There may be situations where nursing staff request assistance from a licensed therapist to evaluate the restorative nursing aides or to recommend changes to a restorative nursing program. Consultation with nursing staff and staff training are certainly good clinical practice. This would not be coded as skilled therapy in Item P3.
Restorative Program

- Restorative nursing techniques can help prevent falls and fractures by keeping people’s bones and muscles as strong as possible.
- It gives resident’s motivation and a sense of well-being.
- The morale of the staff assisting with the restorative program need to be motivated and upbeat with a direction and goal in mind.
Restorative Program

- “Think outside the box”—be creative with different ways to get the resident’s to exercise.
  - Ex. Energizing music, Wii, bingo with wrist weights, games involving groups of four, peg boards, puzzles, painting etc.
- “Be proactive—not reactive to their needs”
RESTORATIVE PROGRAM

Always remember to follow your facility Policy and procedure.
Refer to the MDS 2.0 User’s Manual for reference and coding examples.
Refer to your Mississippi Case Mix Guidelines.
Teleconferences

- The Long Term Care Nursing Coalition of Mississippi Wants YOU!!!!!!
- Your VOICE is IMPORTANT to LONG-TERM CARE!!
- We hope you have enjoyed this program on restorative.
- THANK YOU!!!!!