Hidden in Plain Sight: Recognizing Restorative Nursing Every Day

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Objectives

Participants will:

- Practice identifying residents appropriate for restorative nursing interventions
- Develop hands-on strategies to coach and engage frontline staff
- Recognize and teach staff to identify restorative nursing practices already occurring in daily care
- Build an actionable plan to implement or enhance a restorative nursing program
- Apply problem-solving techniques to overcome real-world barriers

Restorative Nursing Program Defined

- **A restorative nursing program is a program that is designed to:**
  - Promote the resident's ability to adapt and adjust to living as independently and safely as possible.
  - Help residents achieve and maintain optimal physical, mental, and psychosocial functioning.

What the Regulation Says

F688- Increase/Prevent Decrease in ROM/Mobility

- The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion and less the residents clinical condition demonstrates that a reduction in range of motion is unavoidable.
- A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.
- A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practical independence unless the reduction in mobility is demonstrably unavoidable.

The Intent of the Regulation

- The intent of Regulation F688 is to ensure that the facility provides these services, care, and equipment to assure that:

  - ❖ A resident maintains, and/or improves to his/her highest level of range of motion and mobility, unless a reduction is clinically unavoidable.
  - ❖ A resident with limited range of motion and mobility maintains or improves function unless reduced range of motion is unavoidable based on the resident's clinical condition.

Identifying Residents Appropriate for Restorative Programs vs. Therapy

Restorative Nursing

- Splints/Brace Assistance
- Communication training and skill practice
- Training and skill practice in eating or swallowing
- Training and skill practice in transfers or walking
- Bed mobility training and skill practice
- Training and skill practice in dressing and grooming
- Passive or active range of motion
- Functional Maintenance

Therapy

Contractures

Falls

Choking

Weight loss

Diet type

Cognition (BIMS)

Room changes

Decline in ADL's

Develop hands-on strategies to coach and engage frontline staff

Create a Culture in your center to Focus on Functional Maintenance

Teach Staff to Be Patient and allow Residents time to complete tasks- Maintain… Don’t Do.

Explain the WHY

AND… Have Fun!

Keeping the Resident Front and Center Looking at Benefits of a Restorative Program

Physical: Maintain ADL's, Fall Prevention, Pain Relief, Contracture Prevention, and Safety.

Mental: Motivation and Drive

Psychosocial: Dignity ad Quality of Life

Skin Prevention: Toileting Programs and Re-positioning

Weight Loss Prevention: Dining and Safe Swallowing

Recognize and teach staff to identify restorative nursing practices already occurring in daily care

RNP: 3-6x/wk 15 mins of BUE/BLE AROM to be completed while getting dressed in the morning and while ADL's are being performed during the day.

RNP: Encourage me to pick out my clothing and dress myself with staff assistance as needed daily.

RNP: Encourage resident to ambulate in hallways to meals 3-6 times per week. Goal: maintain strength, ROM, and mobility.

RNP: 3-6x/wk Engage in exercise groups that promote ROM to BUE/BLE

RNP: Encourage resident to wheel himself to and from the dinning room twice a day to promote upper body strength.

RNP: 7x/wk: Seat at assisted dining table for meals 3x/day. Verbal cueing, mirroring of other residents, and practice in self dining.

Build an actionable plan to implement or enhance a restorative nursing program

Let’s Build Some Programs…

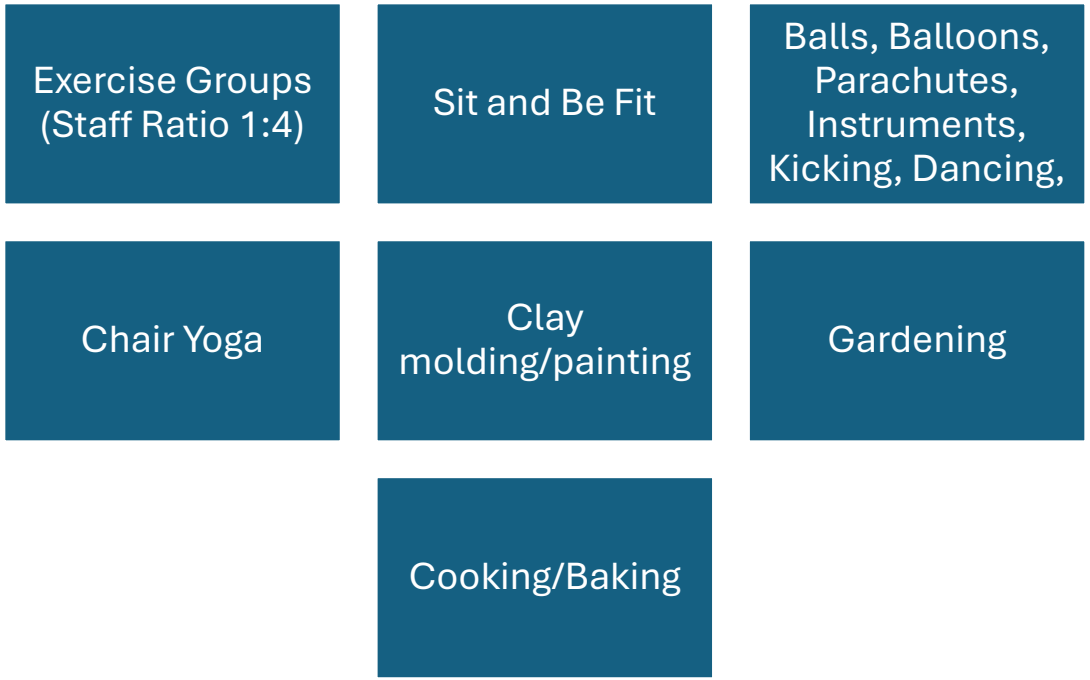
- Resident has weakness to lower extremities, uses a wheelchair, but can walk short distances.
- Resident has memory deficits and forgets to feed self at meals
- Resident just came off therapy and wants to maintain current level of functioning with ambulation, self transfers, and wants minimal assist with ADL’s
- Resident is losing independence with dressing and toileting

Apply problem-solving techniques to overcome barriers

- What Would You Do?
  - If a Resident refuses walking programs
  - If a CNA does tasks for Resident instead of cueing
  - Resident has continued decline in function
  - Family wants staff to just “do everything for them”

Keeping it Simple

Passive or Active ROM

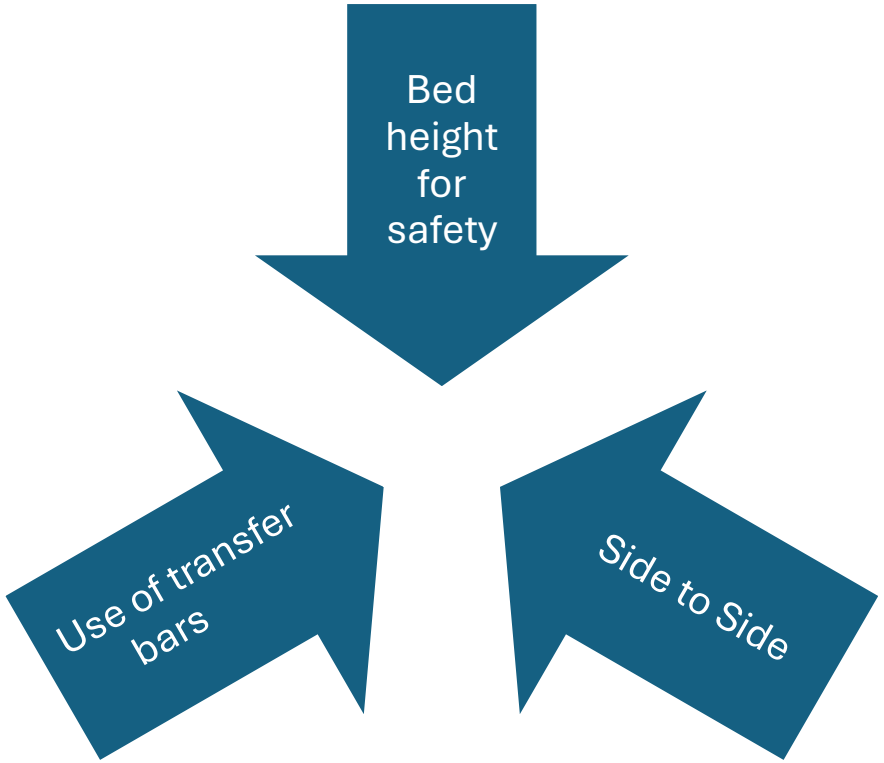


Training and Skill Practice in Transfers/Walking

- Walk to Dine- All staff on Deck
- Walking activities/competitions
- Walk for a cause- staff and residents
- Transferring out of wheelchairs for meals/activities
- Use of transfer bars on beds and handrails in hallways

Keeping it Simple

Bed mobility training and skill practice



Training and skill practice in dressing and grooming

- Patience- allow time for tasks
- Think of the ROM and skills this actually involves.
- Utilize all certified staff to assist with this type of practice

Keeping it Simple

Communication and Cognition training and skill practice

- Training in use of hearing aid/ assisted listening device
- Written messages, computers, tablets
- Cognition
  - Group word puzzles
  - Reminiscence trivia
  - Sensory & Storytelling circles
- Tactics to promote lip reading:
  - Face resident
  - Speak slowly
  - Pause between sentences
  - Keep hands or objects away from face

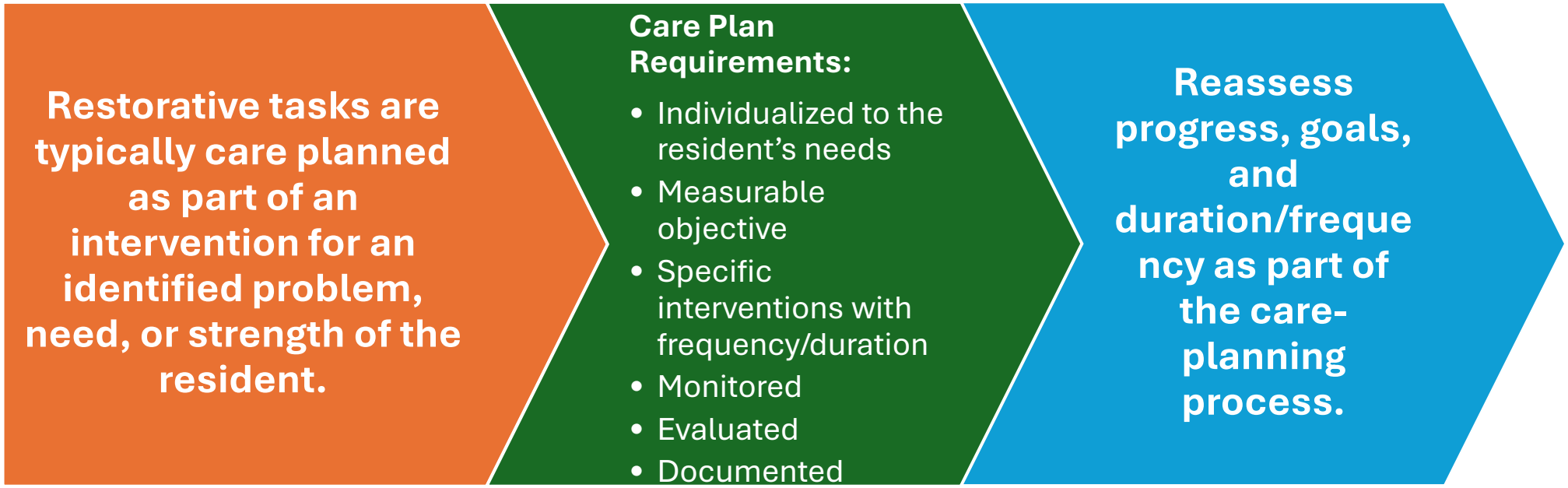
Training and skill practice in eating or swallowing

- Do not rush.
- Verbal cues
- Refrain from talking with food/liquid in mouth.
- Use adaptive equipment, as indicated.
- Individualize according to the resident's needs.
- Restorative tables- mirroring

Best Practices

- Make a daily plan- include CNA staff, Restorative, Activities
- Group like residents with like needs
- All hands on deck
- Use music to motivate exercise
- Choose the right staff to lead programs
- Be realistic with programs
- Use Resident past histories to help with keeping them active

Care Plan


Restorative tasks are typically care planned as part of an intervention for an identified problem, need, or strength of the resident.
Care Plan Requirements:
• Individualized to the resident's needs
• Measurable objective
• Specific interventions with frequency/duration
• Monitored
• Evaluated
• Documented
Reassess progress, goals, and duration/frequency as part of the care-planning process.

Individual Programs and MDS Coding

Restorative Nursing can be counted on the MDS for reimbursement (Section O, Item O0500)

To code on the MDS, the following criteria must be met:

- Measurable, objective, documented individualized program
- Evidence of periodic evaluation
- Trained Staff in techniques
- Oversight by RN or LPN
- Individual programs or groups of 1:4 staff to resident ratio

The coding reflects the number of days in the lookback period (7days) that restorative tasks were performed for a total of AT LEAST 15 minutes during the 24-hour period.

- EX: Walk to Dine- 3 Meals for 7 minutes at each meal= 21 total minutes for that 24-hour period.

Documentation Requirements

- Care Plan
- Daily Documentation
- Periodic Evaluation
- Licensed Nurse Evaluation- Choose an owner of the program

QUESTIONS???

Bibliography

Centers for Medicare & Medicaid Services. *Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual*. Chapter 3, Section O0500.

Centers for Medicare & Medicaid Services. *Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual*. Chapter 3, Section H0200.

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