Overview

- Outcome benefits of Restorative Nursing
  - For the individual, for staff, and for the facility
- Impact on QI/QM
- Define Restorative Nursing
  - What it is, and what it is not
- Reimbursement benefits of Restorative Nursing

Today's Goals

- Understand the core elements of restorative nursing
- Understand the benefits to the resident
- Managing a restorative program
- Understand the benefits to the facility
American Nursing Association

• Nursing encompasses the prevention of illness, alleviating suffering, and the protection, promotion, and restoration of health.
• Nurses act to change aspects that detract from health and well being.
• Individuals who become nurses are expected to not only adhere to the ideals and moral norms of the profession but also to embrace them as part of what it means to be a nurse.

Definitions

• Holistic nursing interventions
  • Promotes adapting and adjusting
  • Improves safety
  • New level of independence
  • Focuses on physical mental, and psychological functioning
  • Does not require a physician order
  • Optimaly effective when truly person-centered

Definitions

• Promotes Quality of Life
  – This is their perception of Quality
• Promotes Quality of Care
• Compensates for lost skills
• Meets psychosocial needs
• Minimizes risk factors
• Tangible benefits to residents and staff
Goals of a Person-Centered Program

- Create independence
- Improve safety
- Improve self-image and self-esteem
- Reduce level of care required
- Eliminate or minimize degrading features of long-term care such as incontinence and supervised feeding

Culture of Restorative Nursing

- Requires strong nursing leadership
- The heart of the culture is how the restorative team relates to the individual person
- Understands what independence truly is and how the loss of independence or a change in the level of independence affects anyone
- Possibly the most effective model of care for preventing avoidable resident declines
- Stress ability NOT disability
- Prevent further disability

Independence

What does independence mean to you?
Self Sufficient

• Hopes and dreams
• Feeling and thoughts
• Life style
• Physical functioning

Loss of Independence

• Consequences include
  • Increased risk for falls including falls with additional injuries
  • Overall loss of mobility
  • Skin breakdown
  • Contractures
  • Loss of dignity and shame

How to be Successful

• Start Early
• Begin with a thorough ASSESSMENT
• Be consistent and keep to a routine
• Treat the entire person
• Foster the professional caring relationship
• Communicate
• Follow the nursing process
  – Assessment
  – Plan
  – Implement
  – Evaluate
• Use a care plan
Person-Centered

- When you are physically dependent but are allowed to do tasks that you can you are able to be psychologically independent.
- Making your own choices promotes psychological independence even if someone else helps totally or in part achieve that choice.

Restorative Environment

- A restorative environment is critical to successful LTC facilities.
- Recent CMS culture change move to “Person-Centered” care has increased the emphasis.
- Promote safety and environmental factors that support maximum independence.
- Identify environment barriers and modify to promote greater levels of functional independence.

Physical Environment and Adaptation

- Assistive technology can help individuals achieve more independence.
- The focus is on creating an environment that supports maximum autonomy and self-reliance.
Physical Environment and Adaptation

• All care delivered in the LTC environment flows from the RAI/MDS process
• Provides definitive information about the individual
• Assesses functional ability
• Assesses cognitive ability
• Promotes person-centered goal setting
• CAA process identifies need for additional resources
Functional Assessment
• MDS Section G
• Individuals ability to manage daily routines
• Survival skills needed on a daily basis
• Identifies those who can benefit from a restorative program
• Provides baseline and comparative data related to outcomes of successful program

Cognitive, Mood, & Behavior Assessment
• MDS Section C, D, & E
• Identifies potential strengths and weaknesses that impact the success of a restorative program
• Identifies barriers that may need compensation or can be overcome with adaptation
• Key insights into motivations

Pain Assessment
• MDS Section J
• Goal – Pain reduction, maintenance of functionality in the presence of acceptable pain level
• Adds input related to the effectiveness of scheduled pain regimen and possible need to change
• Certain types of restorative activity may be nonpharm pain intervention
  – Relaxation, aroma therapy, visualization,
**Communication & Hearing**
- MDS Section B
- Hearing aids
- Communication devices

**Continence**
- MDS Section H
- Programs to improve continence
- Scheduled toileting programs
- Bladder training post catheter
- Bowel training

**Skin at Risk**
- MDS Section M
- Bed mobility programs
- Transfer programs
- Appropriate mattress system
- Appropriate seating system

Achieve More
Effects of Medication Regimen

- MDS Section N
- Psychoactive medications
- Blood pressure medicine
- Diuretics
- Narcotic pain regimen

Restorative Program Activity

- MDS Section O
- Two (2) programs done 6-7 da

Barriers

- Structural
- Physical
  - Loss of function
  - Hearing
  - Communication
  - Vision
  - Cognitive function
- Emotional
  - Adjustment to loss of function and independence
  - Adjustment to residual function and independence
- Internal and external support structure
Regulatory Requirements

What May a Survey Look Like

- Initially Survey will review CASPER to identify ADL issues
- The Roster Sample Matrix will document falls and loss of ADL function as well as pain and loss of continence
- They will review H&P, MDS, therapy notes, care plans, and nursing notes

Investigative Protocol

- Observation
  - What did the restorative staff do
    - Were they mindful of risk factors
    - Hypotension, joint precautions
    - What equipment and/or assistive devices were used
    - Did staff encourage participation
    - How is pain or SOB managed during session
    - If PROM performed are joints properly supported
- Is there a care plan in place and was it followed during the therapy session
Investigative Protocol

- Interview(s) with resident
  - Do they discuss restorative care plan and goals?
  - How frequently is therapy done and how long are the individual sessions?
  - What does the staff do if you refuse care?
  - What does the staff do if you have pain or SOB during session?

- Interview(s) with staff
  - Are you familiar with the resident's restorative care plan?
  - How do you manage refusals?
  - How often do you meet with the resident?
  - How long are the sessions?
  - How do you encourage the residents?
  - How frequently do you review the care plan?
  - How do you determine if a resident should remain on the program?

- Interview(s) with Restorative Manager
  - Frequency of assessment and how/where is it documented?
  - If a decline is identified what steps are taken?
  - How was it determined that the interventions were appropriate for the resident?
  - Was the resident involved in the decision making?
Investigative Protocol

- Possible areas of citation
  - F272 related to assessment
  - F279 related to care planning
  - F282 service provided by qualified individual
  - F280 was the care plan reviewed and revised if necessary
  - F311 related to appropriate treatment to maintain or improve function

Managing a Restorative Program

- Program is defined as:
  - “specific approach that is organized, planned, documented, monitored, and evaluated.”
- PROM and AROM Program
- Brace and Splinting Program
- Walking and Mobility Program
- Eating and Dining Program
- Amputation and Prosthetic Care Program
- Scheduled Toileting and Bladder Retraining Program

Keys to Ultimate Success

- Commitment from leadership
- Consistency in restorative staff
- Education of restorative staff
- Motivation – support staff until they see the results for themselves
- Good communication
- Teamwork
- Ensure a functional purpose – walk the person to meals rather than just up and don the hallway
New Ideas

• What if all facility CNAs were Restorative Aides?
• What would that environment of care look like?
• What results would that environment produce?

Definition of Insanity

"Insanity is doing the same thing over and over again and expecting different results"
Albert Einstein

Workforce Development | Health Programs

For more information about the CWI Restorative Assistant & other health programs, stop by our booth!
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