A Nurse Leader’s guide to a successful Restorative Nursing Program

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Requirements for Successful Completion

1. 2.0 contact hours will be awarded for this continuing nursing education activity
2. Criteria for successful completion includes attendance for at least 80% of the entire event. Partial credit may not be awarded
3. Approval of this continuing education activity does not imply endorsement by AADNS or ANCC (American Nurses Credential Center) of any commercial products or services

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I have no financial relationships to disclose
I have no conflicts of interest to disclose
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Learning

• Explain how to assess for program gaps in regulatory compliance and standards of practice.
• Identify five key talking points when advocating for enhancements and comprehensive improvements to your restorative nursing program.
• Illustrate four practical restorative programs that can improve the overall quality of the resident outcomes in any care model.
• Develop and implement staff competencies for a restorative nursing program.
• Describe how a restorative nursing program is essential in today’s competitive marketplace by linking facility programming to publicly reported data.

Current Outcomes

External
- Public Reporting
- Regulatory Compliance

Internal
- Satisfaction Survey
- Quality Indicators Metrics
- CASPER Reporting
- Restorative Programs

External Internal
Regulations Impacting Restorative Nursing

F154
- Planning and Implementing Care

Interpretive Guidelines
- "Total health status" includes functional status, medical care, nursing care, nutritional status, rehabilitation and restorative potential

F311
- Activities of Daily Living (ADLs)

Intent
- "...stress that the facility is responsible for providing maintenance and restorative programs that will not only maintain, but improve, as indicated by the resident's comprehensive assessment to achieve and maintain..."

F315
- Incontinence

Intent
- "...intended that each resident who is incontinent of urine is identified, assessed, and provided appropriate treatment and services to achieve or maintain as much normal urinary function as possible..."
Regulations Impacting Restorative Nursing

F325

Interventions for chewing and swallowing abnormalities

- Assisted nutrition and hydration & chewing and swallowing
- Pertinent interventions may help address the resident’s eating, chewing, and swallowing problems and optimize comfort and enjoyment of meals.
- Examples of such interventions...restorative eating program.

F406 “Specialized rehabilitative services”

- Differentiated from restorative services which are provided by nursing staff.
- Specialized rehabilitative services are provided by or coordinated by qualified personnel.
- Specialized rehabilitative services are provided for individual’s under a physician’s order by a qualified professional ...

Once a resident has met his or her care plan goals,

Key Point

- A licensed professional can either:
  - Discontinue treatment or
  - Initiate a maintenance program which either nursing or restorative aides will follow to maintain functional and physical status.
- F495 Requirement for facility hiring and use of nurse aides
- Minimum Competency Of the 16 hours...Basic restorative services
CMS New Survey Process: Background

Power of Purpose  LeadingAge Michigan ~ 2017 Annual Conference & Trade Show

Rehab and Restorative Critical Element Pathway

1. Assessment (P200 Comprehensive assessment)
   - The condition or risks were present at the time of the required assessment.
   - The facility comprehensively assess the resident’s physical, mental, and psychosocial needs.
   - The facility’s assessment is current.
   - The facility’s assessment is made prior to the resident’s rehabilitation needs.

2. Plan of Care (P201 Comprehensive care plan)
   - Plan of care with interventions and measurable goals, in accordance with the assessment, resident’s wishes, and current standards of practice, to address the resident’s rehabilitative needs.

3. Qualified person (P202 - Care by qualified persons or approved)
   - Did the facility provide or arrange services to be provided by qualified persons in accordance with the resident’s written plan of care?

Rehab and Restorative Critical Element Pathway

6. Effectiveness (P200 - Care plan review)
   - Did the facility measure the effectiveness of the interventions and review and revise the plan of care, with input from the resident or representative, to the extent possible, so that the needs of the resident?

5. Appropriate Treatment (P80 - Plan)
   - Based on observations, interviews, and record review, did the facility provide the appropriate treatment and services to maintain or improve the functional ability for the resident who has the potential to maintain or improve?

4. Required Service (P80 - Plan)
   - Based on observations, interviews, and record review, did the facility provide or obtain the required specialized rehabilitative services?
Rehab and Restorative Critical Element Pathway

- Choices – F154, F155, F242, F246
- Notification of Change – F157
- Privacy – F164, F174
- Abuse – F223, F224, F226
- Dignity – F241
- Social Services – F250, F271, F274, F278, F281
- Pain – F309

Positioning – F309
- ADLs – F310, F311, F312
- ROM – F317, F318
- Behavioral/Emotional Status – F309, F319, F320
- Sufficient Staffing – F353, F354, F385, F407, F498
- Infection Control – F441, F501, F514, QAA – F520

§ 483.70 Administration: Facility Assessment Effective November 28, 2017

- Resident Population
- Facility’s Resources
- Facility-based & Community-based

- § 483.70 Administration: Facility Assessment Effective November 28, 2017

- Resident Population
- How will we mitigate decline?

- Includes (more under resident population than on the slide)
- Care required to address types of diseases, conditions, physical and cognitive disabilities, overall acuity
- Staff competencies
The anatomy of restorative nursing program

ASSESSING FOR PROGRAM GAPS IN REGULATORY COMPLIANCE AND STANDARDS OF PRACTICE

- Regulatory Compliance
- MDS Coding
- Quality of Life & Care
- Restorative Program

Make it all about the Resident!

- Problem-Solving Model
- Restorative should be an all staff commitment

Ask not what service providers can do for the resident, but rather...
- What can the resident do for himself when taught, cued or given sufficient time?
- What is the realistic potential for getting the resident to that place where he is more in control?
Clinical Components (nuts & bolts)

How to Deliver Restorative

<table>
<thead>
<tr>
<th>Staffing Roles</th>
<th>Restorative aides (all or none)</th>
<th>Nursing staff</th>
<th>Determine what works for your facility</th>
</tr>
</thead>
</table>

- Restorative aides
- Nursing staff
- Determine what works for your facility

<table>
<thead>
<tr>
<th>Restorative Aides</th>
<th>Floor Staff</th>
<th>Combination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large therapy caseload</td>
<td>All NAs equally involved</td>
<td>Restorative aides therapy and detailed</td>
</tr>
<tr>
<td>Detailed programs</td>
<td>Equity of assignments</td>
<td>Floor staff does all other programs</td>
</tr>
</tbody>
</table>

Think About Your Process

ASSESSMENT

- When? Admission, change in cognition, change in physical function, change in urinary function
- Who puts interventions in place on day ONE
- Who initiates care plan on day of program initiation
- Who informs nursing assistants of measures and documentation needed
### Barriers or Hurdles

- Staff gets “pulled” for general staffing needs
- The restorative aides are the first to get “pulled” for call offs
- Support from administration for non-compliance
- How does the line of authority work – who can hold the staff accountable
- Documentation concerns

### Criteria for Restorative Care

**Nursing assistants / aides** must be trained in the techniques that promote resident involvement in the activity

A registered nurse or a licensed practical nurse must supervise the activities in a nursing restorative program

### Types of Nursing Restorative

<table>
<thead>
<tr>
<th><strong>Restorative</strong></th>
<th><strong>Maintenance</strong></th>
</tr>
</thead>
</table>
| - Improve function – new level of function  
- Helping resident return to previous level or abilities  
- Progressive – reach goal, set new goal until no additional progress expected | - Functional maintenance – maintaining current level of function  
- Skills practice  
- Prevent or slow further decline |

Both Called Restorative
Planning for Care

**Initiation of programs:**

- Resident discharged from formalized PT, OT, SLP therapy
- Upon admission with restorative needs (could be with or without formalized therapy)
- Upon admission with restorative needs and not candidate for formalized rehabilitation therapy
- Restorative need arises during the course of the stay

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**Assessment Includes**

<table>
<thead>
<tr>
<th>Level of consciousness</th>
<th>Knowledge and reasoning skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to follow directions</td>
<td>Object recognition</td>
</tr>
<tr>
<td>Sensory status</td>
<td>Mood, affect</td>
</tr>
<tr>
<td>Attention span</td>
<td>Motivation</td>
</tr>
<tr>
<td>Capability to sequence activities</td>
<td>Current functional status</td>
</tr>
<tr>
<td>Medical status</td>
<td>Summary of identified problems</td>
</tr>
<tr>
<td>Medications</td>
<td></td>
</tr>
</tbody>
</table>

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**Utilizing the MDS**

<table>
<thead>
<tr>
<th>B</th>
<th>Hearing, Speech, and Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>Cognitive Patterns</td>
</tr>
<tr>
<td>D</td>
<td>Mood</td>
</tr>
<tr>
<td>E</td>
<td>Behavior</td>
</tr>
<tr>
<td>F</td>
<td>Preferences for Routines</td>
</tr>
<tr>
<td>G</td>
<td>Functional Status: ADLs, Balance, ROM</td>
</tr>
<tr>
<td>GG</td>
<td>Functional Abilities and Goals</td>
</tr>
<tr>
<td>H</td>
<td>Bladder and Bowel</td>
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<tr>
<td>I</td>
<td>Active Diagnoses</td>
</tr>
</tbody>
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Impact on restorative candidates
Utilizing the MDS

| J | Health Conditions: pain, shortness of breath, prognosis, problem conditions, falls |
| K | Swallowing/Nutritional Status |
| L | Oral/Dental Status |
| M | Skin Conditions |
| O | Special Treatments, Procedures and Programs |
| P | Restraints |
| Q | Participation in Assessment and Goal Setting |

Impact on restorative candidates

Required Documentation

Program Interventions

- MUST be specific to the resident and MUST BE DIFFERENT from routine everyday ADL care
- Must be included as part of the plan of care
- FREQUENCY – must be stated on POC, e.g., 2-3 times a day, 6-7 days per week
- DURATION – must be stated on the POC, e.g., 5-15 minutes, 10 minutes, 10-20 minutes per session

Required Documentation

- WHO
- HOW
- WHEN
- WHAT
- WHY
- Revisions

Skill level of service provider
Specific instructions
Frequency and duration, schedule
Equipment to be used
Resident teaching/education to occur
Revisions to interventions may be added, dated and initialed
Required Documentation

**Restorative nursing assessment**

- Baseline assessment of each program completed, dated and signed by a nurse
- Narrative or Assessment Tool
  - Consider strengths and weaknesses
  - Risks and potential complicating factors
  - Restorative program or maintenance
- Resident-specific deficit indicating need for restorative program

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Documentation Example

**Restorative Assessment Part I**

- **Restorative Assessment Part II - Nursing**

**Service Delivery Records**

- Audit trail
  - Who provided the service
  - When the service was provided
  - How long the session lasted
**O.500 Restorative Nursing Programs**

MDS O.500 Restorative Nursing Program

Documents the amount of time a resident receives care that meets the criteria of a restorative nursing program.

Techniques, training or skill practice must take place at least 15 minutes during the 24-hour period.

Code each type of restorative program separately.

Cannot combine time across item categories.

Includes group with no more than 4 residents per 1 supervising helper or caregiver.

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**MDS Coding Rules for Nursing Rehabilitation**

- Passive and/or active range of motion
- Prosthesis/amputation care
- Splint or brace assistance
- Dressing/grooming
- Eating/swallowing
- Bed mobility and/or walking
- Transfer training
- Communication training
- Urinary toileting program and/or bowel toileting program

For Reimbursement:

- Count of 2 or more of the following activities for 15 or more minutes a day for 6 or more of the last 7 days.

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**Power of Purpose**

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Practice Restorative Programs

- Walk to dine – ambulation program
- Morning stretch program – ROM program
- Fine dining program – Select resident’s with identified “nutrition at risk”
- Craft activities – increase/mitigate decline in cognition, fine motor skills

For Possible Toileting Program

**Assessment**

- Voiding log: if no pattern, why?
- Rarely due to cognitive impairment
- Perhaps UTI, neurogenic bladder or other medical problem, enlarged prostate

- Devices
- Signs and symptoms
- Catheter care
- Accessibility to devices or equipment

Incontinence Management Options

<table>
<thead>
<tr>
<th>Target Population</th>
<th>Type of Intervention</th>
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<tbody>
<tr>
<td>Fungititious type</td>
<td>Cognitive care and social work</td>
</tr>
<tr>
<td>Deteriorating type</td>
<td>Physical care and social work</td>
</tr>
<tr>
<td>Unexplained type</td>
<td>Physical care and social work</td>
</tr>
</tbody>
</table>

- Assessment tools:
  - Bedside
  - Urinalysis
  - Cytology
  - Ultrasound
  - MRI

- Management strategies:
  - Bladder training
  - Medication adjustments
  - Behavioral interventions

- Education of family and staff:
  - Understanding the condition
  - Managing the situation
  - Providing emotional support
So... Think About Your Process and Systems

DEVELOP A PLAN

- Previous habits and/or routines
- Recorded times of incontinence
- Patterns or preferences

Based on resident’s needs list
SPECIFIC times to toilet

Being available at toileting times

- Punctuality
- Consistency
- Flexibility
- Positive attitude
- Protective barriers or firm application
- Keep skin clean, dry

- Accurate record keeping
- Motivate the staff

WHAT DETERMINES COMPETENT STAFF?
What to Train

- Frame work of competency based requirements
- Licensed staff
- Non-licensed staff
- Utilizing Rehabilitation Team

Nursing Services §483.35

The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident,

As determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility’s resident population in accordance with the facility assessment required at §483.70(e)* [*Effective November 28, 2017]

Highlights of Nursing Services

- Competency and Skills Sets
- Assures Resident Safety
- In Accordance with the Facility Assessment
§483.95 Training Requirements

Phase 2 Nov. 28, 2017

- Facility Assessment
- Determines needs for further competency

Phase 3 Nov. 28, 2019

- Annual Reviews in nurse aides’... and facility assessment training needs

Competencies

Measurable pattern of:
- Knowledge
- Skills
- Abilities
- Behaviors and Characteristics that an individual needs to perform work roles or occupational functions successfully

Used for:
- Assessing and selecting candidates for a job
- Assessing and managing employee performance
- Workforce planning
- Employee training and development

Components of Competency-Based Training

People retain approximately
- 10% of what they read
- 20% of what they hear
- 30% of what they see
- 90% of what they’ve seen demonstrated and have had the chance to practice

Knowing

Applying

Seeing

Doing
Assessing Competency

Educational Training
- Pre and post test
- Lecture
- Video

Competency
- Requires application of the educational material

Importance of Restorative Nursing

Restorative nursing programs refer to nursing interventions that promote the resident’s ability to adapt and adjust to living as independently and safely as possible.

Concept actively focuses on achieving and maintaining optimal physical, mental, and psychosocial functioning.

Costs of Not Having a High Quality Restorative Nursing Program

- Higher acuity
- Diminished quality of life
- Depression
- Possible impact on census/reputation
- Survey citations

Remember – Part A will be transitioning to quality-based payments in coming years.
Opportunities and Ensuring Success

Is a restorative nursing program essential in today’s competitive market place?

- Perception is everything
- Allocation and utilization of resources
- Who is doing what, when, and how long did it take to complete the task
- Accessing civil money penalty (CMP) resources
  - Can be utilized for developing competency training

Opportunities and Ensuring Success

Connect the dots with public reported clinical outcomes as a direct link to a successful program

Strategy that validates the success of restorative programming

- Engage the QAPI process
- Report on how many restorative programs
- How many received treatment
- Report on challenges and success

Remember

- Snap shots in time tell a story for a long time
- Share the success story’s with staff and your community

Opportunities and Ensuring Success

Resources

- CMS 2-17-17 - Revision to State Operations Manual (SOM) Appendix PP - Incorporate revised Requirements of Participation for Medicare and Medicaid certified nursing facilities

- CMS CMP - for clinical improvement

- CMS Innovation Center
Resources

Jimmo v. Sebelius Settlement Agreement

U.S. Office of Personnel Management

MLN Manual Updates to Clarify Skilled Nursing Facility (SNF), Inpatient Rehabilitation Facility (IRF), Home Health (HH), and Outpatient (OPT) Coverage Pursuant to Jimmo vs. Sebelius

Restorative nursing: It takes a facility

Rehab and Restorative Critical Element Pathway - CMS
https://www.cms.gov/Medicare/Provider-Participation/CMS-20080-Rehab-Restorative.pdf

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Questions and Discussion