Improving Quality Care
Making Restorative Nursing Fun

FADONA
25TH Anniversary Convention

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Harmony Healthcare International, Inc.

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430 BOSTON STREET, SUITE 104
TOPSFIELD, MA  01983
TEL: 978.887.8919 ● FAX: 978.887.3738
WWW.HARMONY-HEALTHCARE.COM
PROFILE

This course focuses on key concepts for development of Restorative Nursing Programs which are highly successful. Components include patient identification, initiation of planned programs and goal setting. Nursing and Therapy perspectives are both addressed.

RECOMMENDED AUDIENCE

MDS Coordinators, Nursing Staff, Nursing Management, Administrators, Therapy Managers, Physical Therapists, Occupational Therapists, Speech Pathologists.

OBJECTIVES

I. The learner will be able to site the definition of a Restorative Nursing Program.
II. The learner will be able to list the required components of the Restorative Nursing Program as defined by the RAI User’s Manual.
III. The learner will be able to provide three examples of resident assessment findings that could necessitate a referral to Restorative Nursing.
IV. The learner will demonstrate an understanding of the basic documentation requirements for the Restorative Nursing Program.

GOALS

This program will enable healthcare providers to provide quality healthcare through an understanding of the Medicare Reimbursement system for restorative nursing services in a skilled nursing facility. Nursing staff and therapy professionals will leave this course with a clear understanding of how to work as a team to program plan for patients who are highly at risk related to falls, wounds, incontinence and more.

CONTENT

- Required components of a RNP as described in the RAI User’s Manual
- Documentation requirements of and recommendations to support need for a RNP
- Examples of resident assessment findings that may indicate a referral to RNP is indicated
- Evaluation of resident’s progress toward goals
- RNP financial impacts – PPS and Case Mix
Improving Quality of Care
Making Restorative Nursing Fun

Harmony Healthcare International, Inc.

Presented by:
Renay Corrigan, RN, CRRN, RAC-MT
Regional Consultant / Trainer

Restorative Nursing

Today’s Agenda Features:
- Restorative Nursing Program (RNP)
- Discuss required components of a RNP
- Documentation requirements
- Evaluation of resident’s progress
- RNP financial impacts – PPS and Case Mix

RNP – Required Components
(as defined by the RAI User’s Manual)

- Assessment of the resident’s current functional level
- Individual resident-specific care plan based on current assessment
- Measurable resident specific goals for RNP
- Periodic documentation of resident’s response to their individualized care plan
RNP – Required Components
(as defined by the RAI User’s Manual)

- Program must be supervised by a licensed nurse
- Can be an LPN unless state practice act requires an RN
- An RNA may document and the licensed nurse can cosign (if allowed by state practice act)

RNP – Required Components

- Evidence of a periodic evaluation is a required element
- Reevaluation:
  - Know your state requirements; for instance, in some cases the progress note should be during assessment reference period when one is due during a given month

RNP – Required Components

- Reevaluation:
  - Consider the following: reevaluation quarterly unless the licensed nurse determines (based on the clinical status of the resident) that a more frequent evaluation is required.
  - If RNP is the reason for Medicare coverage, biweekly evaluation would be an absolute minimum; the more frequent the licensed nurse involvement, the better
RNP – Required Components

- Persons providing interventions must be trained in the skills/techniques identified in the RNP
- Program can be either individual or group
- Group is defined – 1 staff to a maximum of 4 residents
- Program may be 100 percent group, if appropriate for the resident

O0500
Restorative Nursing Program

- O0500A, Range of Motion (ROM)*: Passive
  - Resident joints are moved by another person
- O0500B, Range of Motion (ROM)*: Active
  - Resident moves joints independently with or without verbal cues

* For RUG impact, count as one program even if both are provided

O0500
Restorative Nursing Program

- O0500C, Splint or Brace Assistance:
  - Teaching and training, verbal or physical guidance to resident to apply splint/brace
  - A splinting or brace scheduled program
O0500
Restorative Nursing Program

Training and Skill Practice

- O0500D, Bed Mobility#: Improve or maintain the resident’s self-performance in moving to and from a lying position and turning side to side in bed
- O0500E, Walking#: Activities to improve or maintain the resident’s self performance in walking
  #For RUG impact, count as one program even if both are provided

O0500
Restorative Nursing Program

- O0500E, Transfer: Activities provided to improve or maintain the resident’s self-performance in moving between surfaces or planes either with or without assistive devices

O0500
Restorative Nursing Program

- O0500G, Dressing and Grooming: Activities provided to improve or maintain residents self-performance in dressing and undressing, bathing and washing and performing other personal hygiene tasks
- O0500H, Eating and/or Swallowing: Activities provided to improve or maintain resident’s self-performance in feeding self or to improve ability to ingest nutrition/hydration
O0500
Restorative Nursing Program

- O0500I, Amputation/Prosthesis Care:
  - Activities to improve or maintain resident's self-performance in putting on and removing a prosthesis, caring for the prosthesis, and providing appropriate hygiene
- O0500J, Communication:
  - Activities provided to improve or maintain the resident's self-performance in functional communication skills or assisting the resident in using residual communication skills and adaptive devices

Restorative Nursing Program

- H0200C, H0500** Urinary toileting program and/or bowel toileting program
  - **count as one program for RUG grouper
- Resident specific assessment (usually done by a voiding and/or BM diary)
- Individualized care plan from resident assessment
- Evidence the individualized care plan is carried out
- Resident response evaluation or re-evaluation

Restorative Nursing Program

Financial Impact

- RNP effect four RUG-IV groups:
  - Rehab Low plus Extensive
  - Rehab Low
  - Behavioral Symptoms and Cognitive Performance
  - Reduced Physical Function
- Additionally, it effects RUGs in many case mix systems (for state Medicaid)
Restorative Nursing Program
Financial Impact

- Must have 2 or more programs to effect RUG
- 6 days a week (15 minutes per day (i.e., in a 24 hour time frame)
- RNP is considered a skilled service for Medicare Part A as long as resident is progressing toward goals

Making It Work: An Interdisciplinary Approach

- Screening process – starts on admission and then ongoing
- IDT assessment to include:
  - Current and past functional level
  - Assessing for decline
  - Resident or staff feel the resident can do more

Some situations in which to consider RNP:
- Weight loss
- Pain
- Positioning concerns
- Eating or swallowing difficulties
- Decrease in ADL function (i.e., ROM, eating, ambulation, transfer ability, etc.)
- Teaching and training needs
- Communication limitations
Nursing Restorative Program

- Determine resident’s need for a restorative program after assessment
- Assess resources needed, adaptive equipment, and training needs for both the resident and staff
- Referrals to therapy when indicated
- Obtain therapy orders
- Develop an individualized program

Restorative Nursing Program Example:

- Assessed need: Decreased upper and lower body ROM
- Goal: Maintain current ability to use arms and legs for dressing and mobility as evidenced by donning blouses with verbal cues and propelling wheelchair 40 feet for 90 days
- Interventions:
  1. Encourage to propel self independently to dining room in wheelchair for each meal
  2. Resident to attend group activities as follows:
     1. Volleyball Tues., Thur., and Fri.
     2. Kickball on Wed. and Sat.
     3. “Wii” bowling Mon. evening

Restorative Nursing Program Example:

- Assessed need: Does not ambulate independently
- Goal: Will maintain current ambulation ability – Ambulate one way to D/R (a distance of 50 feet) with walker and contact guard for 90 days
- Interventions:
  1. Ambulate with walker to D/R with walker for each meal (a distance of 50 feet)
  2. Praise during ambulation
  3. Remind to hold head up when ambulating
  4. Stand by assist when appears tired or unsteady
Restorative Nursing Program

Example:

- Assessed need: 100% incontinent of urine, no structural problem identified
- Goal: Will be continent while out of bed for 90 days
- Interventions:
  1. Will be toileted between 6:30am – 7:30am, 11:00 – 12:00, 2:30 – 3:30, 6:30pm – 7:30pm and at hs
  2. Incontinence product at night, do not awaken at night to ensure a good night sleep
  3. Praise for accomplishment

Restorative Nursing Program

- Determine education needs
- Licensed nurse must oversee the restorative nursing program
- Nurse assistant - both for referrals to therapy and specialized programming
- Other staff training such as activities, volunteers, etc.

Restorative Nursing Program

- Determine How your going to Implementation programs
- Determine When your going to Start program
- Determine Who is going to do what and when

- Then Start your road to Success!!
Questions/Answers

- Harmony Healthcare International
- 1 (800) 530 – 4413


Harmony Healthcare International

Get a Free RUG Analysis From Harmony
Please Direct Inquires to our Business Development team at:
RUGS@harmony-healthcare.com