Restorative Nursing: The NHA’s Role and Organizational Outcomes

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PATHWAY HEALTH
Objectives

Upon completion of this program, attendees should be able to:

1. Describe how a strong Restorative Nursing Program relates to positive Quality Measures, Compliance and Reimbursement.
2. Understand and verbalize the importance of resource management.
3. Describe the balance necessary for both support and oversight for compliance with the Restorative Nursing Program.
Restorative Nursing

“Restorative nursing program refers to nursing interventions that promote the resident’s ability to adapt and adjust to living as independently and safely as possible. This concept actively focuses on achieving and maintaining optimal physical, mental, and psychosocial functioning”.

CMS’s RAI Version 3.0 Manual, Chapter 3. page O-36
Restorative Nursing

“A resident may be started on a restorative nursing program when he or she is admitted to the facility with restorative needs, but is not a candidate for formalized rehabilitation therapy, or when restorative needs arise during the course of a longer-term stay, or in conjunction with formalized rehabilitation therapy. Generally, restorative nursing programs are initiated when a resident is discharged from formalized physical, occupational, or speech rehabilitation therapy.”

CMS’s RAI Version 3.0 Manual, Chapter 3. page O-36
Purpose of Restorative Nursing

A successful Restorative Nursing Program can assist the resident to:

• Attain and maintain their highest level of function

• Maintain or re-attain the dignity and self-worth

• Prevent complications of chronic conditions
Restorative Nursing

Can also assist the provider to:

• Increase staff morale due to resident success
• Improve Facility Quality Measures
• Move towards appropriate RUG category
• Improve marketing strategies in the community
• Increase the likelihood of CMS regulatory compliance
Facility Commitment

Support education, preparation, time and effort for successful program

Recommend NOT pulling Restorative Aides for routine staffing issues unless a solid plan is in place and consistently implemented

All residents are screened on admission, quarterly and with changes for functional limits

Determine the level of intervention needed by Rehab and/or Restorative Nursing

Provide individualized program based on comprehensive assessment
Facility Commitment

Updated Policies and Procedures
Job descriptions
Forms/EHR Management
Assignment management

QAPI Opportunity!
Restorative Nursing

Should be available for all residents who have a need based on the comprehensive assessment

Educated, experienced staff to be able to provide the program 24/7
Restorative Programs

Active Range of Motion (AROM)
Passive Range of Motion (PROM)
Splint and/or Brace Assistance
Bed Mobility
Transfer
Walking
Dressing and/or Grooming
Eating and/or Swallowing
Amputation/Prosthesis Care
Communication
Toileting Programs
### Section O

**Special Treatments, Procedures, and Programs**

<table>
<thead>
<tr>
<th>Number of Days</th>
<th>Technique</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A. Range of motion (passive)</td>
</tr>
<tr>
<td></td>
<td>B. Range of motion (active)</td>
</tr>
<tr>
<td></td>
<td>C. Splint or brace assistance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Days</th>
<th>Training and Skill Practice In:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>D. Bed mobility</td>
</tr>
<tr>
<td></td>
<td>E. Transfer</td>
</tr>
<tr>
<td></td>
<td>F. Walking</td>
</tr>
<tr>
<td></td>
<td>G. Dressing and/or grooming</td>
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<tr>
<td></td>
<td>H. Eating and/or swallowing</td>
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<tr>
<td></td>
<td>I. Amputation/prostheses care</td>
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<tr>
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<td>J. Communication</td>
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</table>

MDS 3.0

CMS Version MDS 3.0, Nursing Home Comprehensive (NC) Version 1.13.2 Effective 10/01/2015, Pg. 32 of 41

LeadingAge Michigan & PACE Association of Michigan ~ 2016 Annual Conference
### H0200. Urinary Toileting Program

<table>
<thead>
<tr>
<th>Enter Code</th>
<th>A. Has a trial of a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training) been attempted on admission/entry or reentry or since urinary incontinence was noted in this facility?</th>
</tr>
</thead>
</table>
|            | 0. No ➔ Skip to H0300. Urinary Continence  
1. Yes ➔ Continue to H0200B. Response  
9. Unable to determine ➔ Skip to H0200C, Current toileting program or trial |
| Enter Code | B. Response - What was the resident’s response to the trial program? |
|            | 0. No improvement  
1. Decreased wetness  
2. Completely dry (continent)  
9. Unable to determine or trial in progress |
| Enter Code | C. Current toileting program or trial - Is a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training) currently being used to manage the resident’s urinary incontinence? |
|            | 0. No  
1. Yes |

### H0300. Urinary Continence

<table>
<thead>
<tr>
<th>Enter Code</th>
<th>Urinary continence - Select the one category that best describes the resident</th>
</tr>
</thead>
</table>
|            | 0. Always continent  
1. Occasionally incontinent (less than 7 episodes of incontinence)  
2. Frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of continent voiding)  
3. Always incontinent (no episodes of continent voiding)  
9. Not rated, resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for the entire 7 days |

### H0400. Bowel Continence

<table>
<thead>
<tr>
<th>Enter Code</th>
<th>Bowel continence - Select the one category that best describes the resident</th>
</tr>
</thead>
</table>
|            | 0. Always continent  
1. Occasionally incontinent (one episode of bowel incontinence)  
2. Frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel movement)  
3. Always incontinent (no episodes of continent bowel movements)  
9. Not rated, resident had an ostomy or did not have a bowel movement for the entire 7 days |

### H0500. Bowel Toileting Program

<table>
<thead>
<tr>
<th>Enter Code</th>
<th>Is a toileting program currently being used to manage the resident's bowel continence?</th>
</tr>
</thead>
</table>
|            | 0. No  
1. Yes |

### H0600. Bowel Patterns

<table>
<thead>
<tr>
<th>Enter Code</th>
<th>Constipation present?</th>
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</table>
|            | 0. No  
1. Yes |
Quality Measures

The Quality Measures that have a direct relationship to Restorative Programming include:

• Percent of Residents Experiencing One or More Falls with Major Injury

• Percent of Residents who Self-Report Moderate to Severe Pain

• Percent of High-Risk Residents with Pressure Ulcers
Quality Measures

Percent of Long-stay Residents with a Urinary Tract Infection

Percent of Low-Risk Residents Who Lose Control of their Bowels or Bladder

Residents Who Have/Had a Catheter Inserted and Left in Their Bladder

Percent of Residents Who Were Physically Restrained

Percent of Residents Whose Need for Help with Daily Activities Has Increased

Percent of Long-stay Residents Who Lose Too Much Weight
NEW Quality Measures

Percentage of short-stay residents who made improvements in function

Percentage of long-stay residents whose ability to move independently worsened
A Closer look at OBRA Regulations

Setting up an effective restorative nursing program can assist a facility and ensure compliance with the federal regulations by keeping residents performing at their highest possible level of function.
The OBRA/CMS Regulations Mandate the Following

OBRA - Omnibus Budget Reconciliation Act of 1987

Long term care facilities maintain or attain the residents at their highest level of functioning.

1. Care plans must be multidisciplinary and driven by resident’s strengths and reflect specific measurable restorative goals.

2. Adaptive equipment must be identified and used.
The OBRA/CMS Regulations Mandate the Following

4. Residents at risk for decreased function be identified through the nursing assessment and process, utilizing the MDS and federal guidelines for periodic review and change of condition assessment once the initial assessment is complete.

5. Restorative nursing program, in conjunction with formalized therapy programs be implemented based on a resident’s assessed restorative nursing needs and needs for formalized therapies.
CMS Survey Criteria

Specific CMS survey criteria that impact and promote restorative care are the *quality of care indicators* that focus on activities of daily living, toileting, communication, language, pressure sores, range of motion, transfers and ambulation.

*Note: It is not just enough to have a program in place; but the system needs to ensure the care is care planned and occurs on a systematic, planned basis.*
Selected F Tags Related to Section G of the MDS

F309 Quality of Care

Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with comprehensive assessment and plan of care.
Selected F Tags Cont.

F310 Activities of Daily Living

A resident’s abilities in activities of daily living do not diminish unless circumstances of the individual’s clinical condition demonstrate that diminution was unavoidable. This includes the resident’s ability to –

i) Bathe, dress, and groom; ii) Transfer and ambulate; iii) Toilet; iv) Eat; and v) Use speech, language, or other functional communication systems.
Selected F Tags Cont.

F311 A resident is given the appropriate treatment and services to maintain or improve his or her abilities.
Selected F Tags Cont.

F314  Pressure Sores

The facility must ensure that – a resident who enters the facility without pressure sores does not develop pressure sores unless the individual’s clinical condition demonstrates that they were unavoidable; and, a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.
Selected F Tags Cont.

F315 Urinary Incontinence

The facility must ensure that – a resident who enters the facility without an indwelling catheter is not catheterized unless the resident’s clinical condition demonstrates that catheterization was necessary; and, a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.
Selected F Tags Cont.

F317 Range of Motion

A resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident’s clinical condition demonstrates that a reduction in range of motion is unavoidable.
Selected F Tags Cont.

F318 Range of Motion

A resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.
Selected F Tags Cont.

F272 Comprehensive Assessments

The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident’s functional capacity.
Selected F Tags Cont.

F281

The services provided or arranged by the facility must meet professional standards of quality.
Selected F Tags Cont.

F282

Services Provided by Qualified Persons in Accordance with Plan of Care

Example of deficiency:

ROM not completed in accordance with the care plan
F282

“Can direct care-giving staff describe the care, services, and expected outcomes of the care they provide; have a general knowledge of the care and services being provided by other therapists; have an understanding of the expected outcomes of this care, and understand the relationship of these expected outcomes to the care they provide?”

CMS State Operations Manual, Appendix PP

Selected F Tags Cont.

F323 Accidents

The facility must ensure that -

1) The resident environment remains as free of accident hazards as is possible; and

2) Each resident receives adequate supervision and assistance devices to prevent accidents.
Basic Questions Surveyors May Ask

Questions surveyors may ask during the survey. The documentation of this information should be reflected through the routine charting of each individual resident.

• What was your baseline assessment?
• What are your reassessments showing?
• What is the natural history of the underlying medical problem?
• Is there an avoidable decline?
• Was the appropriate individualized care plan developed and followed to treat or prevent potential or actual problems?
The Importance of Accurate MDS 3.0 Coding

QUALITY, COMPLIANCE, REIMBURSEMENT
Importance of the MDS

Accurate comprehensive assessment leads to individualized, resident centered appropriate Restorative Programs for QUALITY

Accurate Reimbursement

Compliance
Section G

**Functional Status**

*Intent:* Items in this section assess the need for assistance with activities of daily living (ADLs), altered gait and balance, and decreased range of motion.
Section G: Importance

Vulnerable to error
Helps identify potential significant clinical issues
Key player in survey activities and RUGs based reimbursement
Follow the RAI Manual coding rules
Section G0110

7 day look-back
Must be based on observations
  ◦ Of each episode
  ◦ 24/7 entire look-back period
  ◦ Of all disciplines
  ◦ Documentation in the medical record to support the coding

Charting should be based on **actual** resident function

Do not include assistance provided by others, such as family, visitors, nursing students, volunteers, hospice staff
Section G: Activity of Daily Living

**G0110**: Total of 11 ADL Activities

- Bed Mobility*
- Transfers*
- Walk in Room
- Walk in Corridor
- Locomotion on the unit
- Locomotion off the unit
- Dressing
- Eating*
- Toilet Use*
- Personal Hygiene
- Bathing

*Late Loss ADL’s*
## Step 1: ADL Score

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<thead>
<tr>
<th>Bed mobility</th>
<th>Transferring</th>
<th>Toileting</th>
<th>Eating</th>
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TOTAL 39
### ADL Index/Reimbursement Impact

<table>
<thead>
<tr>
<th></th>
<th>RHA: ADL 0 – 5:</th>
<th>RHB: ADL Score 6 – 10:</th>
<th>Difference:</th>
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<tr>
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<td>$342</td>
<td>$385</td>
<td>$43</td>
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5 residents annual difference: $78K

<table>
<thead>
<tr>
<th></th>
<th>RUA: ADL Score 6 – 10</th>
<th>RUB: ADL Score 11 – 16</th>
<th>Difference:</th>
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<tbody>
<tr>
<td></td>
<td>$496</td>
<td>$584</td>
<td>$88</td>
</tr>
</tbody>
</table>

5 residents annual difference: $160K
ADL Tracking

Who?

How?

Education?
  ◦ How Often?
  ◦ How Delivered

Auditing?

QA?
RAI PROCESS

CARE ASSESSMENTS

RESIDENT INTERVIEWS

MDS

CATs

CAAs

CAA SUMMARY

CARE PLAN
Restorative Program
Resource Management

THE ADMINISTRATOR AND NURSING LEADERSHIP
Resource Management

Staffing:

What nurse position is responsible for Restorative Nursing?

Do you have specific Rehab or Restorative Aides?
Resource Management

Do you have time allotted for:

- Program updates
- Staff Education
  - Training Records
  - Return Demonstration
  - Skills Checklists
- Program oversight
- MDS management
- Documentation Essentials
Resource Management

Have you explored your therapy contract?

- Restorative Nursing/Rehab collaboration
- Communication/meetings
- Education
Resource Management

Audit Process
Late Loss ADL Decline Audit
ROM
Splint Use
Documentation
Assessment Process
Program Implementation
Individualized Care Planning
PROGRAM OVERSIGHT
Oversight and Review of Documentation

C.N.A. Implementation Record/Flow Sheets

ADL Documentation

Minutes Tracking

*Daily review of documentation during the observation period will help to ensure any concerns are addressed timely versus after the Assessment Reference Date!
Review of Documentation

Ongoing review of documentation will also ensure:

◦ Opportunities for on-the-spot education are addressed

◦ Opportunities to address resident refusals in a timely manner (discussing risks/benefits and reason for refusals)

◦ Changes are made in a timely manner to resident needs and added to the care plan
Observations

It is recommended that the nurse in charge of Restorative Nursing –

◦ Observes at least 2 programs/week.
◦ Keeps an updated, ongoing list of residents and their respective programs
◦ Observes all splints weekly (20%/day)
◦ Interviews resident’s and families regarding Restorative Programs
◦ Keeps track of educational status of employees in regards to the Restorative Program
Systems Management
System Management

Policy and Procedure
Forms Management
Identification of Current Status
Identification of Staff Knowledge
Assessment Process Review
Relationship with Therapy
Documentation
Review of Resources
In Summary

The Basic Components of a Restorative Program Include:

1. Policy and Procedure Management
2. Review and Selection of Forms
3. Assessment Process: Identification of a need for the program based on assessment, resident input and ADL deficit
4. Determination of which program the resident is appropriate for
5. Ensure that the program is a separate, individualized, care planned program
In Summary (continued)

6. Documentation needs to substantiate the program need and implementation

7. Ongoing monitoring and re-evaluation is necessary to determine resident centered adjustments for quality

8. Staff education and competence

9. Oversight

10. Quality Assurance/QAPI
In Summary (continued)

A comprehensive, well planned Restorative Nursing Program will provide residents with meaningful programs to maintain or improve function.

A solid program will strive to ensure documentation will substantiate MDS coding for reimbursement and MDS audits.
Benefits

Quality Resident Care
Increase Staff Morale with Resident Success
Improve Quality Measures
Appropriate RUG Rates
Improve Marketing Strategies
Increase Likelihood of Compliance
“Well-trained and dedicated employees are the only sustainable source of competitive strength.”

- Robert Reich
References:

MDS 3.0 RAI Manual:

CMS, State Operations Manual, Appendix PP:
Questions
Thank You For Attending Today’s Presentation!

Sue LaGrange, RN, BSN, NHA, CDONA, CIMT
Director of Education
Pathway Health