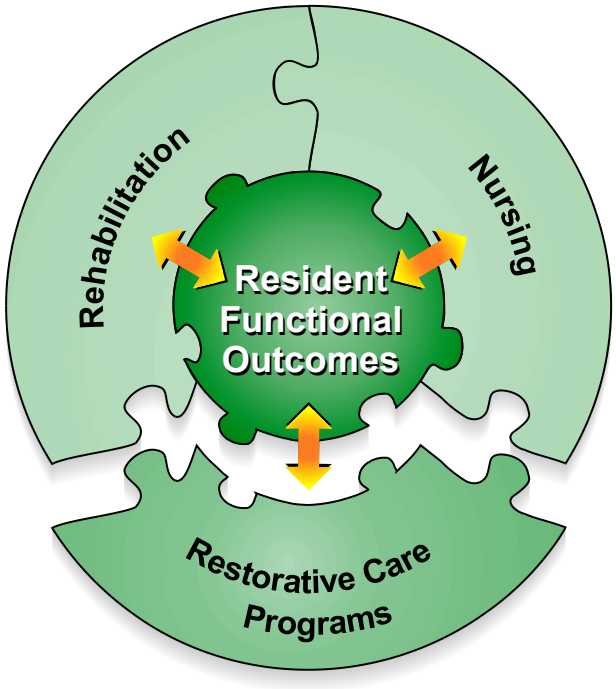
Laguna Honda Hospital and
Rehabilitation Center

a facility of the

SAN FRANCISCO
Department of Public Health

Rehabilitation Services Department

Restorative Care Program Policies and Procedures



August 24, 2009

Laguna Honda Hospital and Rehabilitation Center

Rehabilitation Services Department

Restorative Care Program — Level I Policies and Procedures

2009

This document has been approved and authorized for distribution by:

- The Chair of the Laguna Honda Hospital Policy/Procedure Committee
- The Executive Administrator, Laguna Honda Hospital
- The Director of Health, City and County of San Francisco

One set of current original signatures is maintained on file in the Chief of Rehabilitation Services office and is available for review during business hours by request through the Rehabilitation Services Secretary by telephoning (415) 759-2355.

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER
DEPARTMENTAL POLICY/PROCEDURE MANUAL

Restorative Care Program — Level I

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10 General Administration

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10-01 Restorative Care Program (RCP) Definition

Restorative Care is a concept that actively focuses on optimal maintenance of the patient's physical, mental, and psychosocial functioning, and determines the extent to which the patient of a facility receives rehabilitation or restorative services from other than licensed professional staff (e.g., occupational therapist registered [OTR/L], licensed physical therapist [LPT], speech-language pathologist [SLP], and so forth) (Glickstein and Neustadt, 1995, p. 13:5).

RCPs are designed and monitored by Nursing and Rehabilitation professionals, and implemented by supportive personnel (therapy aides or certified nursing assistants, with appropriate specialized training). This collaborative implementation results in ongoing restorative care services to patients, increasing their chances of maintaining or improving functional abilities. RCP monitoring includes:

- Assuring patients meet program criteria,
- Evaluating appropriateness of care,
- Evaluating patients' response to care, and
- Ensuring quality and consistency of interventions.

The goal of a RCP is to maintain the patient's highest practicable physical, mental, and psychosocial well-being (OBRA – 483.2 F279).

Restorative Care Program – Level I

The Restorative Care Program Level I denotes to a structured program of therapeutic activities provided by the Rehabilitation Services department. Level I care is provided by therapy staff at centralized and decentralized locations. In general, Level I care is indicated in situations where the program requires either specialized equipment or therapeutic approaches that are of sufficient complexity that they cannot be easily performed by Unit staff.

Restorative Care Program – Level II

The Restorative Care Program Level II denotes to a de-centralized structured program of therapeutic activities provided by Unit's staff. Programs can be initiated by Nursing, Rehabilitation Services therapists, or by physician referral. The distinguishing feature of Level II restorative care versus Level I restorative care, is that the care is provided by Nursing staff on the Unit.

	RCP Level I	RCP Level II
Referral/Evaluations	Requires evaluation by a rehabilitation professional.	May or may not require evaluation by a rehabilitation professional.
Program Content	Activities require either specialized equipment or therapeutic approaches that are of sufficient complexity that they cannot be easily performed by Unit staff.	Functional activities that are best suited for performing on the Nursing Units by Nursing Unit staff.
Program Location	Unit or centrally based.	Unit based

References:

- Glickstein, J.K. and Neustadt, G.K, Reimbursable Geriatric Service Delivery: A Functional Maintenance Therapy System (Gaithersburg, MD: Aspen Publishers, Inc., 1995).
- Omnibus Budget Reconciliation Act, 1987, Pub. L. no. 100–203, 101 Stat. 1330 (codified at 42 USC § 1396 (Supp. 1989). Also see 54 Fed. Reg. 5359–73 (to be codified at 42 CFR, Part 483, Subpart B).
- Barclays California Code of Regulations, Title 22: § 72315.

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10-02 Responsibility and Accountability of the RCP— Level I

Policy: The responsibility and accountability of the Restorative Care Program — Level I is outlined below.

Procedure:

1. The overall responsibility for the Restorative Care Program — Level I lies with the Chief of Rehabilitation.

2. The Rehabilitation Coordinator coordinates administrative aspects of the Restorative Care Program — Level I, including therapy aide performance reviews, program policies and procedures, and quality improvement/assurance.

3. Clinical oversight of individual program components is overseen by assigned program leads (e.g., the upper-extremity exercise program is overseen by the assigned occupational therapist, etc.) and the Nursing staff responsible for the patient's care.

4. Individual Restorative Care Program — Level I components are designed by skilled therapists and monitored jointly by Nursing and Rehabilitation Services staff. The therapist who designs the program is responsible for communicating the plan of care to the Nursing staff, training therapy aide(s), consulting with therapy aide(s) regarding scheduling, periodic review of a patient's progress in an RCP component, and discharging patients from RCP component(s).

5. The delivery of Restorative Care Program — Level I modalities are provided by qualified therapy aides or certified nursing assistants who have demonstrated competencies in restorative care activities.

References:

- Barclays California Code of Regulations, Title 22 § 70597(b)

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10-03 Scope of Services to Be Provided

Policy: The Restorative Care Program — Level I components provide a wide range of services to enhance and facilitate maintaining the patient's highest practicable physical, mental, and psychosocial well-being.

Background:

RCP — Level I components for Laguna Honda Hospital and Rehabilitation Center (LHH) patients include:

- Gait/Exercise/Pain Management Program
- Upper-Extremity Exercise Program
- Activities of Daily Living (ADL) Program
- Tone Management Program

References:

- HWP&P: 20-06 Interdisciplinary Care Planning
- Physical Therapy Department Policies and Procedures Manual
- Speech Pathology Department Policies and Procedures Manual
- Occupational Therapy Department Policies and Procedures Manual
- Barclays California Code of Regulations, Title 22 § 72403 Physical Therapy Service Unit–Services, § 72413 Occupational Therapy Service Unit–Services, § 72423 Speech Pathology and/or Audiology–Services
- Barclays California Code of Regulations, Title 22 § 70597(a)(4)

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20 Restorative Care Program — Level I Components

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20-01 Gait/Exercise Program

Policy: This program promotes patient's continued level of mobility, transfer, and other modes of locomotion; and ensures maximum function and mobility within the facility environment through the following programs:

- Increasing and/or maintaining patient's ability to ambulate, with or without assistance or assistive devices
- Increasing balance for transfers, standing and ambulation
- Lower and/or upper body strengthening
- Endurance training
- Muscle relaxation
- Maintenance of joint range-of-motion and mobility
- Pain modulation

Procedure:

The Gait/Exercise RCP component is designed to:

- Provide ongoing gait and/or therapeutic exercise for patients recently discharged from formal therapies.
- Address pain, stiffness, and immobility through provision of exercise, relaxation, and pain modulation modalities.

1. **Admission Criteria**

   In addition to the general admission criteria outlined in policy 30-02 of this manual, entrance to the Gait/Exercise Program is restricted to patients who:

   - Would like to independently participate in a supervised strength-training program.
   - Require special handling techniques for gait that exceed the skill level of Unit staff

2. **Discharge Criteria**

   In addition to the general discharge criteria outlined in policy 30-02 of this manual, patients will be discharged from the Gait/Exercise Program after demonstrating:

   - Ambulation abilities can be performed independently or with the assistance of unit staff.

3. **Location, Time and Days**

- Physical Therapy Department (M-4) Monday through Friday between 9:00 AM and 3:30 PM
- Unit Based programs can be arranged at the discretion of the referring therapist

References:

- Barclays California Code of Regulations, Title 22 § 70597(a)(4)

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20-02 Upper-Extremity (UE) Exercise Program

Policy: This promotes and maintains range of motion (ROM), strength, coordination, sitting balance, and circulation through UpperExtremity Therapeutic Exercise (UETE), Progressive Resistive Exercises (PRE), coordination, fine and gross motor control, and functional upper-extremity activities.

The program also maintains visual and/or mental skills through the use of selected meaningful activities or tasks.

Procedure:

- To provide and/or assist with ROM or other upper-extremity exercise programs
- To address the individual problems of the patient using selected activities and therapeutic techniques to enhance the following:
  - Large and small movements of the upper extremeties (gross motor coordination)
  - Small movements of the hands and the fingers (fine motor coordination)
  - Vision and visual perception
  - Motor planning
  - Cognition/mental status/orientation
  - Sitting balance and control
  - Functional activities
  - Endurance training
  - Edema management
- To decrease pain through the provision of local heat, cold, soft tissue massage, and/or mobilization

1. **Admission Criteria**

   In addition to the general admission criteria outlined in policy 30-02 of this manual, entrance to the Upper-Extremity Exercise Program is restricted to patients who:

   - Are unable to move through full range of motion, due to inequality of muscle tone, central processing deficits, orthopedic injuries, soft tissue injuries, edema.
   - Are at risk of contracture, deformity, skin breakdown, discomfort, or trauma.
   - Have painful contractures.
   - Have experienced a loss of function and/or a loss of independence as a result of abnormal muscle tone.
   - Need limited assistance, supervision, or set-up and cueing to perform upper-extemity activities.
   - Have diagnoses which might benefit from pain reduction and increased mobility.

2. **Discharge Criteria**

   In addition to the general discharge criteria outlined in policy 30-02 of this manual, patients will be discharged from the Upper-Extremity Exercise Program:

   - If they are unable to regain motor control, normal muscle tone, and/or ROM.

3. **Location, Time and Days**

   - Occupational Therapy Gym, (K-4) Monday through Friday between8:00 a.m.and 3:30 p.m.
   - Unit-based programs can be arranged at the discretion of the referring therapist.

References:

- Barclays California Code of Regulations, Title 22 § 70597(a)(4)

Approved: 4/5/04
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20-03 Activities of Daily Living (ADL) Program

Policy: This program restores, maintains, or reduces declines in, a patient's ability to perform or participate in bathing, dressing, hygiene/grooming, mobility, transfers, community and home management skills, and ability to manage environmental hardware and devices.

Procedure:

In order to maintain a patient's ADL abilities, after demonstration/instruction by a licensed therapist, the restorative therapy aides implement modalities including, but not lmited to, the following:

- Verbal and/or physical instruction (including visual, auditory, and tactile cues).
- Use of adaptive techniques (such as one-handed dressing).
- Use of adaptive equipment and devices (such as long-handle equipment and custom fabricated devices).
- Any combination of the above.

1. **Admission Criteria**

   In addition to the general admission criteria outlined in policy 30-02 of this manual, entrance to the ADL Program is restricted to patients who:

   - Need limited assistance, supervision, or set-up and cueing to perform ADLs.
   - Use adaptive techniques to complete ADLs.

2. **Discharge Criteria**

   In addition to the general discharge criteria outlined in policy 30-02 of this manual, patients will be discharged from the ADL Program:

   If a patient is unable to regain motor control, normal muscle tone, and/or ROM.

3. **Location, Time and Days**

   - Occupational Therapy Gym, (K-4) Monday through Friday between 8:00 a.m.and 3:30 p.m.
   - Unit-based programs can be arranged at the discretion of the referring therapist.

References:

- Barclays California Code of Regulations, Title 22 § 70597(a)(4)

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20-04 Tone Management/ROM Program

Policy:

This program is designed to:

- Promote and maintain good skin integrity, posture, range of motion, and comfort through specific positioning techniques.
- Maintain the normal movement of an arm or leg by increasing or decreasing the tone.
- Increase or decrease the amount of tone in an extremity to maintain the normal function of that extremity in a more normal fashion.

Definitions:

- **Tone**: Normal degree of vigor and tension; in muscle, the resistance to passive elongation or stretch (Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health, Third Edition, Miller & Keane). May be flaccid or spastic.
  Flaccid: Relaxed, flabby, having defective or absent muscular tone.
  Spasticity: Increased tone or contractions of muscles causing stiff and awkward movements; one result of upper motor neuron lesions.
- **Range of Motion**: The arc of motion through which the joint moves – it does not refer to the angle between two bones (Killingsworth, MA OTR, Basic Physical Disability Procedures).
  - Passive ROM (PROM): The range that is available in a joint when it is moved by an outside force.
  - Active ROM (AROM): The range through which a patient can move a joint using his own muscle power.
  - Active-Assistive ROM (AAROM): The patient is able to assist through partial range of motion by the use of specific techniques, like gravity eliminated positioning and graded physical assistance.

Procedure:

- Patients are assessed for problems related to tonal abnormalities and prescribed specific positioning activities designed to support joints in a functional position and to minimize pressure over bony prominence.
- Additional interventions include PROM, AAROM, AROM, Cognitive-Perceptual–Motor (CPM) activities, and fine and gross motor control.

1. **Admission Criteria**

   In addition to the general admission criteria outlined in policy 30-02 of this manual, entrance to the Tone Management/ROM Program is restricted to patients who:

   - Are unable to move through full range of motion, due to inequality of muscle tone or central processing deficits.
   - Are at risk of contracture, deformity, skin breakdown, discomfort, or trauma.
   - Have painful contractures.
   - Have experienced a loss of function and/or a loss of independence as a result of abnormal muscle tone.
   - Have developed abnormal sitting and lying positions.
   - Are unable to move and/or reposition self.

2. **Discharge Criteria**

   In addition to the general discharge criteria outlined in policy 30-02 of this manual, patients will be discharged from the Tone Management/ROM Program:

   - If a patient is unable to regain motor control, normal muscle tone, and ROM.

3. Location, Time and Days

   - Occupational Therapy Gym, (K-4), Monday through Friday between 8:00 a.m.and 3:30 p.m.
   - Physical Therapy (M-4)

   Unit-based programs can be arranged at the discretion of the referring therapist

References:

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- Barclays California Code of Regulations, Title 22 § 70597(a)(4)

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Revisaed: 8/18/04

30 Admission Procedures and Referrals to Restorative Care Programs — Level I

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30-01 Admission and Discharge Criteria for RCP Services

Policy: Any patient who requires functional maintenance or restorative activities to return to or achieve maximal functional independence may be eligible for Restorative Care Program — Level I components.

Procedure:

1. **Admission Criteria**

   In general, patients appropriate for admission into RCP — Level I components include patients who:

   - Were recently discharged from Occupational Therapy, Physical Therapy, or Speech Pathology, and are awaiting transfer to the community or a lower-level-of-care setting.
   - Are unable to move through full range of motion, due to inequality of muscle tone, neurologic insult, orthopedic injuries, or soft tissue injuries.
   - Are at risk for contractures, deformity, skin breakdown, discomfort, and/or trauma.
   - Have painful contractures.
   - Have experienced a loss of function and/or a loss of independence.
   - Demonstrate motivation and behavior appropriate for treatment.
   - Need limited assistance, supervision, set-up, or cueing to achieve functional activities.
   - Are capable of following at least single-unit commands.
   - Have medical conditions which may benefit from reduction in pain and increase in mobility.
   - Require specialized equipment or skills not readily available on the Units.

   Additional eligibility requirements pertaining to specific RCP — Level I components are listed in the individual component policies in Section 20, "Restorative Care Program — Level I Components."

2. **Discharge Criteria**

   As a general policy, patients will be discharged from RCP — Level I components:

   - Upon discharge from LHH.
   - At onset of an acute medical condition, or a change in functional abilities which results in an inability to participate in treatment.
   - At onset of motivational and/or behavior problems that result in an inability to participate.
   - At patient request.
   - After repeated poor attendance.
   - Demonstrated maintenance in specifically trained skills.

References:

- Medical Staff P&P: B01-01 Admission Screening
- Barclays California Code of Regulations, Title 22 § 70597(7)(d)

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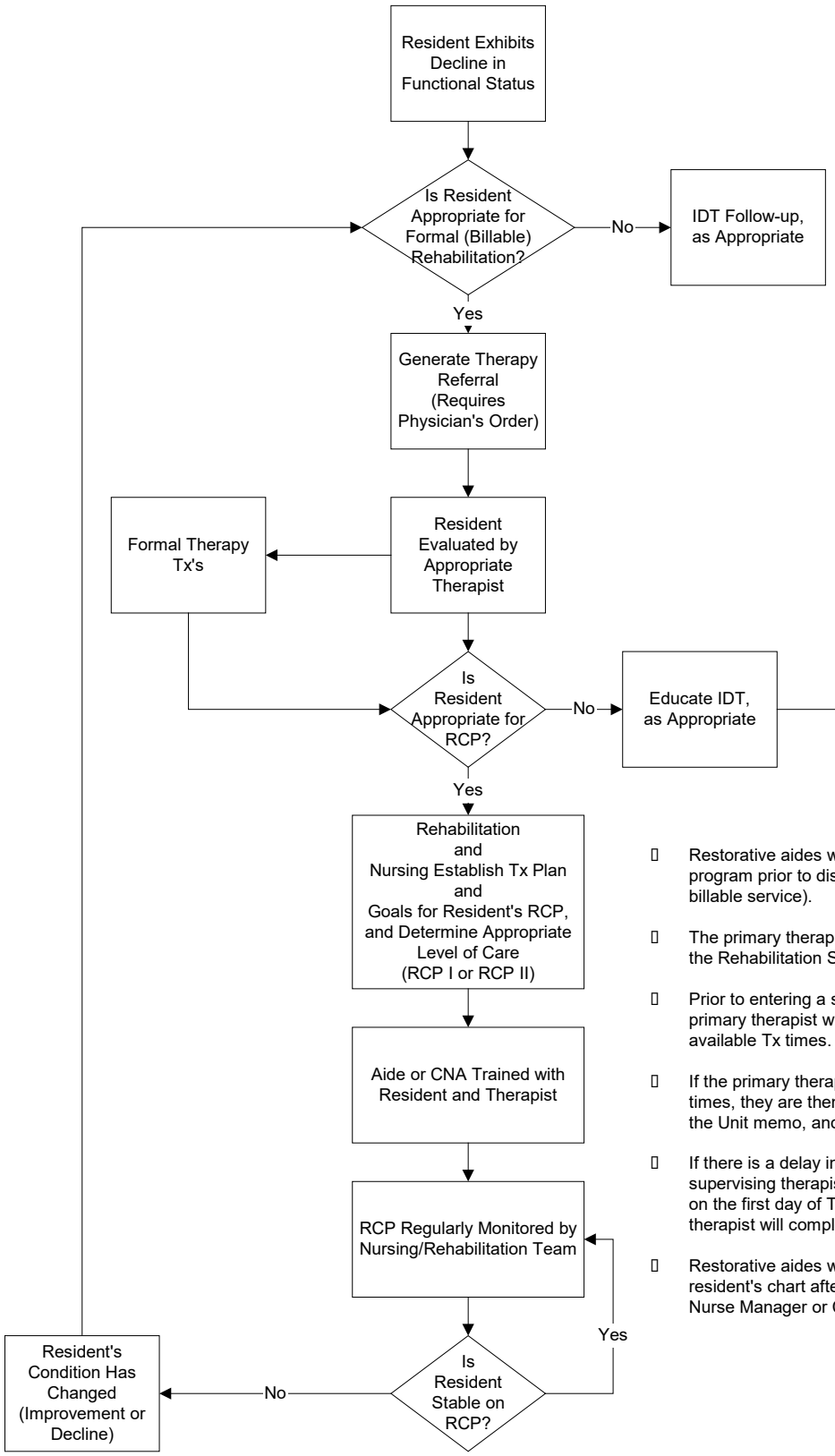
Restorative Care Program (RCP) — Level 1: ***Admission and Eligibility Process***



- Restorative aides will be trained in the proposed Tx program prior to discharge from formal therapy (this is a billable service).
- The primary therapist will complete the RCP Tx plan in the Rehabilitation Services database on the computer.
- Prior to entering a start date in the RCP Tx plan the primary therapist will check with the restorative aide for available Tx times.
- If the primary therapist has a valid start date and Tx times, they are then responsible for printing the Tx plan, the Unit memo, and updating the resident's care plan.
- If there is a delay in implementing a Tx plan, the supervising therapist should briefly screen the resident on the first day of Tx. In addition, the supervising therapist will complete the above noted paperwork.
- Restorative aides will file the paperwork in the resident's chart after approval of the Tx plan by the Nurse Manager or Charge Nurse.

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40 Documentation and Assessments

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40-01 Documentation—Overview

Policy: Signed treatment notes will be entered into the patient's medical record at the time of admission to a Restorative Care Program — Level I component, at regular intervals during the course of enrollment in the program (at least quarterly), and at discharge.

Procedure:

1. **Admission:**

   Patients admitted to any Restorative Care Program — Level 1 component require a treatment plan and a care plan. The treatment plan is generated from the Rehabilitation Services Department database and includes primary therapist, treating therapy aide, treatment plan, goals, and precautions. The initial treatment plan and a memo are sent to the Unit indicating the patient's admission into the RCP — Level I component. Following collaborative review of the treatment plan by the primary therapist and Nurse Manager or Charge Nurse, the care plan is completed.

2. **Attendance:**

   Patients with orders to attend RCP — Level I components will have a record kept of the dates they attended the program component. This record will be kept in the Rehabilitation Services Department Database and will be entered into the patient's medical record on a quarterly basis, or as needed upon the request of the supervising nurse.

   Nursing staff should request a record of attendance at the quarterly IDT case conference. For annual reviews, the number of days attended by the patient should be entered into the appropriate section of the MDS (P3).

3. **Assessments:**

   Regular assessments of the patient's response to treatment will be entered into the Rehabilitation Services Department database and will be printed for inclusion in the medical record on at least a quarterly basis. Assessments are to be reviewed and signed by the Nurse responsible for the care of the patient.

4. **Discharge:**

   Discharge from any RCP — Level I component requires a final printout of the treatment plan/attendance record. The treatment plan should reflect a final assessment of response to treatment and a reason for discharge from the program component. A memo is sent to the Unit indicating the reason(s) for discharge. If a resident expires, is discharged from LHH, or is transferred to M7A, then the discharge documentation will be sent to Health Information Services.

References:

- Barclays California Code of Regulations, Title 22 § 70597(a)(1)

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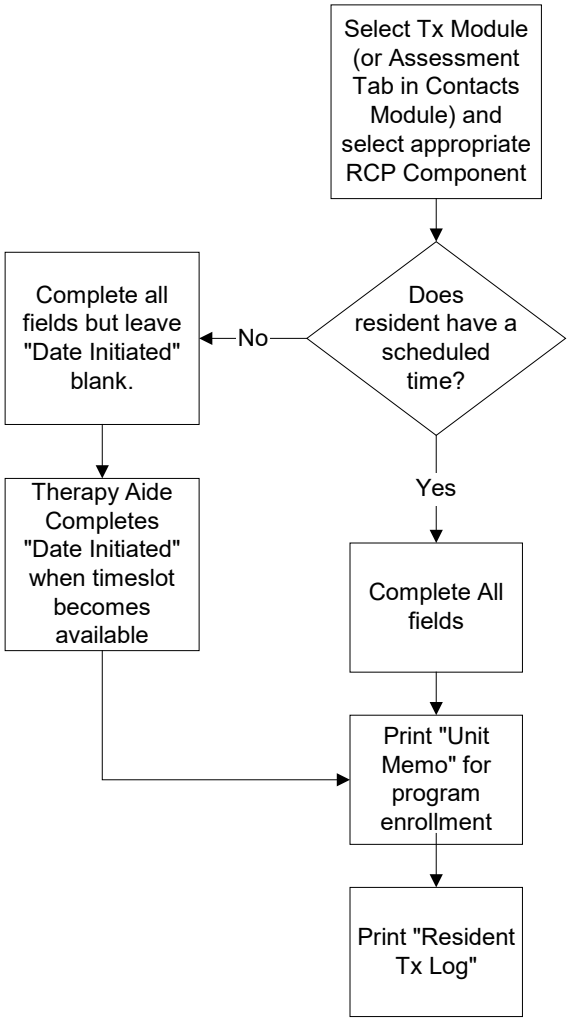
Restorative Care Program — Level I
Documentation: Admit



- Therapy aides will be trained in the proposed Tx modality prior to discharge from formal therapy (this is a billable service).
- The primary therapist will complete the Level 1 Restorative Tx plan in the computer.
- Prior to entering a start date in the Level 1 Restorative Tx plan the primary therapist will check with the therapy aide for available Tx times.
- If the primary therapist has been issued a start date and Tx times, they are then responsible for entering the start date, printing the Tx plan, the Unit memo, and updating the resident's care plan.
- If there is a delay in implementing a Tx plan, the supervising therapist should briefly screen the resident on the first day of Tx. In addition, the supervising therapist will complete the above noted paperwork.
- Therapy aides will file the paperwork in the resident's chart.

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