



Dedicated Restorative Nursing Program at Laguna Honda Hospital and Rehabilitation Center

November 2021



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Objectives



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- ▶ Review of current Restorative services at Laguna Honda Hospital.
- ▶ Example of dedicated Restorative Nursing Program following PDMP, CMS/MDS regulations.
- ▶ Support needed to implement a dedicated Restorative Nursing Program.

Partners in
Restorative Care
Empowering Caregivers—
Enabling Patients



Goals



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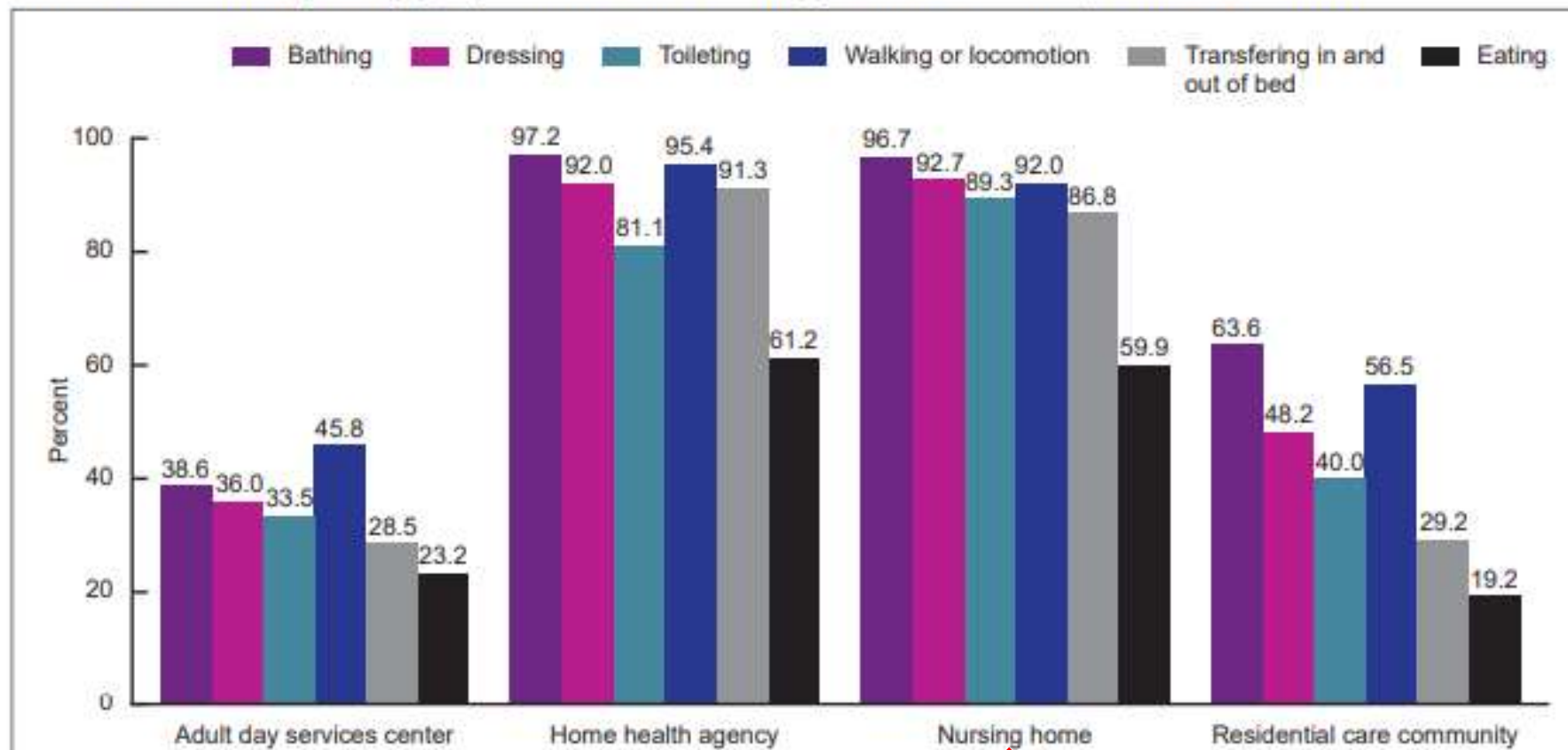
Restorative Nursing Program is directed towards:

- ▶ Conservation of residents' abilities
- ▶ Restoration of maximal levels of function & independence
- ▶ Promotion of quality of life
- ▶ Adaptation to an altered lifestyle
- ▶ Prevention of deterioration and complications of disability
- ▶ Restorative is only for SNF residents



Why do SNF Resident need Restorative Care?

Figure 25. Percentage of long-term care services users needing any assistance with activities of daily living, by sector and activity: United States, 2015 and 2016



Source: CDC





Current Restorative Programs Defined

Restorative Nursing **Care**:

1. Nursing interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible
2. Focuses on achieving and maintaining optimal physical, mental, and psychosocial functioning.
3. Directed toward the conservation of resident's abilities, restoration of maximal levels of function and independence, promotion of quality of life, adaptation to an altered lifestyle, and prevention of deterioration and complications of disability.
4. Planned, implemented and facilitated by the RCT to achieve the best individual outcomes.
5. Licensed Nurses provide direction, oversight and follow up for restorative nursing interventions performed regularly by CNAs/PCAs and other trained staff, with or without consultation by a licensed therapist.
6. The exercises, treatments or activities are individualized to the resident's needs, planned, monitored, evaluated and documented in the resident's medical record.

Restorative Nursing **Program**:

1. Restorative care provided regularly by TAs under the supervision of a LN with treatments recommended by a licensed rehabilitation therapist and requires an initial consult request from the physician.
2. TAs provide restorative treatment in the wellness gym, on the neighborhoods (unit-based) and in the aquatics pool, under the supervision of a LN with initial recommendations and follow up consultations provided by the licensed therapist. Restorative therapy is reviewed quarterly and as needed for modifications and/or discharge by the LN and/or the RCT.
 - a. **Wellness gym**: Restorative treatment in the wellness gym utilizes specialized equipment
 - b. Neighborhood (unit-based) restorative programs: depending on the medical or physiological complexity of the resident, the restorative program can be done one-to-one or in a small group.
 - c. **Aquatics**: This restorative program can be used for residents who may not tolerate therapy on land due to pain or other movement issues. The licensed therapist may be present for all sessions of this type of programming (refer to LHH PP 28-03 Aquatic Services).

WHEN IS A RESTORATIVE PROGRAM INITIATED?



Source: AANAC

Restorative Nursing Program's Hours of Operation.



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Wellness Gym:

Monday and Friday: 8:45am-12pm, 1pm-3pm.

Tuesday, Wednesday and Thursday: 8:45 – 10:30am, 1pm-3pm. Appointment times are every 15 minutes.

Unit based visits:

Tuesday, Wednesday and Thursday: 10:30-12pm.

Aquatics:

Monday and Friday 10:30am-12pm



Restorative Nursing Program in Wellness Gym



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LHH. (2018). *Restorative Therapy* [Photography]. Laguna Honda Hospital and Rehabilitation Center. Permission in file.



LHH. (2018). *Restorative Therapy* [Photography]. Laguna Honda Hospital and Rehabilitation Center. Permission in file.



Issues with current Restorative Programs' structure



- ▶ Two Restorative programs not working in tandem.
- ▶ Distance to Wellness Gym for a 15-minute appointment has resulted in monthly average of 30% missed appointments.
- ▶ Residents not picked up on time creates a safety concern.
- ▶ Operational hours are only 5 days per week.
- ▶ Wellness Gym is a shared space with Activities and Rehab- Limited hours for Restorative Program.
- ▶ Low number of residents for unit base visits and aquatics program results in increase downtime for TAs.
- ▶ Only 7 Therapy Aides and 1 (one) Registered Nurse to provide service for over 700 residents at LHH.
- ▶ Rehab referral often includes multiple treatments that would exceed 15 minutes allotted per residents.





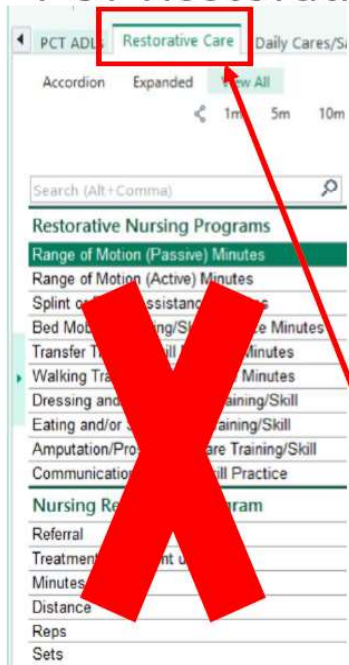
Restorative Charting in EPIC



Epic Message Board – Nursing

8-12-19

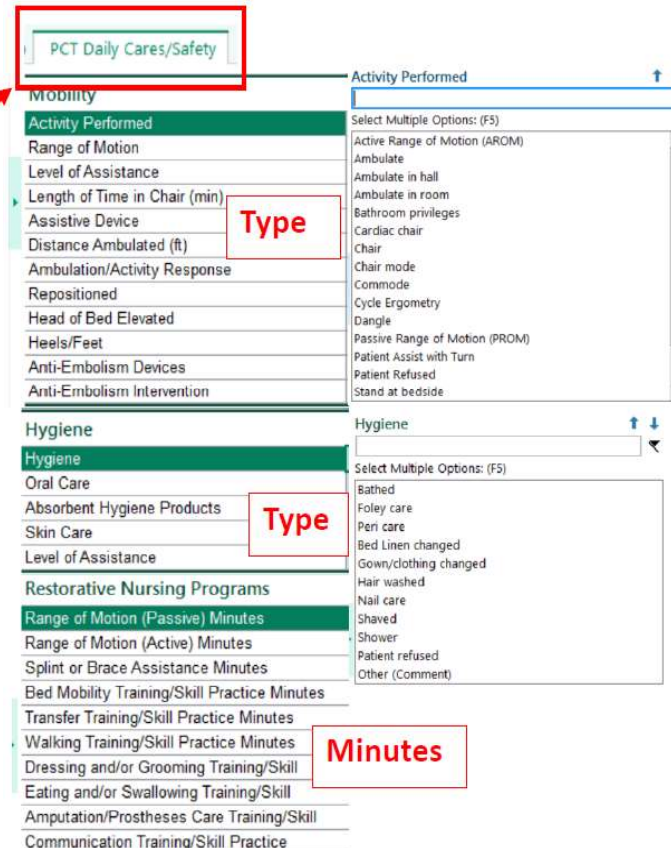
PCT Restorative Interventions Charting



Document restorative interventions under the **PCT Daily Cares/Safety** flowsheet.

- Document the type of restorative activity under the appropriate section (ex: mobility, hygiene, etc.)
- Document the minutes spent on each restorative category under Restorative Nursing Programs

Do **NOT** document under the Restorative Care flowsheet tab. This tab is used for the Restorative Program (Wellness gym, Aquatics and unit-based)



Example of Restorative Treatment under current Restorative structure



- ▶ Resident: R.D.
- ▶ Current Treatment:
 - ▶ Restorative Nursing **Program**: Pedal Bike and Standing Therex
 - ▶ Tx scheduled: M – F @ 2pm
 - ▶ Goal: Mobility level is maintained or improved
 - ▶ Nursing Restorative **Care**: Ambulation
 - ▶ Tx scheduled: BID
 - ▶ Goal: Mobility/activity is maintained at optimal level for patient
- ▶ EPIC Documentation:
 - ▶ Restorative Nursing **Program**: Flowsheet, Notes on goal/status/progress, and ADL care plan
 - ▶ Nursing Restorative **Care**: Flowsheet and ADL care plan
- ▶ Problem: Duplication of services – both programs are working on the same goal.



Proposed Restorative Nursing Program at Laguna Honda Hospital



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One dedicated Restorative Nursing Program with services provided mainly on the unit in a designated area or by the bedside.

According to AANAC (2018)
“Restorative programs that were successful with a dedicated restorative aide may not be successful with a shared-responsibility program model.” page 23

Structuring a dedicated Restorative Nursing Program will remove ambiguity, increase transparency, accountability, concise data source, efficient allocation of resources to help ensure compliance with the federal regulations.



American Association of Nurse Assessment Coordination. (2018) *Guide to successful restorative program.*

<https://www.aapacn.org/products/restorative-programs-guide/>

LHH. (2018). *Restorative Therapy* [Photography]. Laguna Honda Hospital and Rehabilitation Center. Permission on file.

Current Restorative Nursing

vs.

Restructured Restorative Nursing



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	RESTORATIVE NURSING CARE	
	RESTORATIVE NURSING CARE	RESTORATIVE NURSING PROGRAM
STAFF	LN, CNA/PCA, AT	TA
PLAN OF CARE	Determined by LN	Recommended by licensed rehabilitation therapist
TREATMENTS	Can be safely carried out by nursing staff or trained staff	Complex treatments or specialized equipment
LOCATION	On unit	Wellness gym, on unit, aquatics
COMPONENTS	AROM, PROM, splint/brace assistance, amputation/prosthesis care, bed mobility, transfer, walking, dressing/grooming, eating/swallowing, communication, bowel/bladder training	AROM, PROM, splint/brace assistance, amputation/prosthesis care, bed mobility, transfer, walking

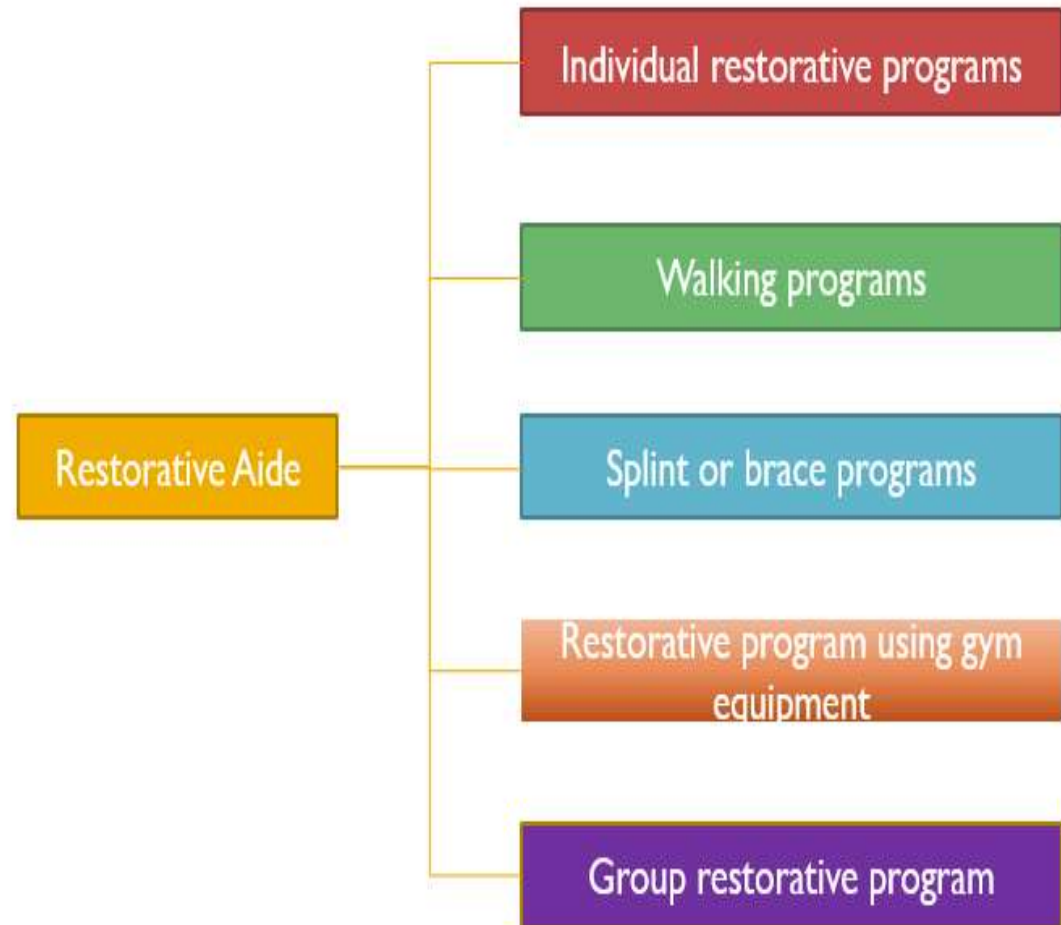
Proposed Restorative Nursing Program at Laguna Honda Hospital	
STAFF	LN, TA, CNA/PCA, AT
PLAN OF CARE	Recommended by licensed rehabilitation therapist and LN
TREATMENTS	Complex treatments, specialized equipment and can be safely carried out by nursing staff or trained staff
LOCATION	On unit and Aquatics
COMPONENTS	AROM, PROM, splint/brace assistance, amputation/prosthesis care, bed mobility, transfer, walking, dressing/grooming, eating/swallowing, communication, bowel/bladder training (review and confirm completion)





Dedicated Restorative Program

- ▶ Nursing Restorative to have dedicated staff to manage the resident's restorative needs and ensure that restorative care planning occurs systematically to meet goals.
- ▶ Having one dedicated team to provide restorative care will also help to communicate to the entire healthcare team the expected outcomes of the Restorative care and facilitate an understanding of the relationship of the expected outcomes related to the care they provide.



Benefits of Re-structuring LHH's Restorative Programs



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Restorative Nursing can assist the provider to:

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



QUALITY MEASURES

Quality Measures for the STAR rating and CMS Nursing Home Compare (available for consumers and prospective residents) use:

- Increased ADL needs
- Move independently worsens
- Falls and Falls with major injury
- Low-risk incontinence
- UTIs
- Pressure injuries
- Significant weight loss

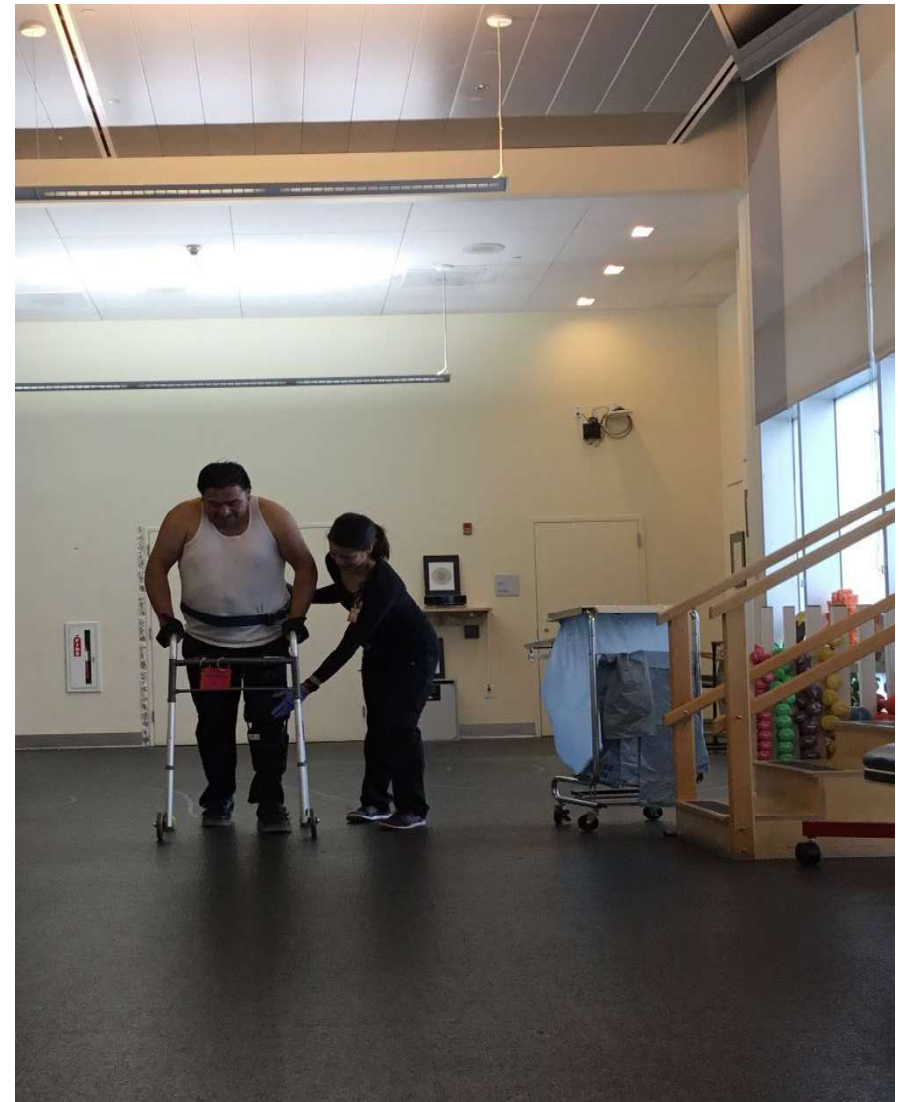
Percentage of short-stay residents who improved in their ability to move around on their own ↑ <i>Higher percentages are better</i>	76.8% National average: 71% California average: 76.6%
Percentage of long-stay residents whose ability to move independently worsened ↓ <i>Lower percentages are better</i>	27.7% National average: 25.4% California average: 18.9%
Percentage of long-stay residents whose need for help with daily activities has increased ↓ <i>Lower percentages are better</i>	13.5% National average: 16.7% California average: 10.3%

Source: Medicare Nursing Home Compare



Restorative Nursing Program Treatments

- ▶ Passive Range of Motion (**PROM**)
- ▶ Active Range of Motion (**AROM**)
- ▶ Various Therapeutic Exercises as well as use of exercise equipment
- ▶ Transfers
- ▶ Ambulation
- ▶ Splint or Brace Assistance
- ▶ Dressing and/or Grooming
- ▶ Toileting Programs
- ▶ Eating and/or Swallowing
- ▶ Communication



Proposed hours of operation for the newly restructured Restorative Program



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Unit based care:

Monday through Sunday, 7:30am-4pm.

Functional Maintenance Groups:

Monday through Sunday, 10am-12pm.

Ambulation Groups:

Monday through Sunday, 10am-2pm.

Aquatics:

Monday and Friday 10:30am-12pm

▶ PDMP CALCULATION FOR SNFs (data from MDS assessment)

Determine Restorative Nursing Count

Count the number of the following services provided for **15 or more minutes a day for 6 or more of the last 7 days:**

H0200C, H0500** Urinary toileting program and/or bowel toileting program

O0500A,B** Passive and/or active range of motion **O0500C** Splint or brace assistance

O0500D,F** Bed mobility and/or walking training **O0500E** Transfer training

O0500G Dressing and/or grooming training

O0500H Eating and/or swallowing training

O0500I Amputation/prostheses care

O0500J Communication training **Count as one service even if both provided

CMS MDS 3.0, Long-Term Care Facility Resident Assessment Instrument Version 1.17.1 Effective 10/2019, P. O-42



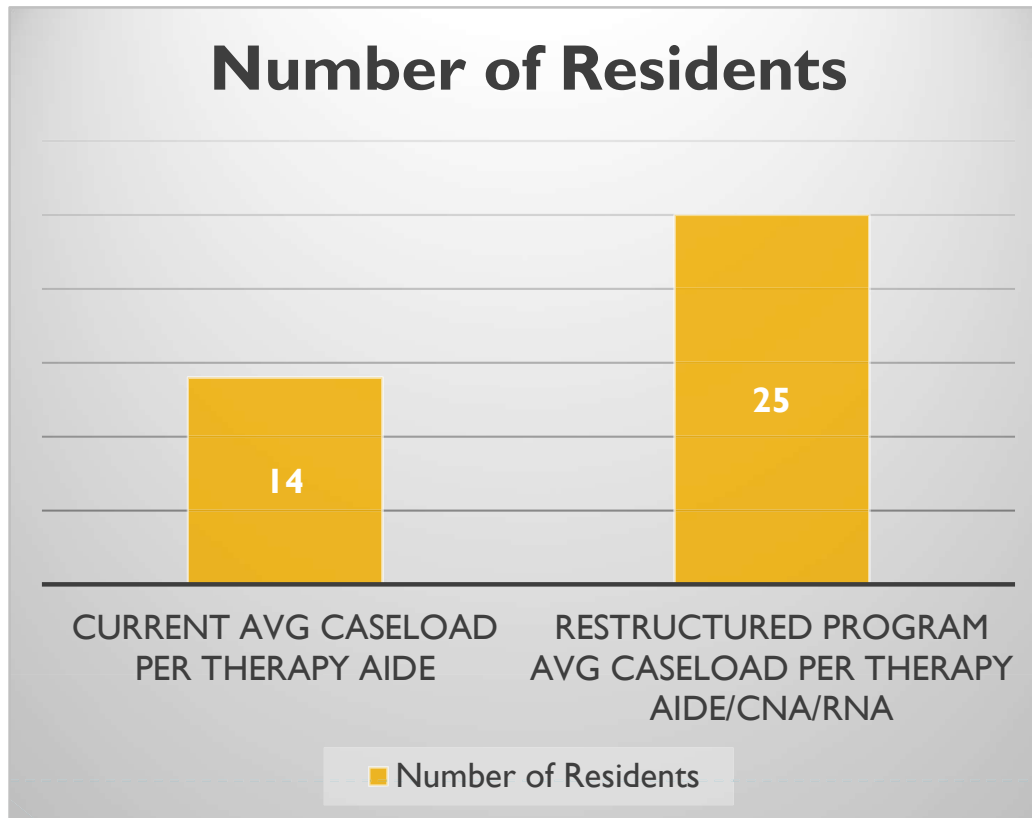
O0500: Restorative Nursing Programs

O0500. Restorative Nursing Programs	
Record the number of days each of the following restorative programs was performed (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes daily)	
Number of Days	Technique
<input type="checkbox"/>	A. Range of motion (passive)
<input type="checkbox"/>	B. Range of motion (active)
<input type="checkbox"/>	C. Splint or brace assistance
Number of Days	Training and Skill Practice In:
<input type="checkbox"/>	D. Bed mobility
<input type="checkbox"/>	E. Transfer
<input type="checkbox"/>	F. Walking
<input type="checkbox"/>	G. Dressing and/or grooming
<input type="checkbox"/>	H. Eating and/or swallowing
<input type="checkbox"/>	I. Amputation/prostheses care
<input type="checkbox"/>	J. Communication

Example of a Current Daily Caseload vs. Proposed Caseload



Current Resident Caseload per Therapy Aide	Proposed Resident Caseload on a unit	Benefits in restructuring Restorative Services at LHH
14 residents seen per day	25 residents seen per day	56% Increase residents seen per day



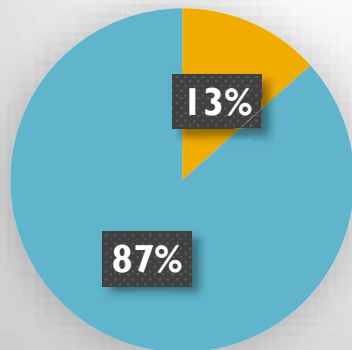
Total residents: 25
Individual Resident appointments – 13
Ambulation program – 8
Functional Maintenance Group - 4

Example of Current Restorative Nursing Program Census vs Proposed Census in newly structured Program



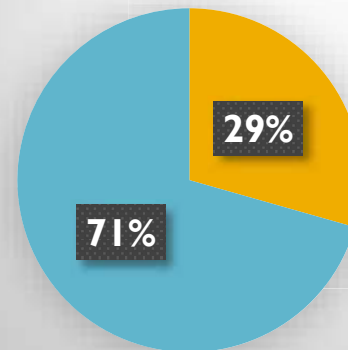
	Current Average Enrollment to Nursing Restorative Census Hospital Wide	Proposed Average Nursing Restorative Census Hospital Wide	Benefits in restructuring Restorative Services at LHH
Hospital wide (13 units)	180 average census (cycle with evaluations and discharges)	325 residents (possible 25 residents per unit) (cycle with evaluations and discharges)	55% Increase (additional 145 residents)

Current Average Census



- Total Avg Census in Nursing Restorative Program
- Total Avg Census Hospital wide

Proposed Average Census



- Total Avg Census in Nursing Restorative Program
- Total Avg Census Hospital wide

***Possible total census of 780 resident hospital wide





Current Staff vs Proposed Staff

Nursing Restorative in Wellness Gym

- ▶ 6 Therapy Aides seeing an average of 14 residents each per day (Monday through Friday). 1 Therapy Aide assisting and covering vacations.
- ▶ 1 Registered Nurse

Not meeting MDS/PDMP regulations.

Restorative Nursing Program on the units

- ▶ 12 Restorative Nurses Aides (PCAs) needed to cover 7 days a week while allowing for two person assist and vacation coverage.
- ▶ 2 Registered Nurse and 1 LVN

Allows for Restorative Care MDS/PDMP compliance



RESTORATIVE PERIODIC EVALUATION CHECKLIST

- Specify why the resident is on this restorative program
- Include details of program (e.g., feet walked, number of repetitions, weights)
- Identify equipment and/or adaptive equipment used (e.g., walker, cane, weighted silverware)
- Identify staff support, cues, and reminders
- List special consideration (e.g., uses oxygen, needs rest periods)
- Describe resident's participation or refusals
- Identify any resident concerns or complaints (e.g., pain, shortness of breath, dizziness), identify reason/root cause, and make adjustment to program or schedule program as needed to resolve
- Review any refusals, identify reason/root cause, and make adjustment to program or schedule the program as needed to resolve
- Review program goals (e.g., appropriate, met, needs revision, continue unchanged)
- Specify any referrals needed (e.g., therapy, physician)
- State overall evaluation decision (e.g., continue program unchanged, continue with revision, discontinue, hold and refer to therapy)

Commitment Required



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- ▶ Support for new program which also provides education and training of staff, equipment and supplies for unit base restorative care.
- ▶ Securing dedicated staff to manage and maintain a wholesome Restorative Program on the units. No pulling of restorative staff for staffing issues to ensure consistent restorative care 7 days per week.
- ▶ Update Restorative Care Policies and Procedures.
- ▶ The license nurses will observe at least 2 programs/week.
- ▶ Keeps an updated, ongoing list of residents and their respective programs.
- ▶ The license nurse will observe all splints weekly (20%/day)
- ▶ The license nurse will interview resident's and families regarding Restorative Programs.
- ▶ Nurse Manager will keep track of educational status of employees in regard to the Restorative Program.

The newly structured Restorative Program will include:



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- ▶ 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 with measurable goals.





Cont...

- ▶ 6. Program need and implementation
- ▶ 7. Ongoing monitoring and re-evaluation necessary to determine resident centered adjustments for quality care
- ▶ 8. Staff education and competence
- ▶ 9. QAPI
- ▶ 10. Oversight: Increased ADL Help, Move Independently Worsens and Improvement in Function, ADL Care Plan





References:

- ▶ American Association of Nurse Assessment Coordination. (2018) *Guide to successful restorative program*. <https://www.aapacn.org/products/restorative-programs-guide/>
- ▶ Center for Medicare & Medicaid Services. (2019, October). *Long term care resident facility assessment instrument 3.0 user's manual Version 1.17.1*. https://downloads.cms.gov/files/mds-3.0-rai-manual-v1.17.1_october_2019.pdf
- ▶ Keiter, M., & Sabo, M. (2017). *Patient driven payment model (PDMP): Why restorative matters for skilled residents*. Gravity Healthcare Consulting. https://www.gravityhealthcareconsulting.com/assets/gravitywhitepaper_section-gg-and-pdpm_072518.pdf
- ▶ Laguna Honda Hospital. (2019). *Restorative nursing program*. LHH Nursing Policies and Procedures. D.1.0 (1- 7).

