

Successful Restorative Program

When Therapy and Nursing Collaborate



Advantage

AdvantageCare Rehabilitation / Advantage Home Health Services

Kathy Kemmerer, NAC, RAC-CT 3.0, CPRA

CMI Specialist & Medicare Reimbursement Specialist

Dave Lishinsky, PT

VP of Clinical Compliance

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Objectives

1. Learn the importance of implementing a comprehensive RNP in your SNF
2. Learn how communication and collaboration between nursing and therapy will lead to a successful RNP
3. Understand the impact a RNP can have on your Quality Measures and 5 Star Rating
4. Identify clinical programs that will help decrease hospitalizations and ED visits
5. Learn how to audit a CMI report to identify RNP opportunities

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Introduction



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Restorative Nursing Programs

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

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Restorative Nursing Programs

Technique: Activities provided by Restorative Nursing Staff

1. **Range of Motion (passive):** Code provision of passive movements in order to maintain flexibility and useful motion in the joints of the body. Coding tip: The caregiver moves the body part around a fixed point or joint through the resident's available range of motion. The resident provides no assistance. These exercises must be individualized to the resident's needs, planned, monitored, evaluated and documented in the resident's medical record.
2. **Range of Motion (active):** Code exercises performed by the resident, with cueing, supervision, or physical assist by staff. Coding tip: Any participation by the resident in the ROM activity should be coded here. These exercises must be individualized to the resident's needs, planned, monitored, evaluated, and documented in the resident's medical record. Include active ROM and active-assisted ROM.
 1. Note: For both active and passive range of motion: movement by a resident that is incidental to dressing, bathing, etc., does not count as part of a formal restorative nursing program. Range of motion should be delivered by staff who are trained in the procedures
3. **Splint or brace assistance:** Code provision of (1) verbal and physical guidance and direction that teaches the resident how to apply, manipulate, and care for a brace or splint; or (2) a scheduled program of applying and removing a splint or brace. Coding tip: Assess the resident's skin and circulation under the device, and reposition the limb in correct alignment. These sessions are individualized to the resident's needs, planned, monitored, evaluated, and documented in the resident's medical record.

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Restorative Nursing Programs

Training and Skill Practice: Activities including repetition, physical or verbal cueing, and/or task segmentation provided by any staff member under the supervision of a licensed nurse

4. Bed mobility: Code activities provided to improve or maintain the resident's self-performance in moving to and from a lying position, turning side to side and positioning himself or herself in bed. These activities are individualized to the resident's needs, planned, monitored, evaluated, and documented in the resident's medical record.
5. Transfer: Code activities provided to improve or maintain the resident's self-performance in moving between surfaces or planes either with or without assistive devices. These activities are individualized to the resident's needs, planned, monitored, evaluated, and documented in the resident's medical record.
6. Walking: Code activities provided to improve or maintain the resident's self-performance in walking, with or without assistive devices. These activities are individualized to the resident's needs, planned, monitored, evaluated, and documented in the resident's medical record.

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Restorative Nursing Programs

7. Dressing and/or grooming: Code activities provided to improve or maintain the resident's self-performance in dressing and undressing, bathing and washing, and performing other personal hygiene tasks. These activities are individualized to the resident's needs, planned, monitored, evaluated, and documented in the resident's medical record.
8. Eating and/or swallowing: Code activities provided to improve or maintain the resident's self-performance in feeding oneself food and fluids, or activities used to improve or maintain the resident's ability to ingest nutrition and hydration by mouth. These activities are individualized to the resident's needs, planned, monitored, evaluated, and documented in the resident's medical record.

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Restorative Nursing Programs

9. Amputation/prosthesis care: Code activities provided to improve or maintain the resident's self-performance in putting on and removing a prosthesis, caring for the prosthesis, and providing appropriate hygiene at the site where the prosthesis attaches to the body (e.g., leg stump or eye socket). Dentures are not considered to be prostheses for coding this item. These activities are individualized to the resident's needs, planned, monitored, evaluated, and documented in the resident's medical record.
10. Communication: Code 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. Example: instructing, cueing and using a communication board with a resident who is hearing and/or verbally impaired. These activities are individualized to the resident's needs, planned, monitored, evaluated, and documented in the resident's medical record.

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Restorative Nursing

- ▶ NOTE: Restorative Nursing Programs can not be combined but can be performed in succession: i.e. I need to do AROM before I can do my ADLs safely.
- ▶ NOTE: Residents with dementia learn and retain by repetition.
- ▶ Nursing interventions that promote the resident's ability to adapt and adjust to living as independently and safely as is possible
- ▶ The nurse assistant who totally feeds Mrs. W. has noticed in the past week that Mrs. W. has made several attempts to pick up finger foods. She believes Mrs. W. could become more independent in eating if she received close supervision and cueing in a small group for restorative care in eating. Careful observation by this CNA, has led to a restorative program being implemented improving her quality of life.
- ▶ Restorative nursing programs affect resident quality of life by allowing the resident to be as independent as possible

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Restorative Nursing

- ▶ Restorative nursing is person-centered, whole-person nursing care.
- ▶ The difference in a formalized restorative nursing program is that activities of daily living are considered therapeutic modalities (modality is equipment used to aid that resident in performing their restorative nursing program).
- ▶ Certified nursing assistants are trained to instruct, encourage, guide, and assist residents to perform self-care skills with as much independence as possible. Depending on the resident, a loss of independence could be interpreted as a behavior issue or being resistive to care, when in truth, that resident's independence may be their personal values.
- ▶ Quality of life is a natural outcome of restorative care.
- ▶ Functional decline can lead to depression, withdrawal, social isolation and complications of immobility.

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Rules of Restorative Nursing Are Specific

- ▶ Restorative nursing care must be given daily
- ▶ At least 15 minutes, over the course of one full day, of care are required to qualify for one day of reimbursable care
 - ▶ Example: a resident might receive PROM for 10 minutes on the day shift plus 10 minutes on the evening shift to equal 20 minutes for the day
- ▶ 15 minutes cannot be figured by adding time from different programs
 - ▶ Example: 10 minutes of PROM and 5 minutes of ambulation *does not = 15 minutes in either program*

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Rules of Restorative Nursing Are Specific

- ▶ The care plan must include objective, measurable goals
- ▶ The care plan must show that a licensed nurse periodically evaluates the resident's progress, and changes the care plan if needed: Refer to Documentation slide
- ▶ Documentation can take place within a software program
- ▶ It is important to document the resident's refusal of care as well as their inability to perform programs.

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Documentation Requirements

- ▶ Care must be taken to assure that documentation justifies the necessity of the Restorative programs provided.
- ▶ Measurable objective goals and interventions must be documented in the care plan and in the medical record. If a restorative nursing program is in place when a care plan is being revised, it is appropriate to reassess progress, goals, and duration/frequency as part of the care planning process. Good clinical practice would indicate that the results of this reassessment should be documented in the resident's medical record.
- ▶ Evidence of periodic evaluation by the licensed nurse must be present in the resident's medical record. When not contraindicated by state practice act provisions, a progress note written by the restorative aide and countersigned by a licensed nurse is sufficient to document the restorative nursing program once the purpose and objectives of treatment have been established.
- ▶ Nursing assistants/aides must be trained in the techniques that promote resident involvement in the activity.

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Documentation Requirements

- ▶ A registered nurse or a licensed practical (vocational) nurse must supervise the activities in a restorative nursing program. Sometimes, under licensed nurse supervision, other staff and volunteers will be assigned to work with specific residents.
- ▶ Restorative nursing does not require a physician's order.
- ▶ Nursing homes may elect to have licensed rehabilitation professionals perform repetitive exercises and other maintenance treatments or to supervise aides performing these maintenance services. In situations where such services do not actually require the involvement of a qualified therapist, the services may not be coded as therapy, because the specific interventions are considered restorative nursing services.
- ▶ The therapist's time actually providing the maintenance service can be included when counting restorative nursing minutes. Although therapists may participate, members of the nursing staff are still responsible for overall coordination and supervision of restorative nursing programs.
- ▶ This category does not include groups with more than four residents per supervising helper or caregiver.

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Restorative Nursing

Clinical Drives The Operation

- ▶ Restorative Nursing is a huge part of the therapy and nursing clinical process
- ▶ Assist in maintaining quality of life
- ▶ Identify declines early enough to report problems
- ▶ Nursing and therapy, together, can make a difference in resuming a resident's highest functional outcome

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Restorative Nursing

- ▶ Rehab and restorative nursing are complements to one another, but not the same
 - ▶ Rehab therapy is based on a medical model
 - ▶ Requires fast-paced and significant progress in a short period of time
 - ▶ Restorative nursing is based on a nursing model
 - ▶ Focuses on maintaining function in a long-term, ongoing process
 - ▶ Of course improvement is always hoped but not required
 - ▶ Based on restoring or compensating for skills lost through chronic disease, disuse or other physiological factors
 - ▶ Usually not acute medical episode driven

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Therapy's Role

- ▶ The therapy team will establish the restorative programs prior to discharge from therapy
- ▶ Restorative programs can also be initiated by a professional nurse when a need for these programs is recognized by the nursing staff
- ▶ There will be cases when CNA training on the restorative program will happen while the Resident is on therapy caseload to ensure continuity of care
- ▶ Residents can be on a RNP in conjunction with formalized rehabilitation therapy.
- ▶ Once therapy discharges and restorative nursing takes over, communication becomes key!

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Therapy's Role

- ▶ Strong clinical programs, outcomes tracking, and frequent audits
- ▶ Achieve resident's optimal physical, mental, and psychosocial functioning
- ▶ Promotes quality of life
- ▶ Clinical Programming starts with a LTC Advocacy philosophy
- ▶ Education, training, and implementing an IDT communication and referral system
 - ▶ Nursing ↔ Therapy
 - ▶ All SNF departments

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Therapy's Role

- ▶ Other clinical programs that support the RNP:
 - ▶ Splinting/contracture management
 - ▶ Prosthesis management
 - ▶ S & P
 - ▶ Cognition
 - ▶ ADLs
 - ▶ Dining
 - ▶ Ambulation
 - ▶ Toileting / B & B
 - ▶ Wound care / prevention
 - ▶ Falls prevention
 - ▶ Pain management
 - ▶ Behavioral

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Therapy's Role

- ▶ Monthly / Qtly Audits
 - ▶ S & P
 - ▶ Assistive devices
 - ▶ Walk to Dine
 - ▶ ADL participation
 - ▶ Pain
 - ▶ Splinting / contractures
 - ▶ Falls
 - ▶ Activities participation
- ▶ Wounds
- ▶ WC mobility
- ▶ Transfers
- ▶ Toileting / incontinence
- ▶ Cognition / behaviors
- ▶ Footwear
- ▶ Prosthesis management
- ▶ Restraint reduction
- ▶ Weight loss

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5 Star Long-stay QMs

- ▶ Falls w/ major injury
- ▶ UTIs
- ▶ Mod to severe pain
- ▶ Pressure ulcers
- ▶ B & B incontinence
- ▶ Catheters
- ▶ Physical restraints
- ▶ Ability to move independently worse
- ▶ Increased help w/ ADLs
- ▶ Weight loss
- ▶ Depressive symptoms
- ▶ Antianxiety or hypnotic meds
- ▶ Influenza vaccine
- ▶ Pneumococcal vaccine
- ▶ Antipsychotic meds

1

Quality Measures

Percentage of long-stay residents experiencing one or more falls with major injury. <i>Lower percentages are better.</i>	1.6%	3.3%	3.3%
Percentage of long-stay residents with a urinary tract infection. <i>Lower percentages are better.</i>	3.5%	4.0%	4.4%
Percentage of long-stay residents who self-report moderate to severe pain. <i>Lower percentages are better.</i>	7.6%	7.5%	7.3%
Percentage of long-stay high-risk residents with pressure ulcers. <i>Lower percentages are better.</i>	6.2%	5.1%	5.7%
Percentage of long-stay low-risk residents who lose control of their bowels or bladder. <i>Lower percentages are better.</i>	70.0%	56.7%	47.0%
Percentage of long-stay residents who have had a catheter inserted and left in their bladder. <i>Lower percentages are better.</i>	3.3%	2.6%	2.6%
Percentage of long-stay residents who were physically restrained. <i>Lower percentages are better.</i>	2.4%	0.5%	0.7%
Percentage of long-stay residents whose ability to move independently worsened. <i>Lower percentages are better.</i>	22.7%	19.9%	18.1%

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SNF QRP

- ▶ SNFs subject to a 2% reduction in annual payment update beginning FY 2018 if fail to meet ALL quality data submission on 80% of MDSs submitted
- ▶ Required starting Oct 1, 2016 (FY 2017)
- ▶ 3 QMs calculated from the MDS:
 - ▶ Pressure Ulcers: Stage 2-4 new or worsened since a prior assessment (Admission and DC; short-stay residents)
 - ▶ Falls with Major Injury: % of SNF patients with one or more falls with major injury (short-stay residents)
 - ▶ Functional Status: Self-care, mobility, cognition, and communication items scored (CARE tool); completed at Admission and DC with at least one functional goal at Admission (Section GG on MDS 10/1/16)

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Hospitalizations

- ▶ It is estimated that 45% of hospitalizations among SNF residents may be prevented by targeted interventions (CMS' "Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents"):
 - ▶ Hiring staff specializing in recognition and management of conditions that cause avoidable hospitalizations
 - ▶ Improve prescription drug management
 - ▶ Facilitate resident transitions to and from inpatient hospitals

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MDS Changes 10/1/17

- ▶ Section N
 - ▶ New item/questions on opioid and antipsychotic use
 - ▶ RNP, Pain management, Behavior management, Dementia programming
- ▶ Section P
 - ▶ Restraints and alarms
 - ▶ RNP, Activities, Restraint reduction, pain management, behavior management, falls prevention, etc.

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Functional Outcomes

- ▶ Data, data, data...
- ▶ C.A.R.E. item sets
 - ▶ Self-care
 - ▶ Mobility
- ▶ Collaboration with nursing to complete Section GG
- ▶ Clinical programs drive outcomes to ensure residents' reach highest level of functioning AND/OR to maintain or prevent / slow deterioration

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Jimmo

Specifically, skilled therapy services are necessary for the performance of a safe and effective maintenance program only when:

- ▶ the particular patient's special medical complications require the skills of a qualified therapist to perform a therapy service that would otherwise be considered non-skilled or
- ▶ the needed therapy procedures are of such complexity that the skills of a qualified therapist are required to perform the procedure.

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Rehab and Restorative

- ▶ CMS Form 20080
 - ▶ Rehab and Restorative Critical Element Pathway
- ▶ **Staff**
 - ▶ Nurse Aide and/or Restorative Aide:
 - Are you familiar with the resident's care?
 - When did restorative start working with the resident?
 - What is restorative doing to address the [ask about specific concern]?
 - How often do you meet with the resident?
 - How much assistance does the resident need with [ask about specific concern]?
 - How do you promote the resident's participation in therapy?

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Rehab and Restorative

Record Review

You may need to return to the record to corroborate information from the observations and interviews. Potential p

- Review the therapy assessment, notes, and discharge plan if appropriate, restorative notes, and IDT notes.
 - Has therapy assessed the resident's decline, provided treatment as often as ordered and implemented a maintenance program after therapy?
 - Is there documentation that indicates the resident has improved, been maintained, or declined?
 - Is there documentation that restorative nursing staff were trained?
- Has the care plan been revised?
- Does your observation of the assistance described in the chart?
- Is pain or SOB assessed and treated?
- Were changes in the resident's condition communicated with staff and family?
- Review facility's policies and procedures for restorative.

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Best Practices

- ▶ IDT Communication / Collaboration
- ▶ Quarterly Screens / Rounds
- ▶ Nursing → Therapy Referral System
- ▶ Comprehensive therapy evaluation including standardized tests & measures
- ▶ Quarterly in-services – All Shifts
- ▶ Resident / family / nursing E & T (carryover)
- ▶ Flexible therapy schedules / Extended hours
- ▶ Person-centered care / Preferences
- ▶ Home Exercise Programs
- ▶ Wellness Programs
- ▶ Functional Outcomes & Clinical Program Audits

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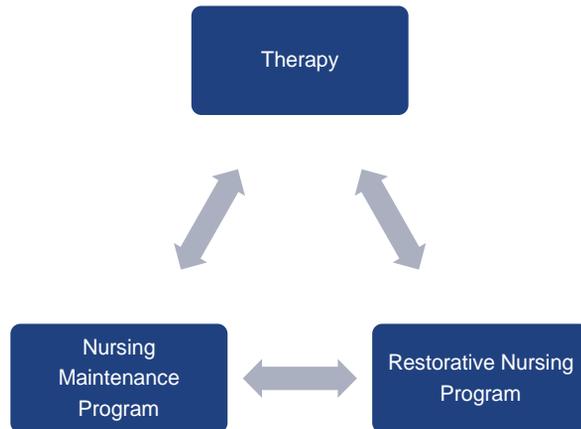
Best Practices

Resident Preferences, Values and Culture Questionnaire

1. Do you like to listen to music?
2. Do you prefer to spend one-on-one time with someone?
3. Do you like to read books, newspapers, and/or magazines?
4. Would you like to be involved in cultural activities?
 1. Special events, live music
5. Do you like to exercise?
 1. Bowling, golf, dance, Wii, Tai Chi, etc.
6. Do you have any hobbies?
 1. Crafts, gardening, knit/crochet, painting

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Best Practices



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Restorative Impact on Reimbursement

- ▶ Daily / continuous IDT *communication* is the key to ensure accurate and thorough MDS completion depicting a “true” individualized person-centered Plan of Care
- ▶ Each member of the IDT needs to have a good working knowledge of each resident’s needs, level of care, and functional level
- ▶ Documentation, Documentation, Documentation
- ▶ CMI is best managed by all IDT members familiar and knowledgeable with the process for CMI to be managed as a “true” partnership:
 - ▶ Nursing
 - ▶ RNAC / MDS Coordinator
 - ▶ Therapy

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CMI and Restorative Nursing

- ▶ Restorative is an important part of CMI along with ADL Late Loss ADLs, which restorative covers 3 (bed mobility, transfer, and eating).
- ▶ For CMI purposes, RNP impacts reduced physical function, behavior and impaired cognition. This makes complete sense since keeping all three RUG groupers as independent will maintain their physical function, improve behavior and improve cognition with activity.
- ▶ Every resident benefits from restorative programs though but do not impact the CMI but impacts their life.

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CMI and Restorative Nursing

- ▶ In those three RUG groupers the CMI increase is slight; however, would it surprise you to know that a successful restorative program giving a resident 2 or more programs (keeping in mind that AROM/PROM can only be counted as 1) can improve a CMI by 0.01 (in a 100 bed facility).
- ▶ Remember: "Continuous Motion is Key"

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CMI and Restorative Nursing

- ▶ Physical functioning RUGS
- ▶ Behavior Problem RUGS
- ▶ Impaired Cognition RUGS
- ▶ These are the three categories that Restorative Nursing is involved the CMI
- ▶ They are divided again by their ADL score
- ▶ This should be no surprise because a successful restorative program will improve physical function, decrease behavior issues, and repetition improves cognition.

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CMI and Restorative Nursing

Use the following chart for bed mobility, transfer and toilet use					
Self-performance Column 1		Support Column 2	ADL Score =		
- , 0, 1, 7, or 8	and	(any number)	0	G0110A =	
2	and	(any number)	1	G0110B =	
3	and	- , 0, 1, or 2	2	G0110I =	
4	and	- , 0, 1, or 2	3		
3 or 4	and	3	4		
Use the following chart for eating					
Self-performance Column 1		Support Column 2	ADL Score =		
- , 0, 1, 7, or 8	and	- , 0, 1, or 8	0	G0110H =	
- , 0, 1, 7, or 8	and	2 or 3	2		
3 or 4	and	- , 0, or 1	2		
3	and	2 or 3	3		
4	and	2 or 3	4	Total	0
example:					
Bed mobility	2/2	= 1			
Transfer	3/2	= 2			
Toilet Use	3/3	= 4			
Eating	0/1	= 0			
		7			

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CMI and Restorative Nursing

- ▶ My little SNF:
- ▶ For CMI, you must have 2 different restorative nursing programs (AROM and PROM count as 1), for at least 15 minutes, 6 out of 7 days in the 7 day look back period.

BA1	0.49
BB1	0.67
PE1	0.79
PD1	0.69
PC1	0.66
PB1	0.52
IA1	0.54
IB1	0.69
CMI =	0.63

BA2	0.57
BB2	0.7
PE2	0.81
PD2	0.71
PC2	0.68
PB2	0.53
IA2	0.59
IB2	0.71
CMI =	0.66

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Communication

- ▶ Days, weeks or even months may go by with no change in the resident's participation in the restorative program and then a decline is noticed:
 - ▶ It is very important to report this decline to your nursing supervisor
 - ▶ It is very important to continue to report the decline
 - ▶ It is very important for the nursing professionals to report the decline to therapy for evaluation
- ▶ The importance of catching a potential problem early can not be stressed enough.
 - ▶ Early detection means a better chance of returning the resident to his/her previous baseline

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Something to Think About...

- ▶ Remember:
 - ▶ Successful restorative nursing programs provide residents with activities that can slow or stop a decline in function
 - ▶ The restorative nursing “team”, all of us, can improve quality of life for residents
 - ▶ **You can make a the difference in your residents’ lives. There is no better gift to give or receive than that!**

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The Vital Link:

Restorative Nursing and Therapy Combine for Better Outcomes

Reference: Journal of Gerontological Nursing Volume 35, Issue 1:37-44

A person is admitted to a nursing home from the hospital after a fall in their home. They arrive weak and probably scared about the thought of trying to walk again. They are evaluated by Physical Therapy and treated daily to regain strength and confidence in walking but they are still not ready to walk alone. After six weeks of treatment, Physical Therapy states the resident has met the goals set for him/her at the beginning of treatment so they are discontinuing treatment. **What is the next step?** Most likely, it is Restorative Nursing Programs for ambulation and exercise set up by the physical therapist. Restorative nursing is the link between nursing and therapy that is aimed at maintaining the gains the resident achieved while receiving skilled therapy. Some facilities choose to implement a program using restorative nurse aides trained by therapists. Some other facilities choose to implement an informal program with nursing staff on the units performing the scheduled tasks daily. Either way, it is clear that restorative nursing makes a big difference in resident outcomes and in maintaining a resident's level of independence. Whether the restorative nursing program is formal or informal, communication between nursing and therapy is key to success. Restorative nursing programs and the nurse aides who provide this key daily by following the step by step interventions of the care plans and evaluating the effectiveness of them. Documentation must be accurate and timely. Particular attention should be paid to residents who refuse to participate or are unable to participate in programs. This information must be communicated immediately to the unit charge nurse who will then decide the proper course of action, which in some situations, may result in a referral to therapy for another evaluation. Good communication means we are addressing the residents' needs first and foremost. Providing restorative nursing programs well requires a staff commitment to the idea of scheduling time to follow the therapists' recommendations. On the therapy side, it is important that the therapist write a restorative program that is realistic, understandable, and accepted by the nursing staff who will deliver it. It is also appropriate, and often times necessary, for therapy to in-service nursing prior to the initiation of restorative programs to insure continuity of care. Studies of facilities have revealed that a dedicated restorative program did foster improvement in some areas of residents' functional abilities. The program led to more consistent care delivery and a higher quality of care. It is, therefore, a definite positive aspect of nursing care for long term care residents and should be provided for as long as it is beneficial to them

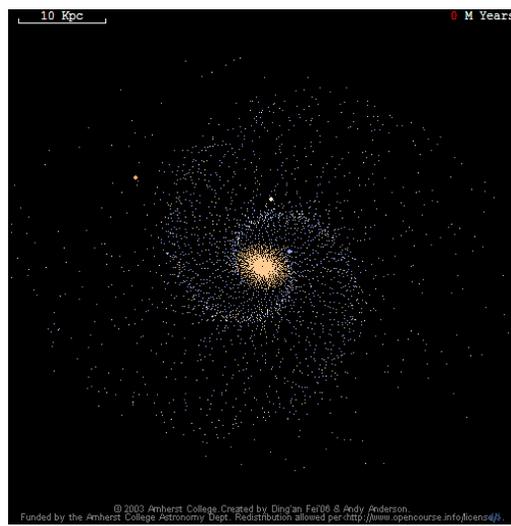
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Goals

- ▶ Strong therapy clinical programming
- ▶ Strong RNP
- ▶ Solid IDT communication system
- ▶ Better care
- ▶ Improved QOL
- ▶ Successful 5 Star QM rating
- ▶ CMI
- ▶ Functional Outcomes

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Summary



Questions?

Kathy Kemmerer
kkemmerer@feeltheadvantage.com
Dave Lishinsky
dlishinsky@feeltheadvantage.com

Thank you!