CNA OnSite

- Series Overview: Understanding Restorative Care
- Part 1 - Introduction to Restorative Care

Administering the Program
- Read the Guide
- View the Video
- Review the Suggested Questions
- Complete Post-Test

Answer Key
1. T
2. T
3. T
4. F
5. F
6. F
7. T
8. T
9. T
10. F

Suggested Discussion Following Video
1. Give an example of a resident that you felt could benefit from Restorative Nursing and describe how
2. Explain why goals are an important part of a resident’s Restorative Care Plan
3. Describe how your facility could or does benefit from a Restorative Care Program
4. Explain why it’s important to have a close working relationship with Skilled Therapists
5. Give an example of a resident who experienced life-changing progress as a result of receiving Restorative Nursing
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Series Overview
Understanding Restorative Care

The purpose of this series is to serve as a Restorative Care training and educational resource. The focus is on the role of RNAs; however, the information in this program can also serve as a training resource for other staff as well. The educational approach used in this series is peer-to-peer instruction. This means you will hear from healthcare professionals who have been involved with successful Restorative Care Programs. Their experience can provide insight and examples of how a program works and its benefits. We will also show real-life examples of how the care that an RNA provides can be life-changing for a resident. This series is divided into 3 parts. Along with the guide, video, classroom discussion and testing each program can also provide nurse aides with 1-hour of inservicing for a total of 3 hours.

Part-1 Introduction to Restorative Care
- The Goals of Restorative Nursing & its benefits
- Overview of How it Works
- RNA Caregiving Skills

Part-2
- Getting a Resident Started on a Program
- Basic Documentation

Part-3
- Motivation & Guidance
- Transfer & Ambulation
- Range of Motion
- Splinting
- Feeding Assistance
- Help with ADLs

Restorative Nursing is an important part of a facility’s duty to assist residents in reaching their highest level of functioning possible. It can provide benefits such as these:
- Improve quality of life for residents
- Enable a resident to function more independently
- Reduce the level of care a person needs/this can help make the nursing staff workload more manageable.
- Improve Quality Indicators and Quality Measures in areas such as weight loss, pressure ulcers, incontinence and falls
- Increase revenue/Restorative Care is reimbursable; however, a program must meet CMS’s guidelines for what qualifies as restorative services. This includes correct MDS coding and all associated documentation.
Restorative Care Defined
A Restorative Care Program addresses the needs of individuals who have experienced a decline or loss of functioning. The loss may be due to factors such as stroke, certain disease conditions, illness, injury, dementia or surgery. In some cases a decline in functioning may be the result of inactivity and/or depression. Section (o) of the MDS 3.0 provides guidelines for the development of a Restorative Care Program. It refers to Restorative Nursing as the practices and activities that are used to improve or maintain an individual’s highest level of physical and psychosocial functioning possible. This includes promoting independence and encouraging residents to safely participate in their own care. The MDS 3.0 provides two basic categories of Restorative Nursing:

- Technique
- Training & Skill practice

Technique includes:
- Passive or Active Range of Motion
- Splint or Brace Assistance

Training and Skill Practice includes:
- Bed Mobility
- Transfer
- Walking
- Dressing and/or Grooming
- Eating and/or Swallowing
- Amputation/Prosthesis Care
- Communication

One or more of these practices and activities may be incorporated into a resident’s individualized Restorative Care plan. The goal is to help maximize a person’s functioning. In other cases, the goal may be to prevent or slow an individual’s decline. In general, the goal of Restorative Nursing practices and activities include:

- Promote Mobility
- Increase Muscle Strength & Balance
- Prevent Contractures
- Prevent Skin Breakdown
- Prevent Undesirable Weight Loss
- Promote Continence

It is important to note that improvement in these areas may also assist a resident in performing ADLs more independently.
The Role of Restorative Nurse Aides
Restorative nurse aides, also called RNAs, are vital to the success of a program. As frontline caregivers, RNAs are the ones who spend the majority of their time with residents. The type of restorative care they provide to an individual is indicated in his or her activities sheet or flow chart. RNAs are essential for helping residents improve or maintain functioning as well as promote their independence. RNAs should also be skilled in helping residents move towards their goal through gentle guidance and encouragement. It requires patience and praising individuals for their effort.

Restorative Care Program Coordinator
RNAs work under the supervision of a Restorative Care Program Coordinator who is a registered or licensed nurse. The Coordinator supervises program activities such as:

- Resident Assessments & Screenings
- Care Planning & Setting Goals
- Documentation
- Scheduling & Assignments
- Training

An important part of a Coordinator’s job is to identify residents who can benefit from Restorative Nursing and get them started on a program. Individuals who qualify for Restorative Care typically have one or more of the following conditions.

- History of Falls
- Indwelling Catheter
- Contractures or the Risk of Developing Contractures
- Incontinent & Lacking a Toileting Plan
- Difficulty with Activities of Daily Living
- Inadequate Food & Fluid Intake
- Unplanned Weight Loss

Restorative Care & Skilled Therapy
The Restorative Care team often works with Skilled Therapists as well in addressing the needs of residents. They include, Physical Therapists, Occupational Therapists and Speech and Language Therapists. A Skilled Therapist may be requested by the Restorative Care Program Coordinator to screen or assess a resident. For example, it may be an individual having difficulty chewing or swallowing, or, a resident that has begun having trouble with mobility. The purpose is to assess the individual and help start a treatment plan. It’s important to note that many individuals also enter Restorative Care after receiving Skilled Therapy.

Restoring Hope
The loss of functioning and independence can result in feelings of hopelessness and may lead to depression. Research indicates that nursing home residents suffering from depression are at higher risk for falls, illness and undesirable weight loss. It may also lead to costly hospitalizations or emergency room visits. However, residents that improve functioning develop a greater sense of wellbeing and dignity. Restorative Care is often a journey of small steps - no matter how small it can still be a step forward.
Post-Test
Restorative Care Series Part-1

Name ___________________________ Date ________________

1. In some cases the goal of Restorative Care is to prevent or slow a resident’s decline in functioning. T_______ or F____

2. Restorative Care can help a resident improve his or her ability to perform activities of daily living.
   T_______ or F______

3. The Restorative Care team may work with Skilled Therapists to address a resident’s needs.
   T_______ or F______

4. The supervisory duties of a program Coordinator do not include resident assessments or care-planning.
   T_______ or F______

5. Residents who are at risk for contractures or falls do not qualify for Restorative Nursing.
   T_______ or F______

6. Only a Skilled Therapist can place a resident in a Restorative Care Program.
   T_______ or F______

7. One of the goals of Restorative Nursing is to encourage residents to participate in their own care.
   T_______ or F______

8. Residents that improve functioning may develop a greater sense of well-being and dignity.
   T_______ or F______

9. A decline in functioning may also be the result of inactivity and depression.
   T_______ or F______

10. Range of Motion (ROM) exercises can only be performed by a Skilled Therapist.
    T_______ or F______
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Part 2 - Getting a Resident Started & Basic Documentation

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9. F
10. T

Suggested Discussion Following Video
1. Explain how a resident’s individualized restorative care plan assists the person in moving toward his or her goals
2. Explain why goals should be specific and measurable
3. Describe the purpose of a resident’s activity sheet
4. Describe 3 different ways that a resident can be admitted to a program
CNA OnSite
Understanding Restorative Care

Part 2 - Program Guide
Getting a Resident Started & Basic Documentation

Getting a Resident Started
The MDS 3.0 provides several examples of how an individual may be started on a program.

- When a person is admitted to a facility, he or she may have an existing need for Restorative Care but not for Skilled Therapy.
- A resident may develop the need for Restorative Care during the course of a longer term stay at the facility.
- A resident may receive Restorative Care at the same time they are also receiving Skilled Therapy.
- An individual may be started on a Restorative Program after being discharged from Skilled Therapy. This is considered one of the more common ways that a person may enter a Restorative Care Program. The goal is to maintain or possibly improve upon the progress made in Skilled Therapy.

The type of Restorative Care that an individual receives is based upon assessments of the person’s needs. These assessments or screenings can be performed by the Restorative Care Program Coordinator as well as a Skilled Therapist. As we mentioned before, an important part of a Program Coordinator’s job is to identify residents who can benefit from Restorative Nursing and get them started on a program. The Coordinator can be alerted to a residents need for Restorative Care through referrals from:

- Skilled Therapy
- Nursing staff including CNAs
- Dietary staff
- Family member or Legal Guardian
- Self-referral

Once a resident’s Restorative Care Program is started, the person’s condition and progress is measured, documented and regularly assessed. It is the responsibility of the Coordinator to make sure the care plan is carried out and to monitor the resident’s progress.

Basic Documentation
The goal of the Restorative Care team is to assist residents in maintaining or improving their ability to function. This includes preventing decline whenever possible. Documentation is a critical part of this process. It provides a way to do the following:

- Establish appropriate interventions & activities
- Set goals
- Measure progress
- Record changes
- Monitor & evaluate the resident’s mental & physical condition
- Make necessary adjustments or updates to the resident’s care plan
Additionally, documentation is a legal record of caregiving services provided and must be accurate, clear and complete. There are two basic forms of documentation used for residents in Restorative Nursing:

- Restorative care plan
- Activities Sheet or Flow Chart used by RNAs to document caregiving activities and their results.

The care plan determines the course of action that’s required to help improve or maintain the resident’s functioning. RNAs put the care plan into action when they are assigned an Activities Sheet or Flow Chart for the resident. The Activities Sheet typically includes:

- Type of activity
- Level of assistance & support
- Total time of activity & each time the activity was performed
- Significant occurrence such as refusal of care or the experience of pain
- Regular summaries of the resident’s progress
- Caregiver signature or initials

As frontline caregivers, the RNA’s documentation is essential. The activity sheet or flow chart is a record of how the resident is responding to his or her individualized Restorative Care Program. Additionally it provides a picture of where a resident is in relation to his or her goals.
Post-Test
Restorative Care Series Part-2

Name ___________________________ Date ________________

1. The RNA is not required to sign the activity sheet.  
   T_______ or F_______

2. Documentation is a legal record of caregiving services provided.  
   T_______ or F_______

3. The restorative care plan determines the course of action that is required to help improve or maintain the resident’s functioning.  
   T_______ or F_______

4. The activity sheet serves as a record of how the resident is responding to his or her individualized restorative care plan.  
   T_______ or F_______

5. The RNA is not required to report a resident’s refusal of care.  
   T_______ or F_______

6. An important part of a program coordinator’s job is to identify residents who can benefit from restorative care and help them get started on a program. 
   T_______ or F_______

7. Documentation is a way to set goals for the resident and measure his or her progress.  
   T_______ or F_______

8. A resident can be referred to restorative care through Skilled Therapy or a member of the nursing staff.  
   T_______ or F_______

9. The RNA does not have to document the type of activity, total time of activity or each time the activity is performed.  
   T_______ or F_______

10. The type of restorative care that an individual receives is based upon assessments of the person’s needs.  
    T_______ or F_______
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Part 3 - Restorative Care Practices

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Post-Test Answer Key
1. F
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Suggested Discussion Following Video
1. Describe the caregiving qualities required to work with a resident who is depressed or who has lost their sense of confidence
2. Give examples of ways that you can encourage and motivate a resident
3. Why is it important to know what level of assistance a resident may need
4. Give an example of how to assist a resident with self-feeding
5. How is Restorative Care different than other caregiving
CNA OnSite
Understanding Restorative Care

Part 3 - Program Guide & Post-Test
Restorative Care Practices

In Part 3 of our series we are going to provide real-life examples of Restorative Care practices including:
- Motivation & guidance
- Transfer & ambulation
- Range of Motion (ROM)
- Splinting
- Feeding assistance
- Assistance with ADLs

Motivation & Guidance
Experienced RNAs know that gentle guidance and encouragement are an important part of helping residents move towards their goals. Here are four tips.

Tip #1
- Break down a task or activity into manageable steps
- Do not rush the person
- Know when to use cueing & prompting

Tip #2
- Provide instructions that are easy to follow and understand
- Remember to speak clearly and in simple terms
- Gestures and facial expressions can also be helpful in communicating

Tip #3
Understand what level of assistance the resident requires; this also means having a sense of what the person may be capable of achieving.

Tip #4
Motivate residents with encouragement and praise; it is important that residents feel a sense of accomplishment and are recognized for their effort. This can build confidence.

Ambulation
Restorative Care can assist individuals in maximizing their ability to ambulate. Residents who are able to improve or maintain their ability to ambulate are more likely to feel a greater sense of independence. Assessments of the person’s strengths and needs determine the level of assistance that he or she may require. One of the important goals of ambulation is to help maintain or improve the person’s strength, endurance and mobility.

Range of motion (ROM)
In general, ROM is the amount of movement that is possible for a joint such as an elbow, wrist, knee or hip. Individuals with impaired or limited joint mobility will have greater difficulty
performing activities of daily living. The goal of range of motion exercises is to improve or maintain joint mobility. It also helps reduce pain, swelling and stiffness. ROM exercises can also help in the prevention and development of contractures.

Splinting
Hand splints are typically used to help prevent contractures and hand deformities from developing or becoming worse. For example, a resident’s restorative care plan may call for wearing a hand splint 6-8 hours a day. During this time the RNA performs skin checks under the splint every 2 hours to look for any signs of redness, irritation or swelling. The RNA also makes sure that the splint is clean and continues to fit properly and comfortably. Hand splints can provide these benefits.
- Support for weakened muscles
- Stabilizes joints
- Helps normalize muscle tone
- Can help relieve pain

Another important part of a splinting routine is massaging, stretching and using range of motion on the person’s hand. One of the main goals of these exercises is to try to maintain or improve flexibility. It may also reduce the pain or discomfort associated with stiffness.

Feeding Assistance
The goal of feeding assistance is to enable individuals to feed themselves as independently and as safely as possible. The goal is also to make sure that they receive adequate food and fluid intake. Assessments of the resident determine what type of feeding assistance he or she may need. For example:
- Does the resident require prompting & cueing at meal time
- Does the resident have difficulty swallowing and chewing
- Does the resident require modified foods such as pureed or thickened liquids
- Is there the need for adaptive equipment so the person can perform self-feeding

It is important to note that a technique as basic as prompting and cueing can have a significant impact on a resident’s health and wellbeing. It can be the difference between adequate or inadequate nutrition.

Activities of daily living
A Restorative Care Program may also include assistance with ADLs. The goal is to promote independence and encourage the resident to participate in his or her own care in areas such as:
- Dressing
- Bathing
- Toileting
- Eating
- Oral care and Grooming.

It is important to note that residents who maintain or improve their ability to perform ADLs are more likely to develop a greater sense of wellbeing and dignity.
Post-Test
Restorative Care Series Part-3

Name _______________________________ Date __________________

1. It is not necessary to assess a resident to determine the level of assistance he or she may require.
   T_____ or F_____

2. Hand splints can help contractures from becoming worse.
   T_____ or F_____

3. Range of Motion (ROM) exercises can help improve or maintain joint mobility.
   T_____ or F_____ 

4. One of the important goals of ambulation is to help maintain or improve a resident’s strength, endurance and mobility.
   T_____ or F_____

5. One of the goals of feeding assistance is to enable individuals to feed themselves as independently and as safely as possible.
   T_____ or F_____

6. Active Range of Motion (ROM) means that the resident is able to perform the exercise without assistance.
   T_____ or F_____

7. It is sometimes necessary to rush a resident while performing a Restorative Care activity.
   T_____ or F_____

8. Prompting and cueing is a technique that can help a resident perform his or her task.
   T_____ or F_____ 

9. Passive Range of Motion means that the RNA performs the exercise for the resident because he or she is unable.
   T_____ or F_____ 

10. Motivation and guidance are an important part of helping a resident move towards his or her goals.
    T_____ or F_____ 