


See the "Long-Term Care Facility Resident Assessment Instrument User's Manual" for complete instructions and guidelines.

*** Restorative Nursing Coding On the MDS**


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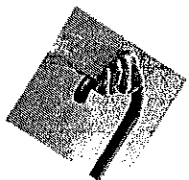

* Participants will be able to:

- * State where the requirements for coding Restorative Nursing Programs can be found in the RAI Manual.
- * Write measurable goals for Restorative Nursing Programs.
- * Identify the minimum amount of daily time required in order to code the program on the MDS.


*** Objectives**



* Quality of Life
* Independence
* Prevent Decline




*** Why We Do Them**




See the "Long-Term Care Facility Resident Assessment Instrument User's Manual" for complete instructions and guidelines.

- *Care Planning
 - *Promote ability to adapt
 - *Focuses on optimal functioning
- *These are NURSING programs

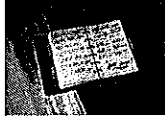


***Why We Do Them**




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- *Admitted with restorative needs
- *Needs arise during the nursing home stay
- *In conjunction with PT, OT, or SLP
- *Often when DC'd from formalized therapy




***When We Do Them**




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- *15 minutes over 24 hours
- *Each program is separate
- *Cannot combine minutes of two or more programs




***00500 Guidelines**




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See the "Long-Term Care Facility Resident Assessment Instrument User's Manual" for complete instructions and guidelines.

*Groups of 4 or less per caregiver
*How are you assuring/documenting this?




***00500 Guidelines**



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*Measurable objectives/interventions
*Goal should be specific to that resident
*Goal should be specific to what you are trying to achieve with that program (the restorative function)


***00500 Guidelines**



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*Resident A will be able to walk 100 feet in five minutes with assist of one and rolling walker.
*Resident B will feed self finger foods at 50% or more of meals.
*Resident A will be able to open the fingers of her left hand far enough to hold a spoon (or tennis ball or some other object)
*Resident C will button the buttons on her shirt with step-by-step cues.

***Examples of Goals**




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See the "Long-Term Care Facility Resident Assessment Instrument User's Manual" for complete instructions and guidelines.

*Resident A will maintain current weight.
*Resident B will do 8 arm flexes two times a day.
*Resident C will maintain current strength and flexibility.
*Resident D will be clean, dry, and odor-free.





***NOT Acceptable Goals**




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*Periodic evaluation by RN



***00500 Guidelines**




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* Is this a reasonable evaluation?

1. Met goals...Continue program
2. The goal was that the resident would be able to walk 100 feet independently with her walker with cues and encouragement. She has demonstrated this ability every day for the past two weeks. Staff believe she has the potential to be able to walk even further; however, she is afraid and won't attempt to walk further if staff aren't with her. Will revise program to increase the number of feet she is walked. Will meet with her weekly to talk to her about her fears and talk to her about how much she is achieving.

***00500 Guidelines**




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See the "Long-Term Care Facility Resident Assessment Instrument User's Manual" for complete instructions and guidelines.

*Caregivers must be trained in technique

*Techniques supervised by nurse

***00500 Guidelines**




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*Reviewers may interview aides and/or residents to determine if the programs are actually being implemented as written.

*Reviewers may observe the programs being provided to determine if the programs are being implemented as written.


***Caregivers must be trained**



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*If nurses are supervising these programs, they should be aware whether the programs are implemented as written or not.


***Must be supervised by a nurse**




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See the "Long-Term Care Facility Resident Assessment Instrument User's Manual" for complete instructions and guidelines.

*Record Review
*Number of days
*Number of minutes
*If a group, ratio of caregivers/residents




*00500 Gather the Information



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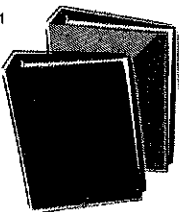
***Remember!**
*Nursing is responsible for supervising these programs. What is being done to assure the programs are being implemented as written?

*00500 Gather the Information




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Restorative Nursing Programs - Pages 0-31 through 0-38



http://www.cms.gov/NursingHomeQualityInits/45_NHQIMDS30TrainingMaterials.asp#TopOfPage

*The RAI User's Manual



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See the "Long-Term Care Facility Resident Assessment Instrument User's Manual" for complete instructions and guidelines.

*A. Range of Motion (Passive)
*Continuous Passive Motion (CPM)?

*B. Range of Motion (Active)

*C. Splint or Brace Assistance

***00500 Program Categories**




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*Training and Skill Practice

*D. Bed Mobility
*To and from lying
*Turning side to side
*Positioning self

***00500 Program Categories**




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*Training and Skill Practice

*E. Transfer
*Moving between surfaces
*With or without assistive devices

***00500 Program Categories**





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See the "Long-Term Care Facility Resident Assessment Instrument User's Manual" for complete instructions and guidelines.


*Training and Skill Practice

*F. Walking

- *Improve self-performance
- *With or without assistive devices



***00500 Program Categories**






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*Training and Skill Practice

*G. Dressing and/or Grooming

- *Dressing and undressing
- *Washing and bathing
- *Personal hygiene tasks



***00500 Program Categories**






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*Training and Skill Practice

*H. Eating and/or Swallowing

- *Self-performance in feeding oneself
- *Ability to ingest nutrition and hydration by mouth.



***00500 Program Categories**




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See the "Long-Term Care Facility Resident Assessment Instrument User's Manual" for complete instructions and guidelines.

*Training and Skill Practice

*I. Amputation/Prosthesis Care




***00500 Program Categories**




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*Training and Skill Practice

*J. Communication



***00500 Program Categories**



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00500, Restorative Nursing Programs

Record the number of days each of the following restorative programs is performed for at least 15 minutes a day on the last 3 calendar days (noted as a note or less than 15 minutes daily)

number of days

Technique

A. Range of motion (passive)

B. Range of motion (active)

C. Splint or brace adjustment

number of days

Training and Skill Practice for:

D. Bed mobility

E. Transfer

F. Walking


G. Dressing and/or grooming

H. Eating and/or swallowing

I. Amputation/prosthesis care

J. Communication

***00500 Coding Instructions**



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See the "Long-Term Care Facility Resident Assessment Instrument User's Manual" for complete instructions and guidelines.

*Mr. V lost ROM in right upper extremity

- *Right hand splint
- *Right hand ROM exercises
- *15 minutes a day on splint
- *15 minutes a day on ROM

*Is this enough information to know whether or not you can code this as Restorative Nursing on the MDS?

***00500 Scenario #1**




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*Requirements

- *Measurable objective and interventions on the Care Plan
- *Evidence of periodic evaluations by nurse
- *NAs/aides trained in techniques
- *Nurse supervision of activities

***00500 Scenario #1**




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*Mr. V lost ROM in Right upper extremity

- *Right hand splint
- *Right hand ROM exercises
- *15 minutes a day on splint - Time is documented 7 days/week
- *15 minutes a day on ROM - Time is documented 7 days/week
- *The RN wrote a thorough evaluation of the program.
- *The goal, "Will open fingers far enough to insert baseball," is in the record
- *The interventions are in the care plan and record
- *There is documentation the aides were trained on the techniques.
- *The RN has documented supervision of the program.

***00500 Scenario #1**




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See the "Long-Term Care Facility Resident Assessment Instrument User's Manual" for complete instructions and guidelines.

00500. Restorative Nursing Programs	
Record the number of days each of the following restorative programs was performed (at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes each)	
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 substance
Training and Skill Practice for	
<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. Ambulation/grocery care
<input type="checkbox"/>	J. Communication

***00500 Coding Scenario #1**



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*Mrs. E cannot speak or nod her head

*SLP developed communication board

- * Taught resident and staff
- * Uses successfully

*No longer needs skill practice


***00500 Scenario #2**



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00500. Restorative Nursing Programs	
Record the number of days each of the following restorative programs was performed (at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes each)	
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 substance
Training and Skill Practice for	
<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. Ambulation/grocery care
<input type="checkbox"/>	J. Communication

***00500 Coding Scenario #2**




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See the "Long-Term Care Facility Resident Assessment Instrument User's Manual" for complete instructions and guidelines.

- *Resident independent in walking but experiences falls.
- *PT works with resident and teaches her to do exercises. PT discharges resident - goals met.
- *Resident receives reminders from staff to complete exercises - documented by NA's B.I.D.
- *RN evaluates the resident's progress and recommends program be continued

***00500 Scenario #3**




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00500. Restorative Hearing 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 (specify if more 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. Ambulation/orthoses care
<input type="checkbox"/>	J. Communication


***00500 Coding Scenario #3**



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- *Resident independent in walking but experiences falls due to poor balance.
- *PT works with resident on balance exercises.
- *Resident requires constant cueing to complete exercises.
- *Nursing assistants are taught the exercises and how to cue the resident.
- *Nursing Assistants document time spent cueing resident B.I.D - 5 days/week.

***00500 Scenario #4**



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See the "Long-Term Care Facility Resident Assessment Instrument User's Manual" for complete instructions and guidelines.


* Care Plan goals:

- * Resident will continue to ambulate independently throughout the day.
- * Resident will be free of falls related to poor balance when walking for the next three months.

* Care Plan includes the interventions

* RN evaluation addresses goals and reasons for continuing the program

*** 00500 Scenario #4**




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00500, Restorative Nursing Programs
Record the number of days each of the following restorative programs was performed etc. at least 15 minutes a day or the last 7 calendar days (range of 0 to 14 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. Ambulation/pressure care
<input type="checkbox"/>	J. Communication

*** 00500 Coding Scenario #4**




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* Must meet the criteria in order to code on MDS

* Some programs are good for the resident and should continue but do NOT meet the criteria to code the program on the MDS.

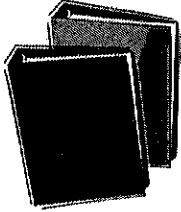
*** Scenarios 3 and 4**




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See the "Long-Term Care Facility Resident Assessment Instrument User's Manual" for complete instructions and guidelines.

- *Needs of individual resident
- *Measurable goals that reflect the function the resident is working on
- *Criteria outlined in the RAI Manual must all be met
- *Pages O-31 through O-38



***Reminder**



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