

EXPERTS IN ACTION

# Restorative Nursing Program

April 13, 2022

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1

## Introduction to RNPs

- Delivered by nursing personnel
- Encourage and enable residents to be as independent as possible based on:
  - Condition
  - Resources
  - Desires/Goals
- Nursing interventions that promote ability to attain/maintain optimal functioning
- Goal is that progress and improvement can be expected or preventing decline
- Promotes optimal level of physical, mental, and psychosocial functioning

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## Introduction to RNPs

- The RNP has 4 major components:
  1. Gait/Ambulation
  2. ROM
    - PROM
    - AROM
    - Splint/Brace
  3. ADLs
    - Bed Mobility
    - Transfers
    - Dressing/Grooming
    - Amputation/Prosthesis Care
    - Communication
  4. Eating/Swallowing

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## Introduction to RNPs

- Initiation of the RNP may occur at various times throughout the SNF stay
  - Transition from skilled rehab to a RNP, once the resident has gained the full benefit from skilled rehab
  - Nursing identifies a need and the RNP will help to attain a higher level of function or prevent decline
  - In conjunction with skilled rehab
  - At the time of admission when the resident is not a candidate for skilled rehab
- Programs may be delivered on a 1:1 basis or in a group setting with up to 4 residents

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## Introduction to RNPs

- Resident Rights can not be overlooked
  - Give resident a sense of control to make decisions about their program
  - Incorporate family/caregivers into the RNP
  - Does the resident agree with the timing and schedule of the RNP?
    - Does it interfere with their daily routines?
  - Encourage and stay positive about the resident's abilities
  - Build the RNP interventions into the routine care where they make sense and will be most effective for the resident
  - RNPs can be performed and broken down into 5 categories of daily activities: AM/PM care, meals, hygiene, pre/post meal, bath time

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## Introduction to RNPs

- Motivating a resident to participate can be difficult and varies from resident to resident
  - Goal is to enhance the resident's self-esteem and make the resident feel useful and worthwhile
- Requires patience, understanding, and often firm but gentle persuasion
  - Keep the session fun and interesting
  - Add music to the programming
  - Inspire and motivate by being empathetic and listening to what the resident is saying

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## Introduction to RNPs

- Give positive rewards
  - Praise
  - Stickers
  - Certificates
  - Snacks
  - Charting to track and show visual progress
  - Reinforce appropriate behavior
- Explain what you are doing, why you are doing it, and how the RNP can be a benefit
  - Learn each resident's name and/or what they prefer to be called
  - Be cheerful and show that you are enjoying your work
  - Let residents know that you are there to help, but you expect them to try
  - Take your time and give the resident time
    - Watch for s/s of fatigue or frustration before assisting

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## Introduction to RNPs

- Focus your efforts on their abilities, not only their disabilities
- Give positive feedback for those tasks they can do and offer new ways to perform the tasks they are unable to do
- Positive interaction will lead to a much stronger and longer lasting impact
- Treat the person
- Keep in mind their individuality, personal values, and their need to have some control over their environment
- Allow them to take an active role in decision making
- Every resident has unique fears, attitudes, likes/dislikes
- Try to identify something that truly motivates the resident and use that to your advantage: cooking, returning home for an LOA, seeing grandchildren, hobbies, etc.

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## Introduction to RNPs

- **Benefit to resident participating in RNPs:**
  - Promotes independence
  - Promotes self-help
  - Promotes active participation rather than dependence on staff
  - Allows for nursing home staff and residents to interact socially
    - Residents tend to smile more
    - Residents appear healthier
    - Residents have more confidence and self-worth

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## Introduction to RNPs

- **What to do if a resident refuses to participate:**
  - Go to the resident and offer to work with them at the bedside if location is an issue
  - Encourage family and friends to attend the RNPs to see if the resident will participate in their presence
  - Change the person that is delivering the program
  - Co-treat with another person that the resident has connection with
  - RNPs don't have to only happen in the rehab gym or the resident's room
    - If they want to leave the gym, have them wheel or walk out
    - If they want to go to the bathroom, assist them
    - If they only want to go to the activity program in the dining room, have them wheel or walk there
  - Allow the resident to have control of when they are scheduled and their goals

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# RNP Requirements



11

## RNP Requirements

- Must be supervised by a Licensed Nurse
  - State of Ohio requires an RN
- RNP must be an integral part of the Plan of Care with measurable goals and interventions, along with periodic evaluations by the Licensed Nurse
- Clinical documentation must support the MDS coding of the RNP minutes, services, and days
- Once the RNP has been developed based on the resident's needs, the team must review the program with the resident/family/staff, discuss the expectations in relation to the prognosis, and document in the medical record

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12

# RNP Requirements

\*\*Urinary toileting program and/or bowel toileting program

00500. Restorative Nursing Programs	
Record the <b>number of days</b> each of the following restorative programs was performed (for at least 15 minutes a day in the last 7 calendar days, or 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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# RNP Requirements

- Writing an RNP Care Plan should:
  - Include input from the entire IDT
  - Be resident-centered with a focus to identify individual problems, strengths, goals, interventions
  - Be simple, realistic, focused on the resident's ability to participate

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## RNP Requirements

- **Writing an RNP Care Plan:**
  - Constructed as part of the resident's daily care routine and carried out for a specific period of time
  - Reviewed during the resident's admission and quarterly Care Plan meetings to determine if the resident is progressing towards the established goals
  - IDT should determine whether further progress is possible and evaluate if additional RNPs or revisions to the Care Plan are appropriate

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## RNP Requirements

- **Writing an RNP Care Plan problem statement:**
  - Resident-centered
  - Sums up the assessment information into a specific category
  - What is the problem for the resident?
- **Writing an RNP Care Plan goal statement:**
  - Realistic
  - Measureable
  - Specific
  - Identifies what and how much the resident will do and by when
  - Prevent problems from reoccurring or resolving an existing problem

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## RNP Requirements

- Writing an RNP Care Plan intervention:
  - Activity-based
  - Measurable
  - Occurs during the resident's normal daily care activities
  - Specifically designed to help the resident meet their goals
  - Individualized and updated as the program changes

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## RNP Requirements

- RNP daily notes:
  - Documented by the RNA or program deliverer
  - Exact minutes of program delivery should be documented for each 24 hour period, for all shifts
  - Time will be different for each resident, for each program, and potentially each day, based on resident ability

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## RNP Requirements

- RNP daily notes including unusual incidences
  - Any unusual incidence:
    - Fall
    - Fainting
    - Unusual weakness
    - Pain
    - Swelling
  - Should be documented in the narrative note and reported to the nurse responsible for the resident and/or therapist
  - Example:
    - “Resident ambulated approximately 35 feet with a quad cane and minimal assist. Tolerated program fair but started complaining of pain in both knees while ambulating. Reported to nurse and PT.”

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## RNP Requirements

- RNP daily notes including unusual incidences
  - Examples:
    - “Resident says she has a cold and is too tired to perform transfers today. Informed nurse.”
    - “Upon trying to place splint on resident’s right hand, swelling noted to right extremity and painful to touch. Stopped application of splint and informed nurse and OT.”

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## RNP Requirements

- RNP weekly notes:
  - Can be written by the Nurse Assistant and co-signed by the RNP Nurse Manager \*Depends on your state
  - Describes progress or setbacks
  - What is being done for the resident?
    - Treatment provided: ambulation, ROM, eating, ADLs
    - Specific distances and number of repetitions
    - Type of assistive device used:
      - Cane
      - Quad cane
      - Walker
      - Rails
      - Braces
      - Artificial limbs
      - Pushing a W/C

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## RNP Requirements

- RNP weekly notes:
  - What is the resident's response to the program?
    - How is their tolerance?
    - What is their endurance level?
      - How far can they walk without tiring or becoming short of breath or having to rest?
  - How much assistance was physically needed for them to complete the program?
    - Verbal cues
    - SBA
    - Minimal, Moderate, Maximal assist
    - 2 person assist
      - Describe the reason assist was/is needed
      - I.E. poor balance, leaning to one side, weakness, etc.

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## RNP Requirements

- RNP weekly notes:
  - Documentation should show how the resident is progressing towards their goal(s) and comparing it to previous performance
    - “Now able to ambulate 100 feet without having to rest one time each day”
    - “Now able to stand with assistance”
    - “Now able to transfer with SBA”
  - Document any unusual incidences
    - “Resident’s leg is swollen and black and blue”
    - “Resident appears more confused today”
    - “Resident showing impaired balance today”
    - “Complaining of pain in her elbow during ROM”

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## RNP Requirements

- RNP weekly notes:
  - How did the resident respond to the program in relation to any behaviors they are exhibiting?
    - Refused programming
    - Anxious during program
    - Combative
    - Cooperative
  - How did the resident physically respond?
    - Became fatigued
    - Became distracted
    - Kept attention during entire treatment

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## RNP Requirements

- RNP weekly notes
  - Examples:
    - “Resident receives ROM QD 7x/week to LUE. Is compliant with treatment and often helps with the movements. ROM appears to be maintaining.”
    - “Resident receives Ambulation program QD 5x/week. Uses FWW with minimal assist of 1 for 125-150 feet. Endurance while ambulating is fair. Maintains good attention to task. Enjoys walking and talking with RNA and others in hallway. Currently walking 15 feet further than 2 weeks ago.”

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## RNP Requirements

- RNP periodic summary/evaluation
  - Monthly summary completed by the RNP Nurse Manager
  - Reflects the functional progress made during the entire month
  - Can also include any education given to family/staff
  - Should reflect either a continuation of the program or changes in goals or creation of a new goal
  - Signed by the RNP Nurse Manager

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## RNP Requirements

- RNP discharge documentation
  - Describes reason for discharge from the RNP
  - What is now being recommended?
- RNP physician order requirements
  - Not required by federal regulations
  - May be required due to state or payment requirements
  - Can also be used to track start of RNP or ending of RNP
  - Can be used to help communicate to staff which programs the resident is on and ensure program interventions are being initiated accurately

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## RNP Regulatory and Reimbursement

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## RNP Regulatory and Reimbursement

- Facilities that participate in Medicare or Medicaid are required to provide a variety of services that assist residents to achieve their highest practicable level of function through individualized care

### Code of Federal Regulations

- **CFR 483.24 *Quality of Life***
  - Applies to all care and services provided to facility residents
  - Facility must provide the necessary care and services to attain or maintain the highest levels of physical, mental, and psychosocial well-being
  - Care must be consistent with the resident's comprehensive assessment and care plan

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## RNP Regulatory and Reimbursement

- **CFR 483.24 Quality of Life**
  - Must ensure that the resident's abilities in activities of daily living (ADLs) do not diminish unless circumstances of the resident's clinical condition prove it to be unavoidable
  - A resident who is unable to carry out ADLs receives the needed services to maintain good nutrition, grooming, personal care, and oral care
  - ADLs include:
    - Hygiene- bathing, dressing, grooming, oral care
    - Mobility- transfer, ambulation
    - Elimination- toileting
    - Dining- eating (meals and snacks)
    - Communication- speech, language, functional communication systems

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## RNP Regulatory and Reimbursement

- **CFR 483.25 Quality of Care**
  - Applies to all treatment and care provided to facility residents
  - Residents must receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the resident's choices r/t:
    - **Skin Integrity-**
      - Pressure ulcers must be prevented unless it is clinical unavoidable
      - Resident with pressure ulcer receives treatment and services to promote healing, prevent infection, and prevent new pressure ulcer development

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## RNP Regulatory and Reimbursement

- **CFR 483.25 Quality of Care**
  - **Mobility-**
    - If resident admits to the facility without limited ROM, the resident does not develop limitation in ROM unless it is clinically unavoidable
    - A resident with limitations in ROM receives the appropriate treatment and services to increase their ROM and/or prevent further decline in ROM
    - A resident with limitations in ROM receives the appropriate services, equipment, and assistance to maintain or improve mobility to achieve their highest level of independence unless a reduction in mobility is clinically unavoidable

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## RNP Regulatory and Reimbursement

- **CFR 483.25 Quality of Care**
  - **Incontinence-**
    - Resident that is continent of bowel and bladder must receive services and assistance to maintain continence unless it is deemed to be clinically unavoidable
    - Urinary incontinence-
      - Resident that admits without a catheter does not have a catheter inserted unless their clinical condition warrants the use
      - Resident that admits WITH a catheter or subsequently receives one is assessed for removal of the catheter asap, unless their clinical condition warrants the use
      - Incontinent resident receives services to prevent UTIs and restore continence to the extent practical

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## RNP Regulatory and Reimbursement

- **CFR 483.25 Quality of Care**
  - **Incontinence-**
    - Resident that is continent of bowel and bladder must receive services and assistance to maintain continence unless it is deemed to be clinically unavoidable
    - Bowel incontinence-
      - Based on the resident's comprehensive assessment, facility must ensure that the resident receives appropriate treatment and services to restore normal bowel function as much as possible

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## RNP Regulatory and Reimbursement

- **CFR 483.25 Quality of Care**
  - **Assisted Nutrition and Hydration-**
    - Resident must maintain acceptable parameters of nutritional status such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise
    - Resident is offered sufficient fluid intake to maintain proper hydration and health
    - Resident is offered a therapeutic diet when there is a nutritional problem and it is ordered

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## RNP Regulatory and Reimbursement

- *CFR 483.25 Quality of Care*
  - **Assisted Nutrition and Hydration-**
    - Resident that is able to eat alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates the enteral feeding is clinically indicated and consented by the resident
    - Resident receiving enteral feeding receives appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding: aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, nasal-pharyngeal ulcers

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## RNP Regulatory and Reimbursement

- *CFR 483.25 Quality of Care*
  - **Respiratory care *including* trach care and trach suctioning-**
    - Facility must ensure that a resident who needs respiratory care is provided that care, consistent with:
      - professional standards of practice
      - comprehensive person centered care plan
      - resident's goals and preferences
  - **Prosthesis-**
    - Facility must ensure that a resident who has a prosthesis is provided care and assistance, consistent with:
      - professional standards of practice
      - comprehensive person centered care plan
      - resident's goals and preferences

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## RNP Regulatory and Reimbursement

- Other federal regulations that impact RNPs:
  - CFR 483.10 (e) *Respect and Dignity*
  - CFR 483.20 (b) *Comprehensive Assessments*
  - CFR 483.21 *Comprehensive Person-Centered Care Planning*
  - CFR 483.21 (b) *Comprehensive Care Plans*
  - CFR 483.24 (a) (1) *Providing Appropriate Care and Services to Maintain or Improve Resident Abilities*
  - CFR 483.24 (a) (2) *Dependent Resident Receiving Necessary/Appropriate Services*
  - CFR 483.25 (g) (1) *Nutritional Status Maintained*

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## RNP Regulatory and Reimbursement

- Maintaining quality of life is increasingly difficult for some of our residents as they face:
  - Loss of independence
  - Loss of control
  - Loss of muscle tone
  - Loss of dignity and well-being
  - Overall physical decline
  - Impaired balance
  - Incontinence
  - Decreased mood
  - Emergence of pressure ulcers/injuries

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## RNP Regulatory and Reimbursement

- Federal F-tags that can be impacted by RNPs:
  - F552: Right to Be Informed/Make Treatment Decisions
  - F676: Activities of Daily Living (ADLs)/Maintain Abilities
  - F677: ADL Care Provided for Dependent Residents
  - F684: Quality of Care
  - F686: Treatment/Services to Prevent/Heal Pressure Ulcers
  - F688: Increase/Prevent Decrease in Range of Motion/Mobility
  - F689: Free of Accident Hazards/Supervision/Devices
  - F690: Bowel/Bladder Incontinence, Catheter, UTI
  - F692: Nutrition/Hydration Status Maintenance
  - F725: Sufficient Nursing Staff
  - F825: Provide/Obtain Specialized Rehabilitative Services

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## RNP Regulatory and Reimbursement

- RAI guidelines O-43/O-44:
  - Measureable objective 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

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## RNP Regulatory and Reimbursement

- RAI guidelines O-43/O-44:
  - 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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## RNP Regulatory and Reimbursement

- RAI guidelines O-43/O-44:
  - 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.....

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## RNP Regulatory and Reimbursement

- RAI guidelines O-43/O-44:
  - .....In situations where such services do not actually require the involvement of a qualified therapist, the services may not be coded as therapy in item O0400, Therapies or O0425, Part A Therapies, because the specific interventions are considered restorative nursing services (see item O0400, Therapies and O0425, Part A Therapies)
  - 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

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## RNP Regulatory and Reimbursement

- RAI guidelines O-43/O-44:
  - This category does not include groups with more than 4 residents per supervising helper or caregiver
  - This item does not include procedures or techniques carried out by or under the direction of qualified therapists, as identified in Speech-Language Pathology and Audiology Services item O0400A or O0425A, Occupational Therapy item O0400B or O0425B, and Physical Therapy item O0400C or O0425C

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## RNP Regulatory and Reimbursement

- RAI guidelines O-43/O-44:
  - The time provided for items O0500A-J must be coded separately, in time blocks of 15 minutes or more
  - For example, to check Technique—Range of Motion [Passive] item O0500A, 15 or more minutes of passive range of motion (PROM) must have been provided during a 24-hour period in the last 7 days
    - The 15 minutes of time in a day may be totaled across 24 hours (e.g., 10 minutes on the day shift plus 5 minutes on the evening shift)
    - However, 15-minute time increments cannot be obtained by combining 5 minutes of Technique—Range of Motion [Passive] item O0500A, 5 minutes of Technique—Range of Motion [Active] item O0500B, and 5 minutes of Splint or Brace Assistance item O0500C, over 2 days in the last 7 days

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## RNP Regulatory and Reimbursement

- How does the RNP impact reimbursement on a federal and state level?
  - **Federal- PDPM**
    - The nursing component of PDPM is affected by RNP under 2 separate categories:
      - Reduced Physical Functioning
      - Behavioral Symptoms and Cognitive Performance
  - **State- Medicaid Case Mix**
    - The nursing component of RUG IV is affected by RNP under 2 separate categories:
      - Reduced Physical Functioning
      - Behavioral Symptoms and Cognitive Performance

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## RNP Regulatory and Reimbursement

- Requires section O of the MDS to capture 2 RNPs, 6 out of 7 days, 15 minutes per day
  - Does not require that 15 minutes is captured in a single episode, but that it is captured over a 24 hour period
  - Educate staff that are delivering the program to document the actual time with the resident and not just put "15" each time
- **Combined programs**
  - If the following programs are delivered together, they count as 1 program for reimbursement calculation
    - AROM and PROM
    - Bed Mobility and Walking
    - Bladder and Bowel toileting programs

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# RNP Models



51

## RNP Model options

- Designated Restorative Nurse Assistants
- Integrated Restorative Care
- Mixed Restorative Care Staff
  - Find the program that fits your individual facility and the needs of the residents in your population
  - Regardless of the program choice, still requires supervision by a Restorative Nurse Manager and overall monitoring by the RNP Committee and care plan team

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52

## RNP Model options

- **Designated Restorative Nurse Assistants:**
  - Specific Restorative Nurse Assistants are identified
  - Most restorative activities are delivered by Restorative Nursing Assistants/Certified Nursing Assistants
  - Other staff members are trained and assist as needed
    - Recreation staff, volunteers, etc.

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## RNP Model options

- **Integrated Restorative Care**
  - Restorative Nursing care is integrated into daily care assignments
  - All Certified Nursing Assistants/STNAs deliver Restorative Services as part of the care delivery process
  - Goal is to integrate a function-focused restorative philosophy of care with all CNAs/STNAs

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## RNP Model options

- **Mixed Restorative Care Staff**
  - Specific Restorative Nurse Assistants are identified
  - Restorative Nursing care may be integrated into daily care assignments of CNAs/STNAs
  - Other staff members are trained and assist as needed
    - Recreation staff, volunteers, etc.

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## Rehab Support of RNP

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## RNP Model options

- Rehabilitation support of the RNP
  - Nurse staff education
  - Identification of residents who will benefit from the RNP
  - RNPs developed to align with rehabilitative objectives
  - Ongoing collaboration with nursing and other disciplines to ensure residents achieve and maintain an optimal level of functional performance
  - Work as consultants for the program

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## RNP Model options

- Rehabilitation support of the RNP
  - While the program is administered, supervised, and staffed by facility nursing personnel, the Rehab staff will be limited to:
    - Developing and training nursing personnel in administering resident-specific RNPs as a component of skilled care
    - Periodic monitoring and re-assessment of the resident-specific, rehab-established RNPs as needed
    - Providing in-service training to facility leadership including Administrator, DONs, and other department heads regarding the structure and effective implementation of the RNPs

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## RNP Model options

- Rehabilitation support of the RNP
  - While the program is administered, supervised, and staffed by facility nursing personnel, the Rehab staff will be limited to:
    - Providing in-service training to all designated RNs/LPNs/CNAs regarding the structure, effective implementation, and philosophy of RNPs to include identifying candidates for RNPs, provision of services, supervision, and documentation
    - Providing in-service training to all designated Restorative Nurse Assistants/CNAs on specific techniques to support effective delivery of the RNPs
    - Providing ongoing consultative services through a formal monthly meeting with nursing representatives and other disciplines

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## RNP Model options

- Rehabilitation support of the RNP
  - Rehab provides skilled intervention with an anticipated transition to RNPs to reinforce and maintain progress and skills gained
  - This can occur **at the same time while the resident is receiving skilled therapy services**
    - Develop “home” programs to maintain skills
    - Education to the care staff on cueing/physical assistance required for optimal resident functioning
    - Observing and assessing implementation of the RNP by the care staff

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## RNP Model options

- Rehabilitation support of the RNP
  - This can occur **as a transition to RNP from skilled therapy caseload**
  - This process is initiated prior to discharge to ensure adequate training and carryover of the individualized RNPs
    - Change in cognitive performance impacting functional abilities and the need for cueing and/or physical assistance
    - Need for alternative communication method
    - Observing and assessing implementation of the program by the care staff
    - Positioning for in/out of bed comfort and maintenance of skin integrity
    - ROM changes/joint integrity issues
    - Safe swallowing
    - Splint application/modification

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## RNP Model options

- Rehabilitation support of the RNP
  - **Periodic screening of residents** to determine need for ongoing/new/modification to RNPs
    - Monthly review at Restorative meetings
    - Annual review
    - Review as needed when requested by the Restorative Nurse Manager
    - Change in the resident's condition, either improvement or decline
  - Assisting with issues related to provision of the RNP such as training needs and resident refusal to participate

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## RNP Model options

- Rehabilitation support of the RNP
  - RNP review
    - Observation of Restorative staff/resident completing the RNP
    - Discussion with Restorative staff regarding barriers to effective performance
    - Collaboration with Restorative staff to resolve any identified barriers for residents who may warrant skilled therapy services or revision of their RNP

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## RNP Model options

- Transition from skilled rehab caseload to an RNP
  - RNPs provide a mechanism in which skills acquired, gains made, and/or compensatory strategies learned by a resident in skilled rehab are reinforced, maintained and/or progressed outside and/or beyond skilled rehab
  - Success of an RNP is dependent on collaboration between the rehab therapist, nursing, and the resident
  - The transition of care from skilled therapy to an RNP is a process that occurs during the course of therapy, not an event that occurs at the end of therapy

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## RNP Model options

- Transition from skilled rehab caseload to an RNP (process)
  - Resident identified as a candidate
  - Therapist completes an evaluation
  - Therapy treatment plan is developed for skilled therapy with a transition plan for resident/caregiver education to reinforce skills acquired, gains made, and/or compensatory strategies learned in therapy

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## RNP Model options

- Transition from skilled rehab caseload to an RNP (process)
  - Need for RNP is identified and a program is initially developed by the therapist, the therapist collaborates with the Restorative Nurse Manager for final development and introduction of the RNP and to establish implementation and transition plan
  - Written formal RNP is established, recorded, and presented to the Restorative Nurse Assistant/CNA and resident
  - Ensure that the RNP is included in the resident's care plan and that the RNP is provided under the schedule established between the therapist, Restorative Nurse Assistant/CNA and the resident

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## RNP Model options

- Transition from skilled rehab caseload to an RNP (process)
  - Therapist schedules time for training with the Restorative Nurse Assistant/CNA and the resident at the onset of the skilled rehab process
    - As soon as the RNP is established, strategies and techniques should be incorporated into daily care to reinforce and promote independence
  - The Restorative Nurse Assistant/CNA is given an opportunity to demonstrate the techniques/procedures in the presence of the skilled therapist to ensure the Restorative Nurse Assistant/CNA and resident can perform the techniques/activities safely and effectively and to respond to any questions/concerns

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## RNP Model options

- Transition from skilled rehab caseload to an RNP (process)
  - Therapist must ensure that the Restorative Nurse Manager has been trained and can assure that other staff members assigned to the resident are educated about the RNP
  - While the resident is receiving skilled therapy, the therapist schedules with all shifts as a component of the skilled treatment program to review techniques or progress of the RNP with the Restorative Nurse Assistant/CNA and resident
  - Therapist will discuss any modifications to the RNP with the Restorative Nurse Manager
    - The Manager will then ensure that the updates to the RNP are included in the resident's care plan along with a summary of the evaluation of the RNP documentation

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## RNP Model options

- Transition from skilled rehab caseload to an RNP (process)
  - The Restorative Nurse Manager should be contacted if the Restorative Nurse Assistant/CNA notice any of the follow:
    - Issues that arise with the RNP
    - Change is the resident's status noted, including improvements or declines
    - Resident being unable or unwilling to participate in the RNP
  - The Restorative Nurse Manager will contact the therapist who established the RNP and the therapist will:
    - Schedule time to observe the RNP to determine if the resident needs to be placed back on skilled rehab to progress or downgrade the program

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## RNP Model options

- Transition from skilled rehab caseload to an RNP (process)
  - When the Restorative Nurse Assistant/CNA has documented a change in the resident's performance or there is a suspected need for a change in the resident's RNP, the Manager will contact the therapist or the Rehab department
  - Monthly, the status of the residents who are on an RNP will be reviewed via a formal meeting between reps from nursing, rehab, and any other disciplines involved in the RNP

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## RNP Model options

- Transition from skilled rehab caseload to an RNP (process)
  - Annually, the rehab therapist will formally review the status of the RNP as a component of the annual screen
  - With any documented change in status and upon referral, the therapist will re-evaluate the resident and establish a course of skilled therapy, that may include updating the RNP

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## Implementing an RNP

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## RNP Planning

- Developing your team to help plan, develop, and facilitate
  - Utilizing a TEAM approach has many benefits
  - Unified effort from the staff and family assists the resident in recognizing their own strengths, problems, goals
  - Team approach also helps support staff members and makes all their jobs easier and more rewarding

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## RNP Planning

- Developing your team to help plan, develop, and facilitate
  - The TEAM.....
    - Resident/family
    - Administrator
    - DON
    - Restorative Nurse Manager
    - Rehab staff
    - Restorative Nurse Assistants or Rehabilitation Restorative Nurse Assistants
    - MDS
    - Others

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## RNP Planning

- Developing your team to help plan, develop, and facilitate
  - Defining roles
  - **Resident-**
    - Center of attention
    - Key member of the “team”
    - Resident must be intimately involved in the plan
  - **Family-**
    - Can have a major influence into how the resident responds/participates in the RNP
    - Can offer valuable insight into a resident’s response to the RNP
    - Should be kept informed of what is being done for and with the resident
    - Should be taught and encouraged to participate when able

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## RNP Planning

- Developing your team to help plan, develop, and facilitate
  - Defining roles
  - **Administrator-**
    - Sets the tone for the care provided at the facility
    - Understands the RNP and its value to the facility and resident
    - Can help both the resident and family accept this type of programming as a vital part of total resident care
    - Demonstrates commitment to the program
    - Enthusiastic about the implementation process
    - Participates in planning and organizing the program
    - Monitors progress
    - Identifies area for improvement

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## RNP Planning

- Developing your team to help plan, develop, and facilitate
  - Defining roles
  - **DON-**
    - Responsible for directly supervising the entire RNP
    - Assures optimal restorative nursing care is provided
    - Participates in the planning and organizing of the RNP
    - Monitors progress
    - Identifies areas for improvement

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## RNP Planning

- Developing your team to help plan, develop, and facilitate
  - Defining roles
  - **RNP Manager-**
    - Helps identify residents with restorative needs
    - Collaborates with the care planning team to establish goals and interventions to meet the resident's restorative needs
    - Supervises activities
    - Coaches nursing personnel delivering the RNP
    - Supports completion of all required documentation

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## RNP Planning

- Developing your team to help plan, develop, and facilitate
  - Defining roles
  - **Physician-**
    - Directs the care and treatment of the resident
  - **Nursing Staff-**
    - Takes the orders from the physician
    - Responsible to ensure the resident receives the necessary and needed care
  - **Social Worker-**
    - Provides important social information about the resident and family to the team
    - Monitors the resident from a psychosocial aspect

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## RNP Planning

- Developing your team to help plan, develop, and facilitate
  - Defining roles
  - **Activity Staff-**
    - The appropriate activity programming helps the resident maintain their lifestyle and can motivate the resident to be more independent (participation in RNP.....)
    - Activity Director ensure that the resident is involved in the activities of their choice and preference

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## RNP Planning

- Developing your team to help plan, develop, and facilitate
  - Defining roles
  - **Rehab staff-**
    - Helps identify residents with restorative needs
      - May include residents who are not candidates for skilled therapy or residents being discharged from skilled therapy
    - Works with nursing to identify or design RNPs
    - Provides training to nursing personnel for RNPs
      - Completes training documentation when appropriate

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## RNP Planning

- Developing your team to help plan, develop, and facilitate
  - Defining roles
  - Rehab staff- **Physical Therapist**
    - Provides needed guidance to the RNA (Restorative Nurse Aide) to perform the restorative ambulation program
    - Gives input regarding patient selection and supervises the progress of the program

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## RNP Planning

- Developing your team to help plan, develop, and facilitate
  - Defining roles
  - Rehab staff- **Occupational Therapist**
    - Provides needed guidance to the RNA to assist with the feeding program
    - Gives input regarding patient selection and supervises the progress of the program

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## RNP Planning

- Developing your team to help plan, develop, and facilitate
  - Defining roles
  - Rehab staff- **Speech and Language Pathologist**
    - Provides needed guidance to the RNA to assist with the various communication and swallowing programs
    - Gives input regarding patient selection and supervises the progress of the program

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## RNP Planning

- Developing your team to help plan, develop, and facilitate
  - Defining roles
  - **Dietary staff-**
    - Provides residents with the needed adaptive equipment at each meal
    - Ensures that the adaptive equipment is identified on the resident's meal card
    - Refers all residents with questionable eating problems to the OT or COTA for screen/evaluation

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## RNP Planning

- Developing your team to help plan, develop, and facilitate
  - Defining roles
  - **Restorative Nurse Assistant/Other Staff-**
    - Carries out the RNPs according to the specifics of the resident's individualized program
    - Completes daily documentation of RNPs that the resident participated
    - Reports any problems, difficulties, unusual occurrences during the RNPs

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## RNP Planning

- Developing your team to help plan, develop, and facilitate
  - Defining roles
  - **Clinical Reimbursement Coordinator/NAC-**
    - Manages the overall process of tracking all Medicare and Medicaid case mix records and reimbursement services for the facility

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## RNP Planning

- Developing your team to help plan, develop, and facilitate via a step by step approach
  - Identify the facility program model that should encompass an IDT approach and identify the process for communication and decision making within the RNP
  - Formalize the facility RNP structure with the Rehab department
  - Develop RNP P/P

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## RNP Planning

- Developing your team to help plan, develop, and facilitate via a step by step approach
  - Facilitate RNP training for the committee and care plan team while engaging the Rehab staff
  - Plan and facilitate RNP training for all appropriate facility staff using skills training models, documentation and program requirements while engaging the Rehab staff
  - Plan and facilitate RNP education for residents and families as needed
  - Identify all residents appropriate for RNPs

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## RNP Planning

- Developing your team to help plan, develop, and facilitate via a step by step approach
  - Restorative Nurse Manager develops an individualized RNP for appropriate residents that do not require Skilled Therapy to establish their RNP
    - Restorative Nurse Manager to train the Restorative Nurse Assistants or other CNAs on each resident's RNP
  - Engage Rehab staff to screen residents identified for RNPs that may require Skilled Therapy to establish RNPs
    - Rehab staff to develop a written RNP when indicated as part of the skilled therapy program
    - Rehab staff to train the Restorative Nurse Assistants or other CNAs on each residents RNP

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## RNP Planning

- Developing your team to help plan, develop, and facilitate via a step by step approach
  - Restorative Nurse Manager or designee to develop an RNP Care Plan for each resident with an established RNP
  - Identify and establish facility routine RNPs that support the shared restorative needs among residents
  - Implement an ongoing interprofessional communication system to identify residents for RNPs
  - Committee to prepare the RNP location where activities will occur and identify equipment needs and engage Rehab staff

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## RNP Planning

- Developing your team to help plan, develop, and facilitate via a step by step approach
  - Establish a consistent interprofessional communication process regarding residents receiving or identified to receive RNPs and consider a monthly RNP meeting
  - Engage Restorative Nurse Manager in completing an RNP tracking tool that would be distributed to each nursing unit, the Rehab department and all committee members
  - Involve Staff Development/Education in developing a plan for ongoing staff education:
    - Annual in-service review of the RNP
    - New hire RNP in-service
    - RNP skills review
  - Establish a process to monitor the impact of the RNP on the quality of the care and outcomes

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# Identifying Residents for RNP

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## Resident Identification

- RNP Committee should conduct an initial meeting to identify current residents for an RNP
- Areas may include:
  - Bed and/or seated positioning issues
  - Bedfast residents
  - Bowel/bladder incontinency
  - Cognitive changes
  - Communication changes
  - Contractures

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## Resident Identification

- RNP Committee should conduct an initial meeting to identify current residents for an RNP
  - Decline in ADLs, mobility (walking, W/C, bed mobility), ROM
  - Difficulty swallowing
  - Pressure ulcers/injuries
  - Recent falls
  - Residents that use catheters, physical restraints
  - Weight loss

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## Resident Identification

- RNP Committee should review the following tools to identify residents appropriate for RNP:
  - Quality Measure report
  - CMS 672 Resident Census and Condition report
  - CMS 802 Resident Matrix
  - 24-hour reports
  - Weight variance report
  - Clinical dashboard
  - Pressure ulcer log
  - Contracture log
  - Restraint log
  - Catheter log
  - Incident/accident log

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## Resident Identification

- Ongoing RNP identification
  - Restorative Nurse Manager or Licensed Nurse will evaluate residents for RNP on admission, quarterly, and when a significant change has occurred
  - Within 7 days of admission and potentially place into 1 or more RNPs with considerations for individual resident problems, needs, concerns, strengths, and tolerances

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## Resident Identification

- Ongoing RNP identification
  - Residents who are admitted to the facility with restorative needs but are not candidates for formalized rehab will be evaluated for RNPs
  - Resident condition changes that warrant an RNP evaluation will be communicated by all departments
  - Residents should be identified for RNPs at the facility's daily stand up meeting focusing on new condition changes such as: falls, cognitive changes, behavioral changes, restraint use, decreased appetite, swallowing difficulties, pain, and new pressure ulcers

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## Resident Identification

- Ongoing RNP identification
  - Restorative Nurse Manager should review the triggered MDS CAAs to identify resident condition changes
  - Resident's clinical assessments, flow records, and progress notes should be reviewed to identify condition changes to determine RNP appropriateness
  - Restorative Nurse Manager will be responsible for reviewing the data to determine if an RNP is needed and making the referral to Rehab for screening

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## Resident Identification

- Ongoing RNP identification
  - Use the following clinical assessments and flow records to help determine the need:
    - ADL records
    - Behavior records
    - Bowel/bladder
    - Braden/Norton
    - BIMS
    - Contracture/fall/mood/pain/skin assessments
    - Restorative nursing evaluation

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## Resident Identification

- **Ongoing RNP identification**
  - Restorative Nurse Manager will review the QMs monthly to identify residents who should be screened by therapy and referred to RNP
  - At time of discharge from skilled therapy, the Restorative Nurse Manager will ensure that the RNP is included in the resident's care plan and a schedule is established between the qualified therapist, Restorative Nurse Assistant/CNA and the resident
  - The Restorative team will review the QA monitoring tools at least monthly to identify residents appropriate for RNPs

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## Resident Identification

- **Regularly scheduled team meetings**
  - Restorative Nurse Manager
  - Clinical Reimbursement Coordinator
  - Rehabilitation Nursing Program Manager
  - Restorative Nurse Assistant
  - CNAs

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## Resident Identification

- Monthly meeting to review the following:
  - RNP documentation to access the resident's weekly progress and clinical outcomes
  - Update care plans to continue with current program or revise program
  - Review of resident's for discontinuation of RNPs and evaluate for maintenance programming
  - Review QM data to identify additional residents for RNPs
  - Discuss residents on skilled therapy for RNPs
  - Review residents with upcoming OBRA MDSs

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## Resident Identification

- Utilizing the QMs on the CASPER report:
  - Resident's with pressure ulcer that are new or worsened (SS)
  - High-risk residents with pressure ulcers (LS)
  - Residents experiencing 1 or more falls with major injury (LS)
  - Residents who have/had a catheter inserted and left in their bladder (LS)
  - Residents who lose too much weight (LS)
  - Residents who were physically restrained (LS)
  - Residents whose ability to move worsened (LS)
  - Residents whose need for help with ADLs has increased (LS)
  - Residents with UTI (LS)

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## Resident Identification

- Utilizing the QMs on the Five Star system:
  - Resident's with pressure ulcer that are new or worsened (SS)
  - High-risk residents with pressure ulcers (LS)
  - Residents experiencing one or more falls with major injury (LS)
  - Residents who have/had a catheter inserted and left in their bladder (LS)
  - Residents whose ability to move worsened (LS)
  - Residents whose need for help with ADLs has increased (LS)
  - Residents with UTI (LS)

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## Resident Identification

- RNP continues until.....
  - Resident's condition has changed, requiring a new evaluation of the RNP
  - Resident has become medically unstable, unable to tolerate the interventions or is stabilized
    - If no progress is noted in 3 months, consider discontinuing the program or modifying the program
    - When the resident reaches their highest level of functioning, they may be moved into a maintenance program
  - Resident's condition has deteriorated to the point that the RNP would not be beneficial to the resident's quality of life
  - Resident or responsible party no longer wishes to continue the program

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## Resident Identification

- Referring a resident from an RNP, back to therapy
  - **Ambulation-**
    - Gait/balance deficits resulting in resident falling, tripping, or losing their balance
    - Change in muscle strength that contributes to a resident falling, decreasing their walking distance/tolerance, or unable to maintain an upright position
    - Change in skin integrity and edema at an amputation site, due to wearing a prosthesis
    - Change in visual function resulting in the resident increasing their fall risk

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## Resident Identification

- Referring a resident from an RNP, back to therapy
  - **ROM-**
    - Increased pain with movement at the contracture site or when being repositioned or transferred
    - Increased swelling at the joint or extremity
    - Redness or skin breakdown at the splint or brace site
    - Skin breakdown noted for a resident that wears a splint that prevents proper access to the site for hygiene
      - Hand contracture resulting in the palm of the hand not being cleaned properly and the palm having an odor and/or the skin sloughing

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## Resident Identification

- Referring a resident from an RNP, back to therapy
  - **Eating/Swallowing-**
    - Resident refuses to use the adaptive equipment that has been recommended by the therapist
    - Resident shows an inability to manage the adaptive equipment
    - Pocketing of food in cheeks and/or between teeth and gums
      - May result in coughing, choking, reflux, and/or weight loss
    - Resident with tremors, perceptual problems, eye-hand coordination deficits affecting their ability to use utensils and feed self, resulting in decreased intake and possibly weight loss

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## Resident Identification

- Referring a resident from an RNP, back to therapy
  - **Eating/Swallowing-**
    - Showing signs of dysphagia such as:
      - Choking on food
      - Coughing during or after swallowing food
      - Esophageal reflux either immediately or within 1 hour after eating
    - Resident shows an inability to maintain proper positioning for eating
    - For residents with visual impairment, they demonstrate a decline in their ability to find the food on the plate
      - May result in decreased intake and possible weight loss

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## Resident Identification

- Referring a resident from an RNP, back to therapy
  - **ADLs-**
    - Resident showing a decline in their ability to perform self-care dressing, grooming, toileting, or bathing safely
    - Shows inability to manage adaptive equipment or utilize compensatory techniques resulting in decline in self-performance from Supervision to Limited, Limited to Extensive, Extensive to Total Dependent

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## Resident Identification

- Referring a resident from an RNP, back to therapy
  - **Positioning-**
    - Showing improper body alignment in bed and W/C resulting in changes in skin integrity
    - Resident with an intolerance of positioning equipment as shown by a change in skin integrity or pain when using the equipment
    - Demonstrating pain and extremity edema related to body alignment and positioning
    - Decline in extremity or joint ROM

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## Resident Identification

- Referring a resident from an RNP, back to therapy
  - **Transfers-**
    - Showing decreased safety awareness during transfers resulting in the resident falling or sliding or injuring self during transfers
    - May also be an injury to the caregiver that is transferring the resident due to poor cooperation/participation from the resident
    - Resident shows a decline in the ability to use assistive equipment or compensatory techniques with transfers resulting in falling, sliding, injuries
    - Resident sustains a skin tear, bruise, pain, or other injury during a transfer

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## Resident Identification

- Referring a resident from an RNP, back to therapy
  - **Orthotics-**
    - Resident refuses to wear the splint or brace
    - Changes in ROM, edema, pain, or skin integrity limits the ability to apply the device
    - Before applying the device or after device removal, the caregiver notices changes in skin integrity or color, swelling, or pain at the site

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## Resident Identification

- Referring a resident from an RNP, back to therapy
  - **Bed Mobility-**
    - Resident with change in muscle strength, balance, or endurance resulting in decreased ability to pull themselves up to the top of the bed, move from side to side, or move from supine to sitting for repositioning
    - Due to their limited ability to move themselves in bed, their skin integrity is at risk

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## Resident Identification

- Referring a resident from an RNP, back to therapy
  - **W/C Mobility-**
    - Changes noted in the resident's ability to self propel in their W/C, due to a decline in muscle strength, endurance, or balance
    - Resident demonstrates running into walls, people, objects or causing self-harm
    - Inability to change position in device leads to breakdown of skin integrity

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## Resident Identification

- Referring a resident from an RNP, back to therapy
  - **Communication-**
    - Changes noted in the resident's ability to express their needs or wants
    - Decline noted in the amount and type of daily interactions with other residents and staff
    - Change in the types of communication including:
      - Inability to verbalize self
      - Change in ability to be understood or understand others
      - Inability to follow simple commands
      - Inability to participate in the facility routine

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## RNP Definitions

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# Range of Motion

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## RNP Definitions

- RNPs must be individualized to the resident's needs, planned, monitored, evaluated, and documented in the resident's medical record
- **Passive Range of Motion-**
  - Passive movements in order to maintain flexibility and useful motion in the joints of the body
  - Caregiver moves the body part around a fixed point or joint through the resident's available range of motion
- **Active Range of Motion-**
  - Performed by the resident, with cueing, supervision, or physical assist by staff.
  - Include active ROM and active-assisted ROM

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## RNP Definitions

- ROM is the activity during which a body part is moved by the force of muscles or by someone else
  - When a body part is moved, everything in that area is affected:
    - Bones
    - Muscles
    - Nerves
    - Joints
    - Blood vessels
- If a body part is not moved for a long period of time, the structures around the joint will become tight, or contracted

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## RNP Definitions

- Purpose of ROM exercises:
  - Maintain ROM and strength
  - Increase ROM and strength
  - Control and coordination
  - Prevent deformities
  - Promote circulation
  - Promote well-being
- Muscles can only be strengthened with active movement by resident
- Passive movement will keep the joint and muscles limber
- Problem areas should be exercised more often than daily
- ROM may vary between each resident for a particular joint
- The RNPs primary responsibility is to maintain existing ROM in order to prevent contractures



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## RNP Definitions

- Any movement by the resident that is incidental via dressing, bathing, etc. does not count as part of a formal RNP
- A CPM (continuous passive motion) device may be used as a formal RNP if the following criteria are met:
  - Ordered by a physician
  - Nursing staff have been trained in the technique of operating the device
  - The device is being monitored
  - Nursing staff should document the application of the device and the effects on the resident
    - Do not include the time the resident is receiving treatment in the device
    - Include only actual time staff was engaged in applying and monitoring the device
  - Must be provided for at least 15 minutes in a 24-hour period
    - Time includes staff directed instruction, demonstration, cueing, prompting, and hands-on care

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## RNP Definitions

- ROM/PROM- charting examples:
  - ROM to RUE and righthand contractures 5x week
    - No increase in ROM noted
    - Extends arm very little with much encouragement
    - Hand roll placed into right hand and tolerated well
    - Skin observed to right hand before hand roll placed, no skin issues noted
  - ROM to all extremities 3x week
    - Very stiff, rigid, and resistive to exercises

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# Splint or Brace

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## RNP Definitions

- **Splint or Brace Assistance-**
  - Care planned, scheduled, and documented
  - Supports extremity in a functional position
  - Decreases pain and inflammation
  - Substitutes for impaired muscle function and increases functional use of the extremity
  - Decreases or prevents contractures



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## RNP Definitions

- **Splint or Brace Assistance-**
  - Staff provides verbal and physical guidance and directions that teach the resident how to apply, manipulate, and care for a brace or splint
- or-
- Scheduled program of applying and removing a splint or brace
  - Staff members evaluate skin condition and circulation under the device
  - Staff members ensure that the extremity is positioned in correct alignment in the device

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## Amputation/Prosthetic Care

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## RNP Definitions

- Amputation/Prosthesis Care-
  - Provided to improve or maintain the resident's self-performance in:
    - Putting on and removing prosthesis
    - Caring for the prosthesis
    - Providing appropriate hygiene at the site where the prosthesis attaches to the body
      - Dentures are not considered a prosthesis for this item



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## RNP Definitions

- Amputation/Prosthesis Care-
  - Staff may need to cue and/or assist residents to insert extremity stump into prosthesis and fasten securely
  - Staff may also assist the resident to stand as needed to assure correct application of lower extremity device
  - Staff to monitor skin integrity, pain/discomfort, and wearing tolerance



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# Bed Mobility

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## RNP Definitions

- **Bed Mobility-**
  - Provided to improve or maintain the resident's self-performance in moving to and from a lying position, turning side to side and positioning self in bed
    - Provide optimal positioning to promote:
      - Function
      - Safety
      - Postural alignment
      - Prevent pressure sores
      - Minimize pain/increase comfort

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## RNP Definitions

- **Bed Mobility-**
  - Staff cue the resident to use side rails to assist rolling
  - Guide the resident's hand to side rail as needed
  - Cue the resident to go from side-lying to sitting and sitting to side-lying
  - Provide physical assistance to guide and support legs as needed



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## Bowel/Bladder Programs

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## RNP Definitions

- **Bladder Rehabilitation/Retraining Program-**
  - Behavioral technique that requires the resident to resist or inhibit the sensation of urgency or postpone or delay voiding and to urinate according to a timetable rather than to the urge to void
  - Individualized, resident-centered toileting program to decrease or prevent urinary incontinence, minimizing or avoiding negative consequences or incontinence



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## RNP Definitions

- **Bladder Rehabilitation/Retraining Program-**
  - Steps to ensure that the resident receives appropriate treatment and services to restore as much bladder function as possible
    - Determine if the resident is currently experiencing some level of incontinence or is at risk of developing urinary incontinence
    - Complete an accurate, thorough assessment of factors that may predispose the resident to have urinary incontinence
    - Implementation of individualized interventions and modifying them as appropriate

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## RNP Definitions

- Bowel Toileting-
  - Program to:
    - Decrease or prevent bowel incontinence
    - Minimize or avoid the negative consequences of incontinence
  - Steps used are to promote bowel regularity which includes:
    - Physical exercise
    - High fluid intake
    - High fiber foods
    - Behavioral techniques that promote regular defecation

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# Communication

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## RNP Definitions

- **Communication-**
  - 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
  - Encourage-Support-Cue residents with expressive losses to correctly use language board and/or writing supplies



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## Dressing/Grooming

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## RNP Definitions

- Dressing and/or grooming-
  - Provided to improve or maintain the resident's self-performance in dressing or undressing, bathing, washing, and performing other personal hygiene tasks
    - Staff can assist the resident to select clothing
    - Staff may need to cue and/or assist resident to don upper body garments



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## RNP Definitions

- Dressing and/or grooming-
  - Staff may need to cue and/or help with lower body garments including assisting resident to maintain balance while pulling up pants
  - Encourage resident to perform as much of the activity as possible
  - Grooming programs can include those to help residents learn to apply make-up when conducted by a member of the activity staff



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# Eating/Swallowing



143

## RNP Definitions

- Eating and/or Swallowing-
  - 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 or hydration by mouth
    - Biggest danger with dysphagia (difficulty swallowing) is aspiration, which is the entry of food and/or liquid into the lungs
  - Under direct supervision of the Nursing Department with consultation by the Rehab Department
    - Resident should be screened or treated by Rehab when issue is first discovered
    - Resident must exhibit some level of restorative potential
    - Caregivers educated regarding resident specific issues

144 | April 13, 2022



144

## RNP Definitions

- Eating and/or Swallowing-
  - Candidate determination for an RNP
    - Marked decrease in feeding skills within the last 6 months
    - Receiving OT or ST services for 1 or 2 meals per day and requiring consistent cueing
    - Eating time exceeds 45 minutes
    - Resident has the potential to learn to use ADL equipment or compensatory techniques

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## RNP Definitions

- Eating and/or Swallowing-
  - Signs and symptoms of swallowing problems
    - **Oral phase-**
      - Pocketing food in the sides of the mouth
      - Holding food in the mouth without swallowing it
        - Prevalent in later stages of dementia
      - Requiring excessive cues to swallow food
        - Prevalent in later stages of dementia
      - Poor chewing with teeth or without teeth or missing teeth
    - **Pharyngeal phase-**
      - Coughing on solids or liquids
      - Choking during meals
      - Wet sounding voice during or after meals “under water”
      - Excessive throat clearing during meals

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## RNP Definitions

- Eating and/or Swallowing-
  - Signs and symptoms of swallowing problems
    - **Esophageal phase-**
      - Speech therapy cannot help for esophageal problems
        - Requires medical intervention
      - Most common causes are GERD and a variety of problems with the esophagus
      - Complaining of a lump in chest or throat when eating or after a meal
      - Regurgitation of food after a meal
      - Complaining of pain when swallowing

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## RNP Definitions

- Eating and/or Swallowing-
  - **Other possible signs-**
    - Runny nose during meals
    - Spiking a temp after meals
  - Staff may need to assist residents by setting up tray for easy access to all food and drink
  - Make sure residents have adaptive utensils per the plan of care
  - Provide cuing and/or hand-over-hand assistance as needed for residents to bring food and liquids to mouth

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## RNP Definitions

- Eating and/or Swallowing Goals-
  - Improved mealtime socialization
  - Reduce problems such as: pocketing food, choking, spilling food
  - Increase ability to use appropriate adaptive equipment
  - Improve safety awareness
  - For residents with visual problems, increase awareness of food and its placement on the trays
  - Minimize upper extremity coordination problems
  - Increase independence in eating
  - Increase attention span and concentration
  - Decrease aggressive or regressive eating behavior
  - Provide structured mealtime environment
  - Improve body posture for increased safety and independence

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## RNP Definitions

- Dining program-
  - Provides the resident with the opportunity to obtain or maintain the highest level of independence with self-feeding
  - Promotes self esteem, dignity, quality of life
  - Resident achieves independence and proficiency in self-feeding
  - The ability for a person to feed themselves is often the last self-care task they can perform
  - Important to relearn and/or preserve this skill
  - Ensure consistent intervention and carryover that promotes safety and independence
  - This is not a “feed” program

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## RNP Definitions

- Adaptive Equipment-
  - Recognizing the need for use:
    - Resident spilling food while try to feed themselves
    - Displays difficulty with managing utensils
  - Resident struggles with:
    - Scooping
    - Bringing the utensil from the plate to their mouth
    - Drinking
  - Resident shows signs of frustration while eating

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## RNP Definitions

- Adaptive Equipment examples-
  - Utensils:
    - Built-up handles
    - Rocker knives
    - Angled
    - Weighted
    - Swivel
    - Extensions
    - Universal cuff
  - Plates:
    - Lip
    - High sided with cut out
    - Scoop
    - Partitioned
    - Guards
    - Dycem



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## RNP Definitions

- Adaptive Equipment examples-
  - Beverage:
    - Sippie/Nosey cup
    - Two handled cup
    - T-handles
    - Glass holders



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## RNP Definitions

- Adaptive Equipment examples-
  - Explain the use of the equipment to the resident
  - Ensure consistency in the placement of the equipment on the tray
  - Encourage the resident to use the device(s) for at least part of each meal

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# Transfers

## RNP Definitions

- Transfer-
  - Provided to improve or maintain the resident's self-performance in moving between surfaces or planes either with or without assistive devices
    - Staff may cue residents throughout transfer
    - Provide physical support during transfer



## RNP Definitions

- Transfer- charting examples:
  - Transfers with minimal assist of 1 from bed to w/c
    - Ambulates with standard walker with moderate assist 50 feet x2
    - Rest period required between episodes
    - Tires easily
    - Very cooperative with session
  - Transfers with moderate assist of 1 from bed to w/c
    - Forgets to lock w/c during transfer attempts
    - Ambulates with moderate assist 40 feet x2 with FWW
    - Unable to understand and follow directions at times

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Walking

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## RNP Definitions

- Walking-
  - Provided to improve or maintain the resident's self-performance in walking either with or without assistive devices
    - Staff encourage residents to walk with walker for all functional activities including to/from:
      - Bathroom
      - Dining room
      - Recreation activities
    - Provide cueing and guarding to ensure safety



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## RNP Definitions

- Walking- charting examples:
  - Ambulates using standard walker with moderate assist of 1
    - Requires constant directions and reminders
    - Balance improving
    - Distance 45 feet x2
    - Resident cooperative during session
  - Ambulates with FWW with moderate assist of 1
    - Balance unsteady
    - Distance 15 feet x2
    - Tires easily and complains of shortness of breath
    - Continues to wear oxygen as ordered
    - Uncooperative at times during session

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# RNP Environment

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## RNP Environment

- Should be connected with the resident's participation, satisfaction, and efficiency of care delivery
- RNPs can take place in several locations in the facility and should be selected based on meeting the needs of the resident
  - Resident's room
  - Bathroom
  - Dining room
  - Centrally located area in the therapy gym
  - Hallways
  - Activities lounge
- Ensure that the space selected allows for effectiveness and efficiency

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## RNP Environment

- Amputation/prosthesis care-
  - Can be performed in either resident's room or therapy gym
  - Preference is to perform activity in resident's actual room or primary location of where prosthesis is maintained or placed when not in use
- Bed mobility-
  - Can be performed in either resident room or therapy gym
  - Preference is to perform activity in resident's actual bed
- Bowel/bladder-
  - Can be performed in the resident's room
- Communication-
  - Can be performed in either resident's room or therapy gym if it has an adjacent SLP office or private treatment space
  - Preference is to perform activity in a location with minimal background noise/distractions

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## RNP Environment

- Dressing and/or grooming-
  - Can be performed in either resident's room or therapy gym if it has an adjacent ADL/training bathroom
  - Preference is to perform activity in resident's actual room to simulate these everyday activities
- Eating and/or swallowing-
  - Can be performed in either resident's room or therapy gym if it has an adjacent SLP office or private treatment space
  - Preference is to perform activity in actual resident's room or dining room
  - Activity to coincide to location where resident typically has a meal or snack
- PROM/AROM-
  - Can be performed in either resident's room or therapy gym

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## RNP Environment

- Splint/brace assistance-
  - Can be performed in either resident's room or therapy gym
- Transfer-
  - Can be performed in either resident's room or therapy gym
  - Preference is to perform activity in resident's room to simulate different surfaces
- Walking-
  - Locations that are farther from where resident's stay may be considered such as a dining room or resident's room
  - Destinations which are farther away give resident the opportunity to practice walking to the restorative therapy department, which can help minimize time spent in the department since part of the programming is completed as the resident is walking to the department

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## Training and Equipment

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## RNP Training and Equipment

- When training staff to deliver the RNPs, ensure that the following are included with in-service records:
  - Topic
  - Summary of content
  - Date
  - Presenter
  - Attendance
- On-going RNP education should be conducted for new hires, annually and as needed, to include:
  - Restorative Nursing overview
  - Goals and objectives
  - Program plan
  - Documentation requirements
  - General guidelines and special needs residents

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## RNP Training and Equipment

- Therapists can train the nursing staff in providing ROM, stretching, and strengthening exercises to residents
- Therapy can also provide instruction and training on how to use various types of adaptive equipment such as:
  - Specialized built-up eating utensils
  - Plate guards
  - Non-skid material
  - Other accommodations that may be needed to meet each resident's needs

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## RNP Training and Equipment

- The therapy department can provide the following equipment:

- Braces
- Gait belts
- Walkers
- Canes
- Crutches
- Orthotic splints
- Knee immobilizers
- Prosthesis
- Grab bars
- W/Cs



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## RNP Training and Equipment

- Common resident safety check/tips:

- Encourage use of handrails, grab bars, chair arms, and walkers for stabilization
- Ensure bed brakes, w/c brakes, call lights, mobility alarms are functioning
- Ensure passageways, hallways, and resident rooms are clear of clutter or obstructions for safe access to handrails
- Observe and ensure electrical cording, tubing, linens are off the floor
- Observe for uneven surfaces and cuing the resident during ambulation
- Prompt response to wet floors, placement of wet floor barriers and mopping up wet areas
- Use proper non-skid footwear during ambulation
- Using a gait belt for all transfers and ambulation

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172