

Louisiana Department of Veterans Affairs

Subject: Restorative Nursing Program	Policy #: NURS - 13.0
Department: Nursing	Effective: 05/2017
Signature: Approval Signature on File	Revised: 2/19/2019

I. **PURPOSE**

- Maintain or improve function
- Prevent subtle declines
- Minimize complications
- Focuses on helping Veterans “do for themselves” rather than “doing for them”
- Helps to improve self-image and self esteem

II. **SCOPE**

This policy shall cover the collaboration between nursing and therapy services to develop a Restorative Nursing Program for each resident with restorative needs.

III. **POLICY**

Restorative Nursing needs will be determined and developed between nursing and therapy services for each resident with limited functional capacity.

IV. **PROCEDURE**

1. Restorative Services will be provided 6 days per week, 15 minutes per restorative modality, depending on the need of the Veteran. The restorative CNA will document the day, time, and toleration (G=Good, F=Fair, P=Poor) in the electronic medical record.
2. All CNA Staff will be responsible for restorative functions.
3. A designated Nurse will coordinate the Restorative Program.
 - The Restorative Nurse will work with therapy services developing a program to meet specific needs for each respective Veteran and in-service staff on new programs.
 - The Restorative Nurse will update the Veteran’s care plan to reflect Restorative services received and when discontinued in the EMR.
 - The Restorative Nurse will complete monthly evaluations on all Restorative Programs.
 - The Restorative Nurse and all facility nursing staff will monitor to ensure Restorative modalities are performed.
 - The Restorative Nurse will monitor all Veterans receiving Restorative services on an ongoing basis.
4. All CNAs will receive Restorative Training from the therapy department on the following modalities; Range of Motion (active/passive), Splint/Brace/Amputation prosthesis, Bed Mobility/Positioning, Transfers, Ambulation,

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Dressing/Grooming/ADLs/Urinary and Bowel Toileting,
Eating/Swallowing/Communication.

5. *Any time the staff notices a decline in the level of functioning of a Veteran, it must be reported to the Restorative Nurse, who will notify therapy services. Therapy will be requested to perform a screening/evaluation for potential therapy or restorative services.*
6. *This is a nursing function and does not require a physician's order.*

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COMPARISON OF REHABILITATIVE SERVICES AND RESTORATIVE NURSING

REHABILITATIVE	RESTORATIVE
<ul style="list-style-type: none"> • Skilled service provided by licensed therapists and their assistants 	<ul style="list-style-type: none"> • Planned, implemented, and supervised by nursing personnel with assistants from other departments, if relevant to the nature of the program • May use services of others outside the nursing department
<ul style="list-style-type: none"> • Based on the medical model 	<ul style="list-style-type: none"> • Based on nursing model • Frequently based on risk factor identification • Licensed and unlicensed personnel provide services; unlicensed personnel primary caregivers
<ul style="list-style-type: none"> • Planned and implemented by therapists and approved (ordered) by the physician 	<ul style="list-style-type: none"> • Does not require a physician order, unless required by state law or payer of service (for our purposes, requires physician order) • Orders are written by the nurse (signed by physician); therapists are consultants who should not write nursing orders
<ul style="list-style-type: none"> • Assessed weekly, monthly, or whenever there is improvement or decline 	<ul style="list-style-type: none"> • Assessed monthly, quarterly, or whenever there is improvement or decline
<ul style="list-style-type: none"> • Progress reviewed and summarized at least weekly 	<ul style="list-style-type: none"> • Progress reviewed and summarized at least monthly
<ul style="list-style-type: none"> • Aggressive and intensive service • Scheduled 1-4 hours a day, 5-7 days a week 	<ul style="list-style-type: none"> • Slow pace • Not scheduled unless working on a time-specific skill; given 24 hours a day, whenever needed • Must be given for at least 15 minutes daily
<ul style="list-style-type: none"> • Resident should have a rehabilitation potential of fair or better, depending on service 	<ul style="list-style-type: none"> • Rehabilitation potential not a consideration
<ul style="list-style-type: none"> • Resident must make rapid, significant progress to remain in the skilled program 	<ul style="list-style-type: none"> • Goal is to maintain; improvement is desirable, but not necessary • Progress not required; maintaining current level of function is an acceptable goal • Can be ongoing or continuing process • Goals are to maximize and prolong abilities
<ul style="list-style-type: none"> • A separate distinct service 	<ul style="list-style-type: none"> • Approaches integrated into regular nursing care and used whenever service is used or needed

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<ul style="list-style-type: none"> • One goal is to improve and/or to teach safety 	<ul style="list-style-type: none"> • Safety is integrated into the larger goal
<ul style="list-style-type: none"> • Improves resident condition 	<ul style="list-style-type: none"> • Maintains the residents and prevent further deterioration
<ul style="list-style-type: none"> • Flows from acute illness or injury 	<ul style="list-style-type: none"> • Emphasizes restoring or compensating for skills lost through disuse or changes in physiology; acute changes not a requirement. Diagnosis is less of a consideration than functional needs. Residents with chronic conditions will also derive benefit.
<ul style="list-style-type: none"> • Large task-oriented 	<ul style="list-style-type: none"> • Integrated into routine activities of daily living
<ul style="list-style-type: none"> • Emphasizes retraining, education, and learning (or relearning) of skills 	<ul style="list-style-type: none"> • Eliminates or minimizes aspects of care that may be considered degrading, such as restraints, incontinence, and feeding
<ul style="list-style-type: none"> • Must have some potential for improvement • Person may or may not progress, but does not decline • May participate even if no potential for improvement 	<ul style="list-style-type: none"> • Small steps used to attain larger goals over a prolonged period • Goals must be achieved within a finite period of time
<ul style="list-style-type: none"> • Provided in any setting, but not required 	<ul style="list-style-type: none"> • Required in long-term care; also desirable to provide in home health care, sub-acute care, and long-term acute care hospitals
<ul style="list-style-type: none"> • Paid by Medicare, Medicaid, private insurance 	<ul style="list-style-type: none"> • Inconsistently paid by Medicaid in some situations; usually not paid by private insurance. Qualifies for Medicare reimbursement in some situations.
<ul style="list-style-type: none"> • Provides home study, home care evaluation, and evaluates for environmental modifications if discharge to a private home is planned 	<ul style="list-style-type: none"> • Provided in the facility, but can provide programs for homemaking and self-care skills in preparation for discharge

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HOW REHABILITATIVE AND RESTORATIVE NURSING ARE ALIKE

Similarities in rehabilitative and restorative nursing

- Assessment based
- Has specific objectives
- Medicare is the primary payer if certain conditions are met
- Decreases dependence, improves independence
- Assists person to attain optimum level of physical, mental, and psychosocial function in light of condition
- Holistic; considers how one weak area of function can affect the whole person
- Resident does not have to be alert, but must cooperate and have the ability to follow instructions
- Helps person adapt to limitations imposed by illness or injury
- Helps person regain lost skills or helps the person master a new way of doing skills lost due to illness or injury
- Requires initial evaluation and periodic reevaluation
- Must be verified by documentation
- Documentation must be measurable
- Safety an important factor
- Resident teaching is part of program; staff and family teaching may also be done
- Makes referrals to other departments or services
- Furnishes and teaches the use of adaptive devices and equipment, when needed
- Assists with activities of daily living
- Goal-oriented
- Person benefits from service
- Provides a necessary service, not given as an activity or to keep the person occupied
- Prevents complications
- Maintains current abilities
- Requires special documentation to enhance reimbursement and justify continuing need
- Improves self-esteem
- Improves quality of life

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