

NURSING RESTORATIVE PROGRAMS

The Patient-Driven Payment Model (PDPM) is the Medicare payment rule for skilled nursing facilities.

Restorative programs are interventions that enable nursing home residents to reach their highest level of functional abilities to encourage independence and to prevent functional decline.

Restorative programs can be started on admission and at any time when a resident needs assistance with something and has a goal or the potential to maintain or improve function.

Both nurses and therapists are able to set up restorative programs when appropriate. However, it is the nurses that are responsible for monitoring and documentation of progress toward goals. Evaluation or resident participation and progress should be documented by nurses at least weekly.

To be successful and to qualify as a restorative program for MDS purposes, the program must include:

- Determine which restorative program would be appropriate for the individual resident
- Update careplan and orders for completion by aides and assessment by nurses
- Measurable and objective goals
- Evidence of periodic evaluation by licensed nurse
- Supervision by a licensed nurse to ensure completion of at least 15 minutes a day
- Daily charting of completed time by nurses and aides
-

Restorative plans as indicated on the MDS include the following:

- **Ambulation/Walking**
 - Walking with or without assistive devices
- **Amputation and Prosthetic Care**
 - Putting on, removing, and caring for prosthesis; hygiene and care for amputation site
- **Bathing and Washing**
- **Bed Mobility**
 - Moving to and from a lying position, scooting up or down, turning side to side, positioning self in bed
- **Brace and Splint Assistance**
 - Guidance and directions for application and care or scheduled program or application and removal. Splints and braces may include the following: AFO, arm sling, CAM boot, cast shoe, cervical collar, leg/knee immobilizer, lumbar support brace, palm guards hand split, resting hand splint, TLSO, etc.
- **Communication**
 - Functional skills or assisting resident in using skills or adaptive devices
- **Dressing and Undressing**
- **Eating and/or Swallowing**
 - Feeding oneself or activities to improve or maintain residents ingestion and hydration
- **Grooming**
 - Personal hygiene tasks
- **Range of Motion (Active or Passive)**
 - Maintain flexibility, useful motion, and strength in the joints of the body
- **Toileting Program**
- **Transfers**
 - Moving between surfaces or planes either with or without assistance devices

Restorative Nursing Walk To Dine Program

Christian G. Meyer



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