Restorative Nursing Programs:
Capitalizing on Mobility to Improve Quality of Life

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• Coordination of the Program:
  • Physician must approve and order the exercise program
  • Therapy to do the initial assessment and setting up of the individual resident's program for Nursing/Designee
  • Therapy to competency test Nursing/Designee implementing the individual resident’s program
  • Dietary to ensure proper calories and protein intake for level of exercises
  • Nursing to refer back to Therapy when a resident needs adjustment of the program (i.e. decline, plateau, need for more aggressive exercises, pain or change in ability to perform exercises)

• Restorative & Mobility Programs
  • Restorative Nursing Program-MDS Requirements
    • Technique, training or skill practice was performed for a total of at least 15 minutes per 24 hours
    • The 15 minutes can be broken up (i.e. remove & clean splint and skin, inspect skin and perform ROM for a total of 5 minutes 3x/day)
    • Need 2 or more 15-minute restorative programs for 6-7 days/week
    • Restorative nursing does not include groups with more than four residents per supervising helper or caregiver.
**Restorative & Mobility Programs**

- **Restorative Nursing Program-MDS Requirements**
  - H0200C, H0500 **Urinary toileting program and/or bowel toileting program**
  - O0500A,B **Passive and/or active ROM**
  - O0500C **Splint or brace assistance**
  - O0500D,F **Bed mobility and/or walking training**
  - O0500E **Transfer training**
  - O0500G **Dressing and/or grooming training**
  - O0500H **Eating and/or swallowing training**
  - O0500I **Amputation/prostheses care**
  - O0500J **Communication training**
  **Count as one service even if both provided**

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**Restorative & Mobility Programs**

- **Restorative Nursing Program-MDS Requirements**
  - O0500B, Range of Motion (Active) Code exercises performed by the resident, with cueing, supervision, or physical assist by staff that are individualized to the resident’s needs, planned, monitored, evaluated, and documented in the resident’s medical record. Include active ROM and active-assisted ROM.

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**Restorative & Mobility Programs**

- **Restorative Nursing Program-MDS Requirements – Example of 2 programs**
  - Active ROM exercises AND Walking
  - Active ROM exercises AND Transfers
  - Active ROM exercises AND Bed mobility
  - Active ROM exercises AND Bladder program
  - Active ROM exercises AND Splint or Brace assistance
  - Active ROM exercises AND Dressing and Grooming Training
• Restorative & Mobility Programs
  • Restorative Nursing Program
    • Skilled Care-Medicare A
      • Rehabilitation nursing: 2 activities, 15 minutes each per day for 6-7 days per week.
      • Must be in conjunction with therapy, 45 minutes, 3 days per week

• Restorative & Mobility Programs
  • Restorative Nursing Program
    • Restorative Nursing Programs
      • Therapy set up functional maintenance and do periodic updates (Part B)
      • Restorative Nursing provides the activities

• Restorative & Mobility Programs
  • Restorative Nursing Program
    • Restorative Nursing Programs – maintenance
      • Restorative Nursing provides the activities
**Restorative & Mobility Programs**

- **Restorative Nursing Program - MDS Requirements**
  - The care plan & medical record must document **measurable objectives and interventions**
  - The medical record must reflect periodic evaluation by a licensed nurse.
  - Nursing assistants/aides must be trained in the techniques that promote resident involvement in the activity.
  - A registered nurse or licensed practical (vocational) nurse must supervise the activities in a restorative nursing program.

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**Individual Resident Goal Setting**

- **Needed for Starting Point & to Measure Progress**
  - Short Physical Performance Battery (SPPB)
  - Anthropometric Measurements
  - Muscle Quality Index
  - Hand Grip Strength
  - Steps per Day
  - Resting Heart Rate
  - Resting Blood Pressure
  - Waist to Hip Ratio

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**Individual Resident Benchmarks/Goal Setting**

- **Needed for Starting Point & to Measure Progress**
  - Short Physical Performance Battery (SPPB)
  - Chair rise test
  - Balance test
  - Usual gait speed
Individual Resident Benchmarks/Goal Setting

**Chair Rise from the SPPB**
- Time required to complete a series of 5 chair rises without the use of arms and hands
  - Sufficient muscular strength in the leg and hip extensors to overcome the load of the body's weight
  - Being timed depends on the rapid generation of force over time which relates to muscle power
- Start from standing position, with arms folded across your chest
- Must fully sit and stand 5 times
- Start in standing and end time when 5 full stands are reached.
- Stop if unable to complete, requires the use of arms, safety issue or one minute is reached without completing 5 full stands

**Gait Speed from the SPPB**
- Time it takes the resident to complete a short 8ft walk at his/her normal walking gait (residents are permitted to use any walking aid that they normally use)
- Walk all the way past the end cone before stopping
- Do the test two times, allowing a short rest in-between walks
- Start the stopwatch when the resident begins walking and stop once the resident reaches the far cone
Individual Resident Benchmarks/Goal Setting

• Gait Speed from the SPPB
  • Over 1 m/s: Desirable
  • Below 1 m/s: At risk of poor health and function
  • Below 0.8 m/s: Higher risk of poor health and function
  • Below 0.6 m/s: Highest risk of poor health and function

Individual Resident Benchmarks/Goal Setting

• Balance Tests from the SPPB
  • Ability to stand unsupported for 10 seconds with feet in certain positions.
  • Begin timing when the resident is in position and releases the support
  • If the resident loses balance in any position, record the time that balance was maintained and do not continue to the next foot position

• Balance Tests from the SPPB
  1. Side by Side – feet together side by side
  2. Semi Tandem – side of the heel of one foot touching the big toe of the other foot
  3. Tandem Stand – Heel of one foot in front of and touching the toes of the other foot
Individual Resident Benchmarks/Goal Setting

• Balance Tests from the SPPB
  • Score
    • 0  Low Balance
    • 1-2  Moderate Balance
    • 3-4  High Balance

• The Balance Test from the SPPB can assist in starting points for capabilities for
  • Standing exercises – high to moderate balance
  • Standing exercise with stand assistive devices – Moderate to low balance but can safely bear weight
  • Sitting exercises – low balance
  • Supine exercises – low sitting balance

• Needed for Starting Point & to Measure Progress
  • Short Physical Performance Battery total for all three tests (range = 0 to 12)
    • 0-5: At high risk for adverse outcomes
    • 6-8: Approaching higher risk for adverse outcomes
    • 9-11: Acceptable
    • 12: Desirable
Individual Resident Benchmarks/Goal Setting

• Anthropometric Measurements
  • Mobility capacity and muscle hypertrophy
  • Muscle girth and leg length for tracking muscle atrophy and quality index
  • Weight and height for Body Mass Index

• Anthropometric Measurements - Body Mass Index
  • Weight and Height
    • Below 18.5: Underweight
    • 18.5 - 24.9: Healthy
    • 25.0 - 29.9: Overweight
    • 30.0 - 39.9: Obese
    • Over 40: Extreme or high risk obesity

• Anthropometric Measurements – Leg length and Circumference (girth)
  • Leg Length – right leg
    • Distance from the greater trochanter (hip bone) to the malleolus lateralis (outer ankle bone)
  • Circumference
    • Mid-Upper right and left arm, with muscle relaxed in a standing or seated position
    • Right and left Mid-thigh circumference, when possible take in standing position and muscle relaxed
    • Ensure not to compress tissue while measuring.
Individual Resident Benchmarks/Goal Setting

• **Muscle Quality Index**
  
  • MQI (Muscle Quality Index) = \( ((\text{leg length} - 0.4) \times \text{body weight} \times 9.81 \times 10) \div \text{Time sit-stand (from chair rise test)} \)
  
  • Classifications of Muscle Quality Index (MQI) have not yet been determined through research.
  
  • However, this assessment has been shown to be best able to detect sensitive changes in a person’s functional status.
  
  • This assessment should be used to track changes based on the resident’s baseline test.
  
  • It is desirable to see MQI increase. Increases in MQI are indicative of improvements in muscle’s ability to function and generate power.

• **Hand grip strength (Dynamometer)**

  • **Men**
    
    • Below 26 kg: Weak
    • 26 to 32 kg: Intermediate weakness
    • Over 32 kg: Desirable
  
  • **Women**
    
    • Below 16 kg: Weak
    • 16 - 20 kg: Intermediate weakness
    • Over 20 kg: Desirable

• **Physical Activity (Steps per day)**

  • Public health recommendations of achieving 10,000 steps per day.
  
  • While the physical activity assessment is designed to be a gauge for the resident’s physical activity status in the form of ambulation, targets of the following have been associated with higher health related quality of life outcomes:
    
    • Men: 5,500 steps/day
    • Women: 4,500 steps/day
Individual Resident Benchmarks/Goal Setting

• Physical Activity (Steps per day)
  • A 10-minute walk is approximately comparable to 1,000 steps, depending on walking speed and stepping cadence. Adding 100 to 1,000 steps per day or week may enable residents to achieve recommendations.
  • Those residents who are capable may work up to the 10,000 steps per day recommendations.

  [Image of a chalkboard with "10,000 Steps"]

• Measure for at least 4 days
• Ensure good communication to caregivers, staff, family members, visitors and the resident to safeguard the placement of the pedometer
• Ensure the pedometer is re-set to zero prior to monitoring steps for the day
• Clip the pedometer to the waist at ½ to ¾ between the distance between the midline and iliac crest prior to getting out of bed in the morning
• Record the time the pedometer was put on
• Instruct the resident to go about his/her normal daily activities
• Prior to going to bed for the night record the number of steps taken, the time and date it was removed

• Can also use the Pedometer to track steps per walking sessions (i.e., for a 15 minute walk)
Individual Resident Benchmarks/Goal Setting

• Other benchmarking data

  • Resting Heart Rate
    • Ideally, 3 consecutive mornings after awakening but before getting out of bed
    • Divide the results by 3 to obtain the average
  • Resting Blood Pressure
    • Relaxed sitting position with both feet on the floor and the arm supported.

Individual Resident Benchmarks/Goal Setting

• Other benchmarking data

  • Waist to Hip Ratio
    • Waist at the navel
    • Hips at the level of the buttocks greatest circumference
    • Divide the waist by that of the hip
  • Ratios Higher than the following are associated with higher health risks
    • 0.9 for men
    • 0.8 for women

Individual Resident Measurable Interventions

• Completion of a set of identified exercises
• Completion of a designated number of reps and to increase reps up to 12-15
• Completion of Reps with a specific weight/equipment and to increase the weight once 12-15 reps can be done proficiently
• Increase in the number of steps during a walk or increasing the timeframe of the walk
• **Restorative & Mobility Programs**
  
  • **Restorative Nursing Program-MDS Requirements**
    
    • If the resident does not meet MDS requirements for reimbursement, the program should still be implemented – Payment shouldn’t drive the program
    
    • Example: Resident can perform exercise program 3 days a week or can only perform one 15 minute program per day

• **Case Study**
  
  • Mrs. Jones has been falling in her room in-between her bed and the bathroom.
  
  • She can walk independently and walks to the dining room and in hallways, but has not fallen in those areas
  
  • She currently has a low bed
  
  • She has been referred to Physical Therapy in the past for the falls
  
  • She is not receiving any Restorative Nursing
  
  • Nursing has re-enforced with her to call for help before getting up and out of her bed and ensure the call light is in reach, but she continues to get up on her own

• **Bibliography**
  
  
References

- CDC Cost of Falls Among Older Adults: Downloaded 7/14/2015 from: http://www.cdc.gov/homeandrecationalafety/falls/fallcost.html
- CDC Falls in Nursing Homes: Downloaded 7/14/2015 from: http://www.cdc.gov/homeandrecationalafety/falls/nursing.html
- CDC Hip Fractures Among Older Adults: Downloaded 7/14/2015 from: http://www.cdc.gov/homeandrecationalafety/falls/adulthipfractures.html

Thanks for your participation!!!

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