THE LONG-TERM CARE

Restorative Nursing Desk Reference

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Introduction

Surprisingly, the federal long-term care facility rules liberally refer to the need for restorative nursing, but fail to adequately define restorative care. The best explanation of restorative care comes from the book of instructions for completing the Minimum Data Set (MDS).\(^1\) The *Resident Assessment Instrument (RAI) User’s Manual* also makes intermittent reference to restorative nursing care as “nursing-based rehabilitation,” “restorative care,” “restorative therapy,” and “restorative nursing services.”

Finally, on page 191, the *RAI User’s Manual* provides this definition:

> Rehabilitative or restorative care refers to nursing interventions that promote the resident’s ability to adapt and adjust to living as independently and safely as is possible. This concept actively focuses on achieving and maintaining optimal physical, mental, and psychosocial functioning. Generally, restorative nursing programs are initiated when a resident is discharged from formalized physical, occupational, or speech rehabilitation therapy. A resident may also be started on a restorative program when he/she is admitted to the facility with restorative needs, but is not a candidate for formalized rehabilitation therapy, or when a restorative need arises during the course of a custodial stay. Restorative nursing does not require a physician’s order.\(^2\)

Restorative nursing is sometimes misunderstood, and many nurses have been forced to learn it through intensive self-study and the school of hard knocks because programs of this type are not part of basic nursing education and specialized restorative nursing educational programs are not available in many areas of the country. A one-day seminar is not enough to teach all that is necessary, but is much better than nothing at all.
Despite the shortcomings in restorative education, many restorative nurses have persisted through determination and prevailed in creating something from nothing. You are to be commended for your dedication! With this in mind, one goal of this book is to help make your job easier by providing useful clinical pearls, helpful factoids, and functional tools with which to do your job.

Restorative nursing is good, holistic nursing care. When compared with general nursing, the primary difference is that in a formal restorative program, routine activities of daily living are regarded as individual therapeutic modalities. They are not new or different procedures. Sometimes a change of perspective is needed to see them in this manner, but this should not be difficult, because you know the procedures work regardless of the label. Understanding and believing in the restorative philosophy is what we do as nurses. You have confidence in your ability to provide quality care. Placing an emphasis on restorative care is just a different way of viewing things that nurses regularly do. This restorative focus has become increasingly important in today’s healthcare environment, in which residents have many needs and are often weak and fragile on admission.

This book is a reference guide of restorative nursing information and resources that will help you survive and thrive in providing restorative care in the long-term care facility environment. You already know how to be a nurse, so it is not a rehash of familiar policies and procedures. It was not written to be highly technical or theoretical or to present the results of complex research. Rather, the primary goal is to provide useful information and tools that will be both practical and functional in developing, enhancing, improving, or revamping a restorative nursing program. The book focuses on resources you need, information that will be helpful, and beneficial information for administering a successful program. It is not meant to be an exhaustive or comprehensive source of information, such as a textbook. The book includes current clinical
information that will complement more exhaustive sources of long-term care nursing reference material. Another goal is to introduce you to what is being done in facilities and what can be done in your facility. It is not to provide a primer to insult your intelligence. Some of the information is likely to be new, and some not. Take what makes sense and adapt whatever you do to your facility and your residents. Restorative care is so highly individualized that providing rigid rules is impossible.

Need, demand, and financing have a powerful impact on the care we give, and funding and reimbursement are potent drivers of the type of care we provide and the manner in which we deliver that care. The culture change movement and current regulatory environment have placed more of a focus on restorative care than ever before. The restorative nurse is a manager. To be effective in this role, you must have an understanding of the reimbursement system. If you are a good steward of your employer’s money, and the restorative program is profitable, you have a strong bargaining chip when you need additional personnel, equipment, and supplies with which to expand or improve your services. This opportunity is lost without a rudimentary understanding of reimbursement. This should be a strong motivator. Most nurses are not used to having budgetary responsibilities, let alone using profit to play “Let’s Make a Deal.”

One chapter of the book summarizes the most common methods of reimbursement, but since the MDS is integral to the reimbursement process, you will find helpful reimbursement information throughout the book. We need experienced restorative nurses who can identify and articulate the residents’ needs and formulate caring and effective ways of meeting them. This involves having a commitment to relentlessly seeking funds to support and enhance your programs. Keep this in perspective when you read the reimbursement information. Learning all you can will serve you well.
You have an awesome mission and responsibility. The essence of quality is the manner in which staff members relate to residents as individuals. Teach them to perform tasks with the residents, not for the residents. Quality of life is the result of a culture of caring. When the facility has a culture of caring, quality of care flourishes. This culture is created on the shoulders of strong nursing leaders with a vision. The residents derive many benefits. You will derive more job satisfaction than you ever thought possible. Believing in yourself and in the many positive aspects of restorative care is a good start. Restorative nursing is a calling. We hope this book provides you with useful tools with which to begin the process. Over time, many residents will benefit, and others within and outside of the facility will recognize how sacred is the work we do.

References
