Role of Restorative Nursing Aids (RNA) & Guidelines for Use

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Restorative Nursing Aide/Assistant (RNA)

- ► Health-care professionals who are responsible for providing restorative and rehabilitation care for residents/patients to maintain or regain physical, mental and emotional wellbeing.
 - Prevents or slows loss of function
 - Decrease falls and increase strength
 - Minimizes depression, social isolation & complications of immobility.
- Resources for RNA training after the references.



RNAs Follow a Measurable, Objective Nursing Plan of Care

Goal: Resident will participate in supervised dressing and grooming program 5x/week for 30 min with stand by assistance to maintain self-care skills.

- Initiated by therapy or nursing but in either case is ultimately supervised by nursing.
- Reassessment should include progress, frequency/duration as part of the care planning process.
- If a therapist that establishes a program leaves, the nursing supervisor can continue the program.



CMS: Long-Term Care Facility Resident Assessment V1.17.1 (2019)

O0500: Restorative Nursing Programs

O0500. Restorative Nursing Programs		
Record the number of days each of the following restorative programs was performed (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes daily)		
Number of Days	Technique	Nursing Home Care Act of
	A. Range of motion (passive)	Oklahoma (included but not
	B. Range of motion (active)	limited to):
	C. Splint or brace assistance	
Number of Days	Training and Skill Practice In:	
	D. Bed mobility	 bowel and bladder training, behav modification, remotivation, reality orientation,
	E. Transfer	
	F. Walking	
	G. Dressing and/or grooming	
	H. Eating and/or swallowing	 reminiscent therapy
	I. Amputation/prostheses care	
	J. Communication	OK State Dept of Health Chap 675

Point of Care

- Admission, if not a candidate for rehab
- When restorative needs arise during a long term stay.
- ▶ In conjunction with formal rehab
 - "Generally" initiated when a resident is discharged from OT, PT or SLP.



Range of Motion

Active Range of Motion

Cueing, supervision or physical assistant to follow an established program which includes intensity, frequency, and duration (10 reps, 3x/day for 8 weeks).



Passive Range of Motion

- RNA does the movements for the client.
- Established programs should include:
 - How to recognize/manage pain
 - Intensity, frequency & duration
 - Need for cleaning during stretch (hand)

Splint Management

- RNA follows therapy or nurse schedule for wearing a splint.
- Removing the splint should include:
 - Assess for pressure/pain/redness & swelling
 - Verbal & non-verbal pain responses
 - Cleaning hand & splint
 - Position hand/arm comfortably.
- Putting on Splint should include
 - Appropriate placement of spl & straps
 - Position hand/arm comfortably
- Document wear and report complications.



Self-Care Programs



- When possible, we are to consider individual or cultural preferences.
 - Bathe in afternoon vs. morning
 - Dress & groom before breakfast
 - Eat all of one food, then the next food.
 - Document this in the plan to demonstrate patient-centered care.

Behavioral Modification

- Use established care plan to minimize negative behavior (and reduce use of medications)
 - Massage, music, garden at specific time, or at first sign of behavior.
 - Encourage meaningful activity



Case Study



- Mrs. M had a left stroke resulting in R side paralysis 2 weeks ago. She has been admitted to your SNF for evaluation. She has limited endurance and is maximal assistance for all self-care and wheelchair mobility and presents with expressive aphasia. Should you?:
- ▶ A. Refer to OT, PT and SLP for skilled therapy.
- ▶ B. Develop a restorative nursing program for non-skilled services.

Case Study: Mrs. M 4 weeks later

Mrs. M is steadily progressing with self-care, mobility and speech.

- OT made Mrs. M a R hand splint which should be worn 2 hours daily but it is difficult to follow-through on the schedule.
- She continues to have need for PROM in her UEs but it is not considered skilled therapy at this point.

How could the facility manage these issues?

- A. Continue to have OT and PT do PROM, even if not skilled.
- B. Develop a restorative nursing program for PROM and splint wear with feedback on intensity, frequency and duration from rehab therapists.

Case Study- Mrs. M 12 weeks later.

Mrs. M has been in rehab therapies for 12 weeks and is no longer making significant progress in skilled therapy. Current status is:

- Min assist and cues for all self-care and cues to use weak hand in activity
- Walking with rolling walker and AFO for foot with SBA and cues.
- Performs exercise for arms and legs with min assist and verbal cues
- Continues to have need for splint wear.

Which restorative nursing programs would Mrs. M benefit from?

How can you individualize the program for Mrs. M?

References

- TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH CHAPTER 675. NURSING AND SPECIALIZED FACILITIES "Unofficial Version" Retrieved from Oklahoma Secretary of State Administrative Rules, Administrative Rules Search, https://rules.ok.gov/code, Accessed 11 July 2022.
- CMS LTC Facility Resident Assessment Instrument 3.0 (version 1.17.1)

https://downloads.cms.gov/files/mds-3.0-rai-manual-v1.17.1_october_2019.pdf, Accessed Jan 2023.

Resources for Training the RNA

- Care Providers of Oklahoma
- Feb 27, 2023
- Structuring Restorative & Restorative Nursing Program
- Feb 28th
- ▶ RNA training 8-5

Resources for Training the RNA

Wecareonlineclasses.com (32 hours of online classes)

- What a rehabilitation unit is and how it functions.
- Effects of aging, inactivity, and disability.
- Basic anatomy and how the body moves.
- Medical problems that will interfere with functional independence.
- ▶ How to help residents in ways that will promote independence.
- What to look for when helping someone walk.
- How to help someone perform basic exercise.
- Common equipment used in rehabilitation.
- Basic balance responses and activities to improve balance.
- Ways to interact with residents.